

APPLICATION FORM - BUPA LIFE INSURANCE

This application relates to Bupa Life Insurance, Combined Financial Services Guide, Product Disclosure Statement and Policy Wording dated 28th October 2011. Please do not complete this application if you have not read the PDS and Policy Wording.

To be eligible to apply, you must be a permanent Australian resident aged between 16 and 64. If you wish to apply for cover for a second person, you will need a separate application form.

Send your completed application form (no stamp required) to:
ClearView Life Assurance Limited. Reply Paid 4232, Sydney NSW 2001.

**10% PREMIUM DISCOUNT
FOR BUPA HEALTH
INSURANCE MEMBERS**

Select amount of cover (tick one box only, or specify amount)

\$100,000
 \$250,000
 \$500,000
 \$750,000
 \$1,000,000
 Other Amount
(must be a multiple of \$50,000)
 \$ _____

You can select amounts ranging from \$50,000 to \$1,000,000, in multiples of \$50,000. Applicants aged 56 to 64 can only apply for up to \$500,000 cover. If you require the premium for your selected cover, please refer to the PDS and Policy Wording, call us on 134 135 or speak with your Bupa Centre Consultant.

Life insured details (please print)

<p>Surname</p> <input type="text"/>	<p>Home address</p> <p>Unit number Street number</p> <input type="text"/> <input type="text"/>
<p>First name</p> <input type="text"/>	<p>Street name</p> <input type="text"/>
<p>Title Initial</p> <input type="text"/> <input type="text"/>	<p>Suburb</p> <input type="text"/>
<p>Date of birth Sex (M/F)</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Postcode</p> <input type="text"/>
<p>Home phone number</p> <input type="text"/>	<p>Email address</p> <input type="text"/>
<p>Mobile phone number</p> <input type="text"/>	<input type="text"/>

Personal statement

- Are you a permanent resident of Australia?
 Yes. No.
- Are you a Bupa health insurance member?
 Yes. No.
- Have you smoked tobacco or any substance in the last 12 months?
 Yes. No.
- What is your height?
- What is your weight?
- In the last ten years have you suffered from, or received treatment for, or have been investigated for malignant cancer, melanoma or tumour of any kind?
 Yes. No.
- In the last ten years have you suffered from, or received treatment for, or have been investigated for stroke, heart attack, chest pain/angina, heart bypass or valve disorder?
 Yes. No.
- In the last five years have you required in-patient care in a hospital for a significant and ongoing lung or respiratory disorder such as bronchitis, emphysema or chronic airways disease?
 Yes. No.
- In the last five years have you suffered from or received treatment for, or have been investigated for (please tick all that apply):
 Raised Blood Pressure/Hypertension
 Raised Cholesterol
 Diabetes
 None of the above
- In the last five years have you suffered from or had treatment for, or have been investigated for (please tick all that apply):
 Kidney Disorder (excluding kidney stones)
 Liver Disorder (excluding hepatitis)
 Bladder Disorder (excluding prolapse)
 Intestinal Disorder (excluding food poisoning, indigestion and reflux)
 Blood Disorder (excluding iron deficiency anaemia)
 Bowel Disorder (excluding irritable bowel syndrome and haemorrhoids)
 Multiple Sclerosis
 Paralysis
 None of the above

In regards to questions 6 to 10, if it was an investigation only and all results were negative, there are no outstanding investigations, no treatment prescribed and there are no ongoing symptoms - please answer NO. If you have received treatment or are awaiting investigations or been diagnosed with any of the conditions listed in these question(s) please answer YES.

Nomination of beneficiaries

<p>Full name of beneficiary</p> <input type="text"/>	<p>Home address</p> <p>Unit number Street number</p> <input type="text"/> <input type="text"/>
<p>Relationship to the life insured</p> <input type="text"/>	<p>Street name</p> <input type="text"/>
<p>Date of birth Portion of total benefit %*</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Suburb</p> <input type="text"/>
<p>Full name of beneficiary</p> <input type="text"/>	<p>Home address</p> <p>Unit number Street number</p> <input type="text"/> <input type="text"/>
<p>Relationship to the life insured</p> <input type="text"/>	<p>Street name</p> <input type="text"/>
<p>Date of birth Portion of total benefit %*</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Suburb</p> <input type="text"/>
<p>Date of birth Portion of total benefit %*</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Postcode</p> <input type="text"/>

*Each portion must be a whole percentage and the total must add up to 100%.

