

Non-Smoking Declaration

Your Duty of Disclosure

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, that 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 common knowledge;
- That your insurer knows or, in the ordinary course of their business, ought to know; or
- Where 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 three 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 three 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 take 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.

Privacy - Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' and the 'Insurer')

The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so, we may not be able to provide you with our products or services.

MetLife Insurance Limited complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy, which details information about how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy

Instructions: To be used by applicants who have ceased smoking in the last 3 years. If space is insufficient, please attach an extra sheet of paper. Any changes made to this questionnaire are to be initialled.

Personal details (insured person)

Full name of insured person

Date of birth (*dd/mm/yyyy*)

Policy number

Questionnaire

1. Have you smoked in the past 3 years? Yes No

If No, please advise the date you last smoked.

2. Have you given up smoking due to a medical condition or on medical advice? Yes No

If Yes, please provide full details including doctor's details

Medical condition/advice	Doctor name	Address

Declaration

I declare that the statements made in this statement are true and complete and agree that they form part of the application for insurance and shall be relied on MetLife to decide whether to vary a policy including the premiums and terms on offer.

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

I have read and understood the MetLife Privacy Statement, which is available at www.metlife.com.au/privacy

I consent to MetLife using my personal information for the purposes outlined in that Privacy Statement and to MetLife disclosing my personal information to (and obtaining information from) other parties including the parties mentioned in that statement, for the disclosed purposes.

I understand that the insurance application for non-smoker rates will not become effective until my application is accepted by the insurer in writing.

Signature of the insured person

Date (dd/mm/yyyy)



Please return completed form to

MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or email auserVICES@metlife.com

For further information or assistance with the completion of this form, please call 1300 555 625

Monday to Friday 8am - 6pm AEST.

metlife.com.au

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