

### Policy owner details

Your policy number

Name of insured person

### Your duty of disclosure

**To be read by the Policy Owner/Insured Person before completing the application.**

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the insurer.

**Non-disclosure** - If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.

1. Have you smoked tobacco or any other substance in the last 2 years? Yes  No
2. Have you given up smoking due to medical advice and/or due to a medical condition eg. emphysema or other breathing problems, heart attack, heart disease, vascular disease, stroke or cancer? Yes  No

If 'yes', please provide full details.

3. To help us process your application, we may need to contact you. Please let us know the most convenient time and place:

Home  Mobile  Work  Days  Convenient times: From:  To:

Home phone  Work phone

Mobile phone

## Declaration

I declare that the statements made in this statement are true and complete and agree that they shall form part of the application for insurance and shall be relied upon by Suncorp Life & Superannuation Limited ('Suncorp') in deciding whether to issue a policy including the premiums and terms to offer.

To the extent that if the answers are not in my own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge.

I have read and acknowledge the Duty of Disclosure to Suncorp and understand that this duty continues to apply until the insurance applied for has been accepted by Suncorp. I also acknowledge that the Duty of Disclosure will also apply if I extend, vary or reinstate a contract of insurance.

Any statements I have made on or with an application to another insurer and which I have presented to Suncorp are intended by me as declarations and representations to Suncorp and I acknowledge that Suncorp will use them in assessing this insurance application.

I have read and understood the Suncorp privacy statement [www.aami.com.au/customer-service/privacy-terms](http://www.aami.com.au/customer-service/privacy-terms). I consent to Suncorp using my personal information for the purposes outlined in that privacy statement and to Suncorp disclosing my personal information to (and obtaining information from) other parties including the parties mentioned in that statement, for the disclosed purposes.

Signature of the Policy Owner/  
Person to be insured

Date

Please return this form to Life Customer Service:

- Fax to: 1300 850 394
- Email to: [aamilife@aami.com.au](mailto:aamilife@aami.com.au)
- Mail to: GPO Box 3950, Sydney NSW 2001

If you have any queries please call us on 13 22 44.