

Application for Term Life - Shareholders

St Andrews Life Insurance Pty Ltd. ABN 98 105 176 243. AFSL 281731. Application for Term Life (Maximum Insurance \$500,000)
 The Product Disclosure Statement (PDS) accompanying this Application for Term Life was completed on 26th July 2005.

Please return this document via FREE post to Reply Paid 7395, Cloisters Square WA 6850

Name of Financial Institution that referred you to Term Life

Term Life cover required

\$100,000 \$200,000 \$300,000 \$400,000 \$500,000

Life insured details (as the Insured)

Mr Mrs Ms Miss

First Names Surname

Date of birth

Postal Address

Post code Daytime contact number Email

PART 1 – Nomination of beneficiaries

I nominate the following beneficiaries to receive the specified proportion of the benefit payable at my death:

Full name	Address	Relationship to you	Proportion of benefit (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 2 – Personal statement

a) Are you an Australian citizen or do you hold permanent residency in Australia? Yes No

b) What is your occupation?

 What is your industry?

c) Have you smoked any substance at all in the last 12 months? Yes No

d) What is your height? cms What is your weight? kgs

PART 3 – Medical details

Have you ever sought or do you intend to seek medical advice or treatment from a doctor or other health professional for any of the following conditions?
 (Conditions that are not current or were less than one month's duration and requiring no ongoing medication or treatment can be disregarded).

	Yes	No
a) Cancer, lump, cyst or tumour, leukaemia or melanoma?	<input type="checkbox"/>	<input type="checkbox"/>
b) Heart or cardiovascular disease chest pain, heart attack, heart murmur stroke or circulatory disease?	<input type="checkbox"/>	<input type="checkbox"/>
c) High blood pressure, high cholesterol or an abnormal blood test (such as Hepatitis B or C, HIV, AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>
d) Diabetes, autoimmune, or thyroid disorder?	<input type="checkbox"/>	<input type="checkbox"/>
e) Asthma or other respiratory disease?	<input type="checkbox"/>	<input type="checkbox"/>
f) Alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
g) Epilepsy, stress, anxiety, depression, mental or nervous system disorder?	<input type="checkbox"/>	<input type="checkbox"/>
h) Multiple sclerosis, muscular dystrophy or motor neurone disease?	<input type="checkbox"/>	<input type="checkbox"/>
i) Disorder of the liver, kidney, bladder, ovary, prostate or any part of the reproductive system, bowel or stomach?	<input type="checkbox"/>	<input type="checkbox"/>
j) Any other medical condition not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
k) During the last five years have you had any examination, received treatment or advice from a medical practitioner or other health professional, been hospitalised, advised that you need surgery, had any blood tests or other tests (such as x-rays, an ECG or genetic tests), taken any medication (whether prescribed or not) or been in a high risk group for contracting the HIV virus?	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 – Medical information

If you have answered Yes to any question in PART 3, please provide full details below. Please attach, sign and date additional sheets if the space provided is insufficient.

Question	Name of condition/test	Date of diagnosis/test	Degree of recovery (%)	Details of treatment/test/result	Date of last symptoms	Full name, address and phone number of doctor consulted (hospital attended)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Application for Term Life - Shareholders (continued)

PART 5 – Activities

Do you take part, or intend to take part in any of the following activities?

- a) Aviation (other than as a passenger on a commercial airline), skydiving, parachuting, hang gliding, motor sports, diving, climbing or caving? Yes No

If Yes, please advise:

Name of activity?	
Number of hours per annum?	
Are you a professional or amateur?	
Maximum, speed, depth, height?	

Declaration & Acknowledgement

I declare that:

- I have read and understood the information provided in the Term Life PDS including the section titled 'Your duty of disclosure'; and
- All the statements and answers on this Application (and in any additional information that I have provided), are true and complete to the best of my knowledge and belief.

I understand that:

- St Andrew's is entitled to rely on the information I provide when issuing a policy;
- St Andrew's may clarify information on this application with me by telephone or in writing;
- My failure to provide or disclose any material information may prejudice the rights of any person to claim under the policy;
- The effect of non-disclosure or misrepresentation may be that the policy is voided;
- The insurance applied for does not begin until St Andrew's approves my Application; and
- Premiums for the insurance I have applied for will be collected as I have authorised by way of the Direct Debit Request below.
- I acknowledge that I have read and understood the privacy clause headed "Your privacy" in the PDS and consent to the collection, use and disclosure of my personal information as set out in that clause.

Is there any additional information we should be aware of? Please attach, sign and date additional sheets if the space provided is insufficient.

Your signature (as the Insured)

Date

<input type="text"/>	<input type="text"/>
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Direct Debit Request

Name

I/We authorise and request St Andrew's Australia Services Pty Ltd (User ID 110194) ("Debit User") until further notice, to arrange for my/our nominated account to be debited with any amounts which the Debit User may debit me/our through the Direct Debit System and as prescribed in the Bulk Electronic Clearing System ("BECS");

The Schedule

Account Name

Financial Institution

Branch Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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BSB Number

Account Number

Note: Direct Debiting is not available on the full range of accounts. If in doubt please contact your Financial Institution.

I/We have read the Direct Debit Request Service Agreement in the Term Life PDS and agree to its terms and authorise that it remain in force until cancelled, deferred or otherwise altered in accordance with its terms.

Signature

Date

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note: Please ensure the account details are correct and that this request is signed by the required number of signatories. For example if it is a joint account all signatures may be required. If in doubt please contact your Financial Institution.

Complete this section if paying by credit card (note: Diners Club cards are not accepted).

MasterCard

Card Number

Visa Card

Card Holder Name

Expiry date

American Express

Card Holder Signature

Date

Office use only

Staff Number

Branch Number

<input type="text"/>	<input type="text"/>
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