

4.3 Have you ever used or injected yourself with any drug not prescribed by a doctor, or received counselling or treatment for the use of alcohol or drugs? No Yes

If YES, please provide full details

4.4 Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger travelling over recognised routes), motor racing, diving, football, parachuting, hang-gliding or any other extreme sport? No Yes

If YES, please complete a sports and pastimes statement.

4.5 Do you intend travelling outside Australia within the next 2 years? No Yes

If YES, please provide full details (where, when, duration and reason)

4.6 Are you an Australian citizen? No Yes

4.7 Do you hold an Australian Permanent Resident's Visa? No Yes

If NO to 4.6 and 4.7, please provide details

Step 5 Personal statement

5.1 Please state your: Height (cm) Weight (kg)

5.2 Name and address of your usual doctor

5.3 Details of last medical consultation with your usual doctor / / /

Reason

Outcome/Result

5.4 If you have attended that doctor for less than 12 months, name and address of previous doctor

5.5 a) Within the LAST THREE YEARS have you consulted, been examined, treated by, or received advice from any doctor, psychologist, psychiatrist, chiropractor, physiotherapist or any other health care professional (naturopath etc) or been in hospital or been advised to have an operation or taken any medication, drugs, stimulants, sedatives or tranquilisers? No Yes

b) Have you EVER had an ECG, X-ray, transfusion, mammogram, surgery or any other investigation? No Yes

c) Have you EVER had any blood tests which revealed an abnormality?
eg. raised blood sugar, liver function, renal function results, or anaemia, etc? No Yes

d) Do you contemplate seeking any medical examination, advice, treatment or surgery, in the future? No Yes

5.6 Please provide full details for all 5.5 'Yes' answers.

Question	Dates (From/To)	Name/Address of doctor, hospital or clinic	Condition, medications, treatment & time off work	Recovery %

Step 6 Personal statement (cont'd)

6.1 Have you ever had, been advised that you had, or received advice or treatment for any of the following:

- a) High blood pressure, raised cholesterol, chest pain, heart attack, rheumatic fever, stroke or circulatory disorder? No Yes
- b) Bowel, stomach or intestinal problem, gallbladder or liver disease? No Yes
- c) Epilepsy, stroke, paralysis, multiple sclerosis, fainting attacks? No Yes
- d) Depression, anxiety, panic attacks, stress, chronic fatigue or any other mental or nervous condition? No Yes
- e) Diabetes, sugar in urine, pancreatic or thyroid problem? No Yes
- f) Cancer, tumour, melanoma, sunspots, mole or growth of any kind? No Yes
- g) Disease, injury or disorder of joints, neck, back or bones, gout, arthritis or a repetitive strain injury or tendonitis? No Yes
- h) Impairment of sight, hearing or speech? No Yes
- i) Asthma, bronchitis, any lung complaint? No Yes
- j) Leukaemia, haemochromotosis, any blood problems? No Yes
- k) Kidney, bladder problem? No Yes
- l) Psoriasis, eczema, any skin problem? No Yes
- m) Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury? No Yes
- n) To the best of your knowledge, do you, or any of your current or past sexual partners, have HIV/AIDS, or are you experiencing any unexplained night sweats or unintentional weight loss, or do you/have you engaged in any activity/ies reasonably accepted as having an increased risk of exposure to the virus? No Yes

Females only

- o) Have you ever had any gynaecological conditions (eg. endometriosis, abnormal pap smear, etc) No Yes
- p) Have you ever had any complications of pregnancy or childbirth? No Yes
- q) Are you currently pregnant? If yes, what is the expected delivery date? No Yes
- r) Have you ever had a breast lump (even if you have not seen a doctor about it)? No Yes

Please provide details for all Yes answers in the General Medical Questionnaire at Step 7 (below).

6.2 Family history. Please give details of your family medical history.

Relative	Living relatives		Deceased relatives	
	Current age	Specify current state of health	Age at death	Specify cause of death
Mother				
Father				
Sisters				
Brothers				

6.3 Have any of your intermediate family (living or deceased) suffered from diabetes, heart disease, cancer, kidney disease, high blood pressure, mental problems or breakdown, haemophilia, Huntington’s Chorea or any hereditary disease? No Yes

If YES, please provide full details

Step 7 General Medical Questionnaire

Please provide full details for all Yes answers in 6.1 a to r. Please complete a separate sheet if required.

Question no.	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>
Specific condition				
a) Date first symptoms first started and description of symptoms.				
b) What was the condition and which part and side of the body was affected?				
c) What was the medical diagnosis including results of x-rays and investigations?				
d) What was the frequency (daily, weekly, etc) of attacks or symptoms?				
e) What was the severity (mild/moderate/severe) and duration of attacks and symptoms?				
f) How long were you unable to work or perform your normal duties/activities?				
g) If a hospital visit was required, please provide the date and duration of your stay.				
h) What advice/treatment did you receive?				
i) Are you still receiving treatment? If so, please advise nature and frequency of treatment.				
j) Date treatment/medication ceased.				
k) When did you last suffer from any symptoms?				
l) Degree of recovery (%).				
m) Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

Step 8 Privacy statement

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in the TAL Privacy Statement. Please be aware that the duty of disclosure explained on page 1 applies to the information you have submitted for this application. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained on page 1.

TAL may collect, use or disclose your personal information (including your health and sensitive information) to assess, verify and process your application and any claim made.

TAL may collect or disclose information relating to you or your application or any claim you may make to or from each other, and a range of services including: financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as a part of regulatory requirements, personal accountants or current or former employers or lawyers or claim investigators and other third party service providers. If this information is not provided, your application for insurance or any insurance claim may not be processed. You have a right of access to any personal information held about you unless we are legally entitled to deny access. If you want to know more about TAL's approach to privacy please telephone 02 9448 9416.

If you have provided TAL and the trustee with information about another person, you undertake to advise them that:

- TAL and the trustee collect, hold and use the personal information for the purpose set out in TAL and the trustee's privacy statement
- their personal information may be disclosed to a third party
- they may access or correct any personal information held about them.

Step 9 Declaration

- I acknowledge that I have read the notice of my duty of disclosure explained on page 1 and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all of the answers to the questions in this Application and any supplementary application or personal statement which relate to me are true and no information material to the assessment of the insurance has been withheld.
- I, the Member, authorise and direct any medical or other practitioner to divulge at any time to TAL and the trustee or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I have read the privacy statement in Step 8 above, and consent to my personal information (including health and sensitive information) being collected, used or disclosed by TAL and the trustee to their external service providers/contractors as contemplated in this form, including collecting it from and disclosing it to any medical practitioner or third party as required to access, verify or process my application or any claim I may make.
This consent applies to any health and sensitive information TAL and the trustee collects on this form or future forms in relation to this insurance.
- I consent to the collection and use of my personal information on this form by Sandhurst Trustees Limited in accordance with its privacy policy, which is available at www.sandhursttrustees.com.au.
- I have read the Bendigo SmartStart Super PDS and Reference Guide dated 1 October 2011 and understand the terms and conditions applicable to this insurance.

Full name of member

Signature of member

Date

Step 10 Medical authority

I agree that any Medical Practitioner or any other person who has been or may hereafter be consulted by me whether named by me or not will be hereby authorised and directed by me to divulge to TAL and the trustee or any legal tribunal all medical or surgical information he/she may have acquired with regard to myself. A copy of this authorisation shall be considered as effective and valid as the original.

Full name of member

Signature of member

Date