



Occupation Questionnaire

Name of Life Insured

Member No.

1. (a) Current occupation.

(b) Current income. \$

2. Type of company/industry.

3. Please state all the duties performed in your occupation including manual duties.

Duties	Hours per week	% time each day

4. How long have you been employed in your current occupation? years months

5. Do you contemplate a change in your occupation? If 'Yes', please provide details..... Yes No

6. What was your previous occupation?

7. Do you have any other occupation? If 'Yes', please provide full details including number of hours worked per week. Yes No

I declare that the above statements are true and correct and confirm that I have checked the truth, accuracy and completeness of the above answers where they have not been completed in my handwriting and I understand that this Statement will form part of the basis of the contract for insurance on my life.

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the AIA Australia Privacy Policy available on the AIA Australia website at www.aia.com.au as updated from time to time or by calling AIA Australia on 1800 333 613, including exchange with third parties located in Australia and overseas.

Signature of Life Insured

Date