

Excess working hours questionnaire

Application number:

Person to be Insured:

- 1) Please supply full details of your duties, including time spent on each activity during a usual working week and specifically those directly related to revenue generation.

- 2) Please confirm that the stated hours are in fact the usual and will be ongoing

 Yes No

- 3) What duties (if any) are performed outside of the usual work environment (ie bookwork at home, etc).

- 4) If self-employed please advise method of pay rate or billing.
ie hourly rate or contract

- 5) If an employee, please advise your base salary

- 6) Since the date of your application, have you suffered from any illness or injury or had any reason to receive medical attention or advice?

 Yes No

If 'yes,' please provide details.

Your duty of disclosure (to be completed in all cases)

Please read carefully.

- 1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.
- 2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in

future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.

- 3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the
Person to be Insured

Date

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