# SECTION H LIFESTYLE

## Asteron Life

Issue no. 1
Issued 5 March 2012
Office use only A17

Suncorp Life & Superannuation Limited ABN 87 073 979 530
AFS Licence No 229880
Suncorp Portfolio Services Limited ABN 61 063 427 958
AFS Licence No 237905
RSE No L0002059
Suncorp Master Trust ABN 98 350 952 022
RSE Fund Registration No R1056655

Application number:	81467511 81467512 8 81467513
· • • • • • • • • • • • • • • • • • • •	
Name of person to be insured:	Dr Anecito Mantilla.

## Your duty of disclosure

To be read by the policy owner and person to be insured before completing the application.

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- · that is of common knowledge;
- that your insurer knows, or in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure – If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.

1.	In the las	t 12 r	months, h	ave you	smoked tobacco or any other	r substance?	Yes 🗆	No 🏻
	If 'yes', ty	/pe (e	.g. cigare	ttes, ci	gars)?		Daily quantity	
2.	Do you d	rink a	alcohol?				Yes 🛚	No 🗀
					of standard drinks per week glass, 1 sherry glass liqueur, port/sh	Only on SPCial OCCASS (or erry, 10oz/285ml beer)	15	
3.	. Have you ever used or injected yourself with any illegal or illicit drugs?				No 🔀			
4.	Have you	ı ever	received	advice,	counselling, or treatment for t	he use of drugs or alcohol?	Yes 🗌	No 🏻
lf y	ou have a	nswe	red 'yes' t	to ques	tions 3 or 4, please provide de	stails in the table below.		
<u>C</u>	ate from	1	Date to	)	Type of usage (e.g. alcohol, heroin etc)	Name and address of doctor who ha	as full details	
	/ /		1	/				
	/ /		/	1				

### Declaration

I/We declare that the statements made in this questionnaire are true and complete and agree that they shall form part of the application for insurance and shall be relied upon by Suncorp Life & Superannuation Limited in deciding whether to issue a policy including the premiums and terms to offer.

To the extent that if the answers are not in my/our own handwriting they have been checked by me/us and I/we certify that they are correct to the best of my/our knowledge.

I/We have read and acknowledge the Duty of Disclosure to Suncorp Life & Superannuation Limited and understand that this duty continues to apply until the insurance applied for has been accepted by Suncorp Life & Superannuation Limited. I also acknowledge that the Duty of Disclosure will also apply if I extend, vary or reinstate a contract of insurance.

	Dr Anecito Mantilla	
Signature of the person to be insured	X	Date 25 09 2013
Signature of policy owner (if not the same as person to be insured)	X	Date dd/mm//yyyy

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AFS Licence No 237905
RSE No L0002059
Suncorp Master Trust ABN 98 350 952 022
RSE Fund Registration No R1056655

Application number:	81467507 × 81467508	
Name of person to be insured:	Mrs Charina Nantilla.	

### Your duty of disclosure

### To be read by the policy owner and person to be insured before completing the application.

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the insurer.

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This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.

11.1	the last 12	months, h	ave you	smoked tobacco or any other	er substance?	Yes 🗌	No 🛭
lf '	'yes', type	(e.g. cigare	ettes, ci	gars)?		Daily quantity	
2. Do	o you drink	alcohol? .				Yes 🔀	No 🗌
				of standard drinks per week. glass, 1 sherry glass liqueur, port/sl			
3. Ha	Have you ever used or injected yourself with any illegal or illicit drugs?					No 🛚	
ł. Há	. Have you ever received advice, counselling, or treatment for the use of drugs or alcohol?				No 🛚		
i you	have answ	ered 'yes'	to ques	tions 3 or 4, please provide de	etails in the table below.		
Date	e from	Date to	)	Type of usage (e.g. alcohol, heroin etc)	Name and address of doctor who ha	as full details	
		,	/				
	/ /	1 '	,	· ·	I		1
		,	/	alconol, heroin etc)			

#### Declaration

I/We declare that the statements made in this questionnaire are true and complete and agree that they shall form part of the application for insurance and shall be relied upon by Suncorp Life & Superannuation Limited in deciding whether to issue a policy including the premiums and terms to offer.

To the extent that if the answers are not in my/our own handwriting they have been checked by me/us and I/we certify that they are correct to the best of my/our knowledge.

I/We have read and acknowledge the Duty of Disclosure to Suncorp Life & Superannuation Limited and understand that this duty continues to apply until the insurance applied for has been accepted by Suncorp Life & Superannuation Limited. I also acknowledge that the Duty of Disclosure will also apply if I extend, vary or reinstate a contract of insurance.

Disclosure will also apply it i extend, va	Charing Manfilla	
Signature of the person to be insured	X	Date 25,09,2013
Signature of policy owner (if not the same as person to be insured)	X	Date