



Non-smoker Declaration

Please complete the questionnaire and return to TAL.

1. PERSONAL DETAILS

Policy Number

Name and Surname

Date of birth

I (insert name)

of (insert address)

other than as set out below declare the following:

1. I ceased smoking tobacco and/or other substances on:
2. I have no intention of smoking tobacco or any other substance again.
3. I was not advised to cease smoking for medical reasons.
4. Since the date of my application, my health has not changed.
5. I have no intention of seeking medical advice or treatment in the near future.

NON-SMOKER DECLARATION

If you are unable to agree with any of the declarations numbered 1 to 5 above, please detail below how your circumstances are different e.g. when your doctor has advised you to stop smoking for health reasons or you have suffered particular symptoms of an illness or condition since your application was made.

YOUR DUTY OF DISCLOSURE

Before you enter into or become covered under a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you. You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for, or
- is common knowledge, or
- they know or should know as an insurer, or
- they waive your duty to tell us about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have.

However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have.

However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

If you have applied for cover via a financial adviser it is also your responsibility to ensure that the information provided to your adviser is accurate and complete and that the correct information is entered into the Application Form.

PRIVACY STATEMENT

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy or free of charge on request to TAL using the contact details below.

Call: 1300 209 088

Fax: 1300 351 133

Email: customerservice@tal.com.au

Website: www.tal.com.au

Mail: GPO Box 5380, Sydney NSW 2001

If you want to know more about our approach to privacy you can contact our Privacy Officer. In addition, the website of the Office of the Australian Information Commissioner at www.oaic.gov.au also contains a great deal of useful information about privacy matters, although TAL is not responsible for the content on that website.

TAL may collect, use or disclose your personal and sensitive information to assess, verify and process an insurance policy application or to process a claim.

Your information may be collected from or disclosed to other entities under current privacy legislation and these may include medical practitioners, health professionals, employers, superannuation trustees and their administrators where relevant, reinsurers, accountants, lawyers and Government departments where authorised or required by law.

DECLARATION

I understand and acknowledge that I am bound by the Duty of Disclosure. I declare that the foregoing answers are true and complete and I agree that this Declaration shall be held to form part of the application for insurance on my life now made to the Company.

Signature of life to be insured

Date

Please keep a copy of this form for your records and return your completed form and all supporting paperwork to:
TAL Life Limited, GPO Box 5380, SYDNEY 2001.

If you have any questions please contact us on the details below.

Call 1300 209 088

Monday to Friday 9.00am - 5.00pm (AEST/AEDT)

Email: customerservice@tal.com.au

Website: www.tal.com.au