

Details Required	Applicant 1	Applicant 2
Full Name		
Date Of Birth		
Email Address		
Contact Phone		
Are You A Smoker?		
Occupation		
- Percent (%) Manual Work	%Manual	%Manual
Hours Worked Per Week		
Gross Income		
Employed or Self Employed		
List of All Related Entities (Trusts, Companies, Other)		
Investment Super Balance		
Age Of Children		
Breakdown Of Debts		
Annual Gross Income required upon death of surviving spouse		
Do you travel overseas? (state destination/s)		
Have you suffered from any of the following?		
- Stress / Anxiety / Depression		
- Back / Knee / Joint Problems		
- Heart Conditions / Stroke / Cancer / Diabetes		
Any family history of any of the above or other serious conditions?		
Are you currently on medication?		
- If so what for?		