

# SECTION H LIFESTYLE



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

Suncorp Life & Superannuation Limited ABN 87 073 973 530  
AFS Licence No 229860  
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 & 81467513  
Dr Aneito Martilla

Name of person to be insured:

## 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.

**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.

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.

**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 last 12 months, have you smoked tobacco or any other substance? ..... Yes  No   
If 'yes', type (e.g. cigarettes, cigars)?  Daily quantity  Yes  No
  2. Do you drink alcohol? ..... Yes  No   
If 'yes', please advise number of standard drinks per week. .... *Only on special occasions*  
(Standard drink = 1 nip sprints, 1 wine glass, 1 sherry glass liqueur, port/sherry, 10oz/285ml beer)
  3. Have you ever used or injected yourself with any illegal or illicit drugs? ..... Yes  No
  4. Have you ever received advice, counselling, or treatment for the use of drugs or alcohol? ..... Yes  No
- If you have answered 'yes' to questions 3 or 4, please provide details in the table below.

Date from	Date to	Type of usage (e.g. alcohol, heroin etc)	Name and address of doctor who has full details
/ /	/ /		
/ /	/ /		

## 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.

Signature of the person to be insured  *Dr Aneito Martilla*  
Date 25 / 09 / 2013

Signature of policy owner (if not the same as person to be insured)   
Date    /    /

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Suncorp Life & Superannuation Limited ABN 87 073 979 630  
AFS Licence No 2239860  
Suncorp Portfolio Services Limited ABN 61 063 427 958  
AFS Licence No 237905  
RSE No L0002059  
Suncorp Master Trust ABN 98 360 952 022  
RSE Fund Registration No R1056655

Application number: 81467507 & 81467508

Name of person to be insured: Mrs Charina 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.

**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.

- 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.

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 last 12 months, have you smoked tobacco or any other substance? ..... Yes  No   
If 'yes', type (e.g. cigarettes, cigars)?  Daily quantity  Yes  No
2. Do you drink alcohol? ..... Yes  No   
If 'yes', please advise number of standard drinks per week. .... ONLY ON SPECIAL OCCASIONS   
(Standard drink = 1 nip spirits, 1 wine glass, 1 sherry glass liqueur, port/sherry, 100cl/285ml beer)
3. Have you ever used or injected yourself with any illegal or illicit drugs? ..... Yes  No
4. Have you ever received advice, counselling, or treatment for the use of drugs or alcohol? ..... Yes  No

If you have answered 'yes' to questions 3 or 4, please provide details in the table below.

Date from	Date to	Type of usage (e.g. alcohol, heroin etc)	Name and address of doctor who has full details
/ /	/ /		
/ /	/ /		

## 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.

Charina Mantilla

Signature of the person to be insured  Charina Mantilla

Date 25 / 09 / 2013

Signature of policy owner (if not the same as person to be insured)

Date | d | d | / | m | m | / | y | y | y | y |