

2 About your job (continued)

6 What was your previous occupation?

7 Do you have any other occupations? Yes No

If 'Yes', please provide full details including number of hours worked per week

3 Declaration

I declare that the above statements are true and correct and confirm that I have checked the truth, accuracy and completeness of the above answers where they have not been completed in my handwriting, and I understand that this Statement will form part of the basis of the contract for insurance on my life.

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the AIA Australia Privacy Policy available on the AIA Australia website at www.aia.com.au as updated from time to time or by calling AIA Australia on 1800 333 613, including exchange with third parties located in Australia and overseas.

Signature of Life Insured

Date



Submit this form by uploading a scanned copy via NetBank.

If you have any questions or require assistance, please call 13 4074.