

e) Has any application for insurance on your life been submitted to any other company since the date of your most recent application to this company?

If **yes**, please give details.

Yes No

Type of cover	Amount	Name of company

f) Has this cover been accepted?

If **yes**, please advise if accepted at standard rates, accepted at an increased rate of premium or with amended terms.

Yes No

If **no**, please advise why the cover has not yet been accepted, including if deferred or declined.

Please read and sign this declaration.

I declare that the statements made are true and complete and agree that they shall form part of the application and shall together with the application be the basis of the proposed contract. To the extent that if the answers are not in my own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge.

I authorise Partners Life Limited, its related companies, reinsurers or its appointed financial advisers to use information contained herein and any other information (including but not limited to full medical history) obtained from any of the organisations listed in clause below to enable Partners Life Limited, its related companies, reinsurers or appointed financial advisers to manage the proposed offer of insurance or to enforce, maintain and to manage any resulting insurance contract.

I also consent and give authority to Partners Life Limited to seek from the following, including their officers and employees, any information (including full medical history) Partners Life Limited requires for the purposes of assessing this application or any claim arising from this application.

I consent for the following to disclose full information to Partners Life Limited for this purpose:

- Any and all health treatment providers; and
- Any and all medical information providers; and
- Insurers; and
- Accident Compensation Corporation; and
- Employers (whether current or not); and
- Government organisations and enterprises; and
- Accountants and other financial advisers; and
- Banks and financial institutions; and
- Any credit rating agencies.

I understand that if I fail to comply with the duty of disclosure to Partners Life Limited, Partners Life Limited have the right to enact the remedies available to it under the terms and conditions contained within the policy document.

Signature of life to be assured

Date

Signature of policy owner(s)

Date

Signature of policy owner(s)

Date