



SMSF Risk Pool Member's Brief Personal Statement



THIS STATEMENT IS ONLY FOR:

- Applicants aged 55 and under
- Cover up to and including \$750,000
- Permanent residents of Australia

Name of Member Date of birth Male Female

Name of Plan

Do you Smoke? Yes No Current Occupation and Industry

Death Sum Insured AND TPD Sum Insured

- Please state your height cms and weight kg.
- Has your weight altered (increased or decreased) by more than 10kg in the past year, or have you ever been advised by a doctor to reduce/gain weight? Yes No
- Do you consume more than four standard units of alcohol per day or have you been advised by a doctor to reduce your alcohol consumption? Yes No
- Have you ever used any drug or medication not prescribed by a doctor or not purchased from a chemist/pharmacy? Yes No
- Are you under medical observation, undergoing any treatment or have been advised to have to have any tests, treatment or operation (exclude cold and flu consultations)? Yes No
- Have you ever had asthma or any other lung disorder, heart complaint, high blood pressure, high cholesterol, neurological (brain) problems including epilepsy, stroke, paralysis, mental or nervous disorder, depression, kidney/bladder/prostate/ovarian problems, stomach, liver or bowel problems, cancer/tumour/skin growth problems, diabetes, thyroid problems, blood or skin disorder, sight/hearing/speech impairments, or disorders of the back, neck, or any joints, or any other medical problem or defect, congenital or otherwise, not mentioned above? Yes No
- Have any immediate family members (parents, brothers, sisters, children) ever had heart disease, stroke, cancer, diabetes, polycystic kidneys, mental or blood disorders, Huntington's or any hereditary disease? Yes No
- Have you ever had any insurance proposal declined/deferred or withdrawn? Yes No
- Are you currently unable to fully engage in your normal occupation/activities? Yes No
- Have you within the past 12 months, or do you have any intention of engaging in any hazardous sports or pastimes? Yes No
- Do you intend to reside outside of Australia for six months or more in the future? Yes No

12. DECLARATION IN RESPECT OF AIDS

To the best of your knowledge, is there any possibility that you have ever been infected with, or have you ever tested positive for AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus), or are you in a high risk category for contracting HIV (eg. had a blood transfusion, injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in male to male sexual intercourse, worked as or engaged the services of a sex worker? Yes No

If you have responded "Yes" to any questions 2 to 12, please complete a Group Risk Personal Statement

I declare that to the best of my knowledge and belief, my answers to the questions set out in this statement are true and complete.

I have read and understood the current Product Disclosure Statement for the SMSF Risk Pool.

I have read and understood my Duty of Disclosure as detailed on page 13 of the SMSF Risk Pool Product Disclosure Statement. I understand that this duty continues until written notification has been given that the cover has been accepted/declined.

I have read and understood the Your Privacy statement detailed on page 11 of the SMSF Risk Pool Product Disclosure Statement, and I agree to the collection and use of personal information about me in the manner described.

I confirm that I am not now receiving or considering any medical or surgical attention or treatment other than that shown in this Application.

Signature of Member

Date

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