



Premium Life Direct Insurance Application

For life insurance to NobleOak Life Limited (the Insurer) and NobleOak Services Limited, the trustee of the Premium Life Direct Insurance.

ABN: 85 087 648 708 AFS license number: 247302

Applicant's Name	Mr John Smith
Applicant's Number	168460-43865
Application Date	
Quote Date	16-09-2025

APPLICANT AS QUOTED

Date of birth	21-08-1982
Age next birthday	44
Gender	Male
Occupation category as quoted	White Collar
Smoker	Yes
Residing state	NSW

QUOTE

PRODUCT	SUM INSURED	MONTHLY	ANNUAL
Life	\$1,000,000.00	\$69.26	\$791.55
Any Occupation Total Permanent Disablement (TPD)	\$500,000.00	\$32.24	\$368.45
Trauma / Critical Illness - Linked	\$200,000.00	\$59.93	\$684.94
Income Protection Cover Monthly benefit amount: \$5,000.00 Additional Superannuation contribution: \$600.00 Benefit Period: 2 years Waiting Period: 90 days	\$5,000.00	\$52.24	\$597.01
Quote Total:		\$213.67	\$2,441.95

NobleOak: Application Report

APPLICANT'S EXISTING INSURANCE

Existing Insurance	Amount Existing	Amount Replacing
Life - Other Insurer	\$300,000	\$300,000

APPLICANT'S PERSONAL DETAILS

Height	174 cm
Weight	80 kg
BMI	26.40

APPLICANT'S WORK DETAILS

Employment status	Employed
Regular Annual Income	\$100,000
Highest qualification	Certificate qualified
Occupation	Administration manager
Occupation Class	WC
Paid hours per week	20 to 45 hours
Working more than 1 job	Yes

CONTACT DETAILS

Address	
Postal Address	No postal address
Phone - Home	No home phone
Phone - Work	No work phone
Phone - Mobile	
Email	

NOMINATED BENEFICIARIES

Beneficiary	Relationship	DOB	% Share
SHEELY	Spouse	07/06/1997	100%

PAYMENT

Payment details collected by NobleOak during the online process	Direct Debit
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APPLICANT'S PERSONAL DISCLOSURE STATEMENT

Which of these do you have?
Australian permanent resident visa
Do you currently live in Australia?
Yes
Which of the following apply to you? (in relation to NobleOak or any other insurer)
<input type="checkbox"/> You've previously been declined insurance or had a loading, modification or exclusion applied
<input type="checkbox"/> You've previously submitted a claim, or intend to submit a claim for disability, trauma insurance, workers compensation, veterans' affairs or a sickness benefit
<input checked="" type="checkbox"/> None of these
With regard to your occupation, are you currently, or do you intend to be involved with any of the following?
<input type="checkbox"/> Working at heights over 15 meters
<input type="checkbox"/> Working with explosives
<input type="checkbox"/> Working underwater
<input type="checkbox"/> Professional or semi-professional sport
<input checked="" type="checkbox"/> Any type of flying or aviation (other than as a fare paying passenger on a domestic flight on a commercial airline)
<input type="checkbox"/> Working offshore (including offshore work on oil rigs, platforms or ships)
<input type="checkbox"/> Working on a mine site (either above or below ground)
<input type="checkbox"/> FIFO worker (fly in/ fly out)
<input type="checkbox"/> Working in the armed forces (excluding reserves)
<input type="checkbox"/> Working in the armed forces (reserves only)
<input type="checkbox"/> Security or crowd control
<input type="checkbox"/> Other hazardous work (e.g.: stunt work)
<input type="checkbox"/> None of the above
What types of flying or aviation activities are you involved in for your work?
<input type="checkbox"/> Flying as a passenger
<input checked="" type="checkbox"/> Flying/piloting the aircraft
<input type="checkbox"/> Flight attendant, steward/stewardess only

Are you a pilot solely on a commercial airline only?
No
Describe the type of aviation work you do as a pilot, including the types of aircraft you fly in, the type of license you hold, and your average flying hours per annum.
Recreational Flying, Single engine aircraft, recreational pilots license
Are you currently bankrupt or have you been discharged from bankruptcy within the past 3 years?
No
Are you currently off work for any reason, working reduced hours or have you had to alter any of your work duties due to illness or injury?
No
Are you planning to take more than 3 months leave from work?
Yes
What are the reasons for your planned extended leave?
<input type="checkbox"/> Maternity or paternity leave <input checked="" type="checkbox"/> Career break or sabbatical <input type="checkbox"/> Other
When do you intend to take your extended leave, and for how long? (Please include any details of the reasons for your leave).
17/04/2026, travelling to visit family in Europe, 4 months
Are you considering changing your occupation, employment situation, work duties or working hours?
No
Have you changed your occupation, work duties or industry in the last 12 months?
No
What is your employer's name, or business name for your main job?
NobleOak Life Insurance
What is your highest qualification in relation to your job or occupation?
Certificate qualified
Do you spend a minimum of 90% of your work time performing administration duties, doing computer work, in an office environment, or in a classroom?
Yes
Do you perform any type of manual duties?
No
How many hours of paid work do you do in a typical week in your main job?
20 to 45 hours
Are your working hours seasonal, or are there periods of the year where you work minimal or no hours?
No
Do you have more than one job and/or occupation?
Yes
What is your second job?
Bartender
How long have you been working in your second job?
3 years
Describe your daily work duties for your second job, including the percentage of your time you spend performing each duty.
making drinks 100% of the time
How many paid hours of work do you do in a typical week in your second job?
10
For your second job are you employed, self-employed, working as a casual worker, freelancer or as a contractor?
employed
What is the name of your employer or businesses name for your second job?
bar incorporated
What is your regular annual income for your second job?
15000
What is your regular annual income for your main job?
85000
Which of the following apply to you in relation to your main job or occupation?
Permanent full time or permanent part time employee
Do you receive any of the following types of income?
<input type="checkbox"/> Variable income (e.g.: income from bonuses, commissions, etc.) <input type="checkbox"/> Unearned/passive income (e.g.: income from dividends, or net rental income (do not include negatively geared properties)) <input type="checkbox"/> Any other type of payments such as injury or sickness payments, department of veteran affairs, or any other government payments (e.g.: disability support pension) <input checked="" type="checkbox"/> None of these

Which of these are you planning to do?
<input checked="" type="checkbox"/> Travel overseas within the next 12 months for holiday or recreational purposes only <input type="checkbox"/> Live or work overseas within the next 2 years <input type="checkbox"/> Neither of these
Will you be overseas for more than 3 months?
Yes
Do you expect to travel overseas within the next 30 days?
No
When do you plan to leave Australia?
17/06/2026
Provide details of the countries (including all cities and regions) you will be travelling to, and the amount of time you will spend in each.
Portugal 4 months
Do you have any existing insurance or have you ever applied for a Life, Trauma/Critical Illness, Income Protection, Disability Income, Total Permanent Disability or Business expenses policy with any of the following:
<input type="checkbox"/> Noble Oak <input type="checkbox"/> RAC <input type="checkbox"/> Budget Direct <input checked="" type="checkbox"/> None of these
Do you have any existing insurance, or are you applying for cover, with ANY OTHER insurance company? (i.e.: Do not include any insurance you have with NobleOak, RAC or Budget Direct)
Yes
What types of insurance do you have, or have you applied for, with OTHER insurance companies? (Tick all that apply)
<input checked="" type="checkbox"/> Life Insurance <input type="checkbox"/> Trauma or Critical Illness Insurance <input type="checkbox"/> Total Permanent Disablement Insurance <input type="checkbox"/> Income Protection or Disability Income Insurance <input type="checkbox"/> Business Expense Insurance <input type="checkbox"/> None of these
Do you know how much existing Life Insurance you have, or you have applied for, with OTHER insurers?
Yes
How much existing Life Insurance do you have, or have you applied for, with OTHER insurers?
\$300,000
How much of this existing Life Insurance with other insurers do you intend to replace if this application is accepted?
\$300,000
What is your height?
174cm
What is your weight?
80kg
Do you consume more than 28 alcoholic drinks in a typical week?
No
Have you ever received medical advice or counselling, or been treated for an alcohol related disorder, or been advised to stop drinking alcohol by a doctor?
Yes
How many standard alcoholic drinks do you consume in a typical week?
12
Please advise what medical advice, counselling or treatment you have received from your doctor regarding ceasing drinking or an alcohol related disorder
counselling with a therapist to stop drinking
Have you ever been hospitalised or referred to a residential treatment programme or detox unit for your use of alcohol?
No
Which of the following have you used in the last 12 months?
<input checked="" type="checkbox"/> Cigarettes or cigars <input type="checkbox"/> E-cigarettes (including vapes) <input type="checkbox"/> Cannabis <input type="checkbox"/> Nicotine replacement products <input type="checkbox"/> Any other substance
How many cigarettes or cigars do you typically smoke per day?
Less than 10
In the past 10 years have you injected, smoked or otherwise used any form of cannabis products or any other illegal drugs?
No
Do you compete in a sport as either a professional or semi-professional, or are you paid to compete?

Yes
Which sport do you participate in at a professional level?
<input type="checkbox"/> Athletics <input type="checkbox"/> Basketball <input checked="" type="checkbox"/> Bicycle racing <input type="checkbox"/> Cricket <input type="checkbox"/> Football (e.g. Soccer, AFL, rugby league or rugby union) <input type="checkbox"/> Golf or golf caddie (with a pro golfer) <input type="checkbox"/> Gymnastics <input type="checkbox"/> Hockey <input type="checkbox"/> Netball <input type="checkbox"/> Water polo <input type="checkbox"/> Hunting <input type="checkbox"/> Other
Do you currently or do you intend to partake in any of the following: Climbing, abseiling, trail or quad-bike riding, motor vehicle or motorbike racing, horse racing/sports, extreme sports, combat sports, team contact sports (any code) skiing, snowboarding, or cycling?
No
Do you currently or do you intend to partake in: Flying (other than as a fare paying passenger), gliding, ballooning, skydiving, parachuting, hang gliding, or micro/ultra lighting?
No
Do you currently or do you intend to partake in: Rock fishing, scuba diving, powered motorboat racing, off-shore & ocean racing, kiteboarding or white water sports?
Yes
Which of these water-based activities do you participate in as a hobby or for recreation?
<input checked="" type="checkbox"/> Scuba diving <input type="checkbox"/> Powered motorboat racing <input type="checkbox"/> Trans-ocean sailing, yachting or off-shore racing <input type="checkbox"/> White water sports, including kayaking, canoeing, liloing and white water rafting <input type="checkbox"/> Kiteboarding <input type="checkbox"/> Water skiing <input type="checkbox"/> Rock fishing
Are you formally trained and qualified as a scuba diver?
Yes
Do you dive unaccompanied?
No
What sort of diving do you do?
<input checked="" type="checkbox"/> Dive deeper than 40 meters <input type="checkbox"/> Cave/potholes <input type="checkbox"/> Wrecks <input type="checkbox"/> High tech diving <input type="checkbox"/> Free diving <input type="checkbox"/> None of these
Have you ever had any type of cancer including but not limited to melanoma, skin cancer, malignant tumour, leukaemia, breast cancer, lymphoma or any brain or spinal cord tumour?
Yes
Do you currently have (or suspect you may have) any cancer present?
No
Are you currently undergoing or awaiting any treatment (including surgery, chemotherapy, radiotherapy) for cancer?
No
Which of these cancers have you had, or do you have?
<input checked="" type="checkbox"/> Melanoma <input checked="" type="checkbox"/> Other skin cancer <input type="checkbox"/> Bowel, rectal, colon or genital <input type="checkbox"/> Breast <input type="checkbox"/> Prostate <input type="checkbox"/> Lung <input type="checkbox"/> Kidney, liver, pancreatic or stomach <input type="checkbox"/> Leukaemia, lymphoma, blood or bone marrow <input type="checkbox"/> Tumour of the brain or spinal cord <input checked="" type="checkbox"/> Pre-cancer or carcinoma-in-situ (CIS) <input type="checkbox"/> Other cancer
What was the staging of your melanoma? (If you have had more than one, please select the highest staging you have had):
Stage 2
Have you had any treatments (including surgery/removal) for melanoma within the last 12 months?
No

Have you had any recurrence of melanoma or spread of cancer?
NO
When was your melanoma removed?
2019
Where was your melanoma located?
Left Arm
If you have had more than one melanoma, please provide the staging details for each (if known).
N/A
Was the treating doctor the same as your general practitioner?
yes
Provide details of the treating doctor (if relevant).
GP doctors test health, 20/25 Smith road, Sydney, NSW, 2000
Was your skin cancer frozen or burnt off with no other treatment needed?
Yes
Has your pre-cancer/CIS been removed with laser, burning or surgery?
Yes
Did your treatment for pre-cancer/CIS require either chemotherapy or radiotherapy?
No
Was your last treatment for pre-cancer/CIS more than 12 months ago?
Yes
Are you now clear of pre-cancer/CIS with no further treatment or investigations required?
Yes
Have you ever had any type of heart, vascular or brain condition including but not limited to a stroke, transient ischaemic attack (TIA), brain haemorrhage, aneurysm, heart attack, coronary artery disease (CAD), angina, rheumatic fever, heart murmur, arrhythmia, heart valve condition, cardiomyopathy, chest pain or heart palpitations?
Yes
Which of these heart or vascular conditions have you had, or do you have?
<input type="checkbox"/> Chest pain, irregular heartbeat (arrhythmia) or heart palpitations <input checked="" type="checkbox"/> Heart murmur <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Angina, heart disease or heart attack <input type="checkbox"/> Heart surgery <input type="checkbox"/> Stroke, TIA (mini stroke) or cerebrovascular accident <input type="checkbox"/> Brain haemorrhage <input type="checkbox"/> Reversible ischaemic neurological disorder <input type="checkbox"/> Aneurysm or blood vessel disorder <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Other heart or vascular or brain condition
Within the last 5 years have you had any episodes of, required any investigations for or needed any treatment or medication for your heart murmur?
No
Has a medical practitioner ever advised you that your heart murmur has been associated with any heart valve regurgitation, leakage or heart flow issues?
No
Were you ever advised by a cardiologist that you would require ongoing routine follow ups or monitoring for your heart murmur?
No
Aside from the heart murmur, have you had or have you consulted a medical practitioner for any other heart condition or problem?
No
When was your heart murmur first diagnosed and when did you last experience symptoms?
2000
What medication, treatment or surgery have you received for your heart murmur?
No treatment, resolved on its own- routinely checked on by specialist until age 15
When did you last have an echocardiogram, (ECG/heart scan) and what was the result of the test?
2008 - no murmur detected
Have you ever had any type of neurological or nerve condition including but not limited to headaches, migraines, paralysis, repetitive strain injury, epilepsy, fits or seizures, multiple sclerosis, neuritis, motor neuron disease, Huntington's disease or Parkinson's?
Yes
Which of these neurological conditions have you had, or do you have?
<input checked="" type="checkbox"/> Headaches or migraines <input type="checkbox"/> Epilepsy, seizures or fits

<input type="checkbox"/> Fainting <input type="checkbox"/> Multiple sclerosis or Huntington's disease <input type="checkbox"/> Alzheimer's, dementia or Parkinson's <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Bell's palsy <input type="checkbox"/> Paralysis <input type="checkbox"/> Muscular dystrophy or motor neurone disease <input type="checkbox"/> Neuritis <input type="checkbox"/> Other neurological or nerve problem
In the last 5 years , have you experienced any symptoms, consulted a doctor, or required treatment, surgery or tests for your headaches or migraine?
Yes
Which of the following conditions do you have/have you had? (select all that apply)
<input type="checkbox"/> Headaches <input checked="" type="checkbox"/> Migraines <input type="checkbox"/> Hemiplegic migraine <input type="checkbox"/> Cluster headaches <input type="checkbox"/> Not sure
Did your headache or migraine symptoms first start within the last 12 months?
No
Are your headaches or migraines becoming more frequent or increasing in severity?
No
Have you ever had a test or investigation for your headaches/migraines (e.g. a brain scan) which showed any type of abnormalities?
No
Are you considering having, or have you been recommended to have any consultations, tests or investigations which have not yet been completed, or where the results have not yet been confirmed?
No
In the past 12 months, how many days did you take off work (or were your day-to-day activities impacted) due to headaches or migraines?
Up to 7 days
Have you ever had any type of blood disorders including but not limited to haemophilia, anaemia, thalassaemia, haemochromatosis, Von Willebrands, blood clotting condition, varicose veins, or deep vein thrombosis (DVT)?
No
Have you ever had a thyroid or parathyroid condition including but not limited to hyper/hypo-thyroidism, Grave's disease, goitre, thyrotoxicosis, Hashimoto's thyroiditis, or thyroid cancer, nodule or cyst?
No
Have you ever had high blood pressure or high cholesterol?
Yes
Which of these conditions have you been diagnosed with?
<input type="checkbox"/> High blood pressure <input checked="" type="checkbox"/> High cholesterol
What types of treatment has your doctor recommended for high cholesterol?
<input type="checkbox"/> Diet /exercise <input type="checkbox"/> Over the counter supplements <input type="checkbox"/> No treatment recommended by doctor <input checked="" type="checkbox"/> Prescribed cholesterol-lowering medication <input type="checkbox"/> Aspirin or other blood-thinning medication <input type="checkbox"/> Other prescribed medication
Have you had your cholesterol checked within the past 12 months?
Yes
Do you know what your cholesterol reading was when it was last checked?
Yes
What was your last cholesterol reading?
4.2
Have you ever had any type of skin condition including but not limited to moles, cysts, lesions, psoriasis, eczema, dermatitis, rash, shingles, or other skin condition (other than skin cancer)?
No
Have you ever had diabetes, sugar in the urine or raised blood sugar?
No
Have you ever had any type of breathing or lung conditions including but not limited to asthma, sinusitis, tonsillitis, pneumonia, whooping cough, bronchitis, sleep apnoea, emphysema, chronic obstructive airways/pulmonary disease, asbestosis, tuberculosis, pleurisy, coughing blood or cystic fibrosis?
No

Have you ever had any type of stomach, bowel, colon or pancreas related conditions including but not limited to reflux, gastro-oesophageal reflux disease (GORD), Barrett's oesophagus, hernias, ulcers, abscess, gastritis, irritable bowel, weight loss surgery (planned or completed), haemorrhoids, fissure, fistula, coeliac disease, colitis, bowel polyps, diverticulitis, pancreatitis, ulcerative colitis, rectal bleeding or Crohn's disease?
Yes
Which of these gastro-intestinal conditions have you had, or do you have?
<input checked="" type="checkbox"/> Indigestion, reflux, GORD or oesophagitis <input type="checkbox"/> Barrett's oesophagus <input type="checkbox"/> Gastritis or gastric abscess <input type="checkbox"/> Gastric, duodenal or peptic ulcer <input type="checkbox"/> Hernia <input type="checkbox"/> Irritable bowel syndrome (IBS) <input type="checkbox"/> Coeliac disease <input type="checkbox"/> Weight loss or bariatric surgery (planned or completed) <input checked="" type="checkbox"/> Appendicitis <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Bowel polyps <input type="checkbox"/> Ulcerative colitis, proctitis or other colitis <input type="checkbox"/> Haemorrhoids/piles <input type="checkbox"/> Anal fissure/fistula <input type="checkbox"/> Other gastro-intestinal condition
Which of the following have you had?
<input checked="" type="checkbox"/> Indigestion, heartburn, reflux or GORD (gastro-oesophageal reflux disease) <input type="checkbox"/> Oesophagitis <input type="checkbox"/> Other
In the last 5 years , have you experienced any symptoms, consulted a doctor, or required treatment, surgery or tests for your indigestion, heartburn, reflux or GORD?
Yes
Regarding your indigestion, heartburn, reflux or GORD, which of the following apply?
<input type="checkbox"/> You're planning to seek further medical advice <input checked="" type="checkbox"/> You've been advised to have a further test, scan or investigation <input type="checkbox"/> You're awaiting the results of a test, scan or investigation <input type="checkbox"/> You're currently awaiting surgery or planning to have surgery <input type="checkbox"/> None of these
What types of tests, consultations, surgeries and/or results are currently pending, and when are these expected to be completed?
endoscopy- no test booked yet
Have you had any other symptoms or complications associated with your indigestion, heartburn, reflux or GORD, including any bleeding, ulcers, stricture, obstruction, or any other type of complication? If so, please provide details.
no
Was your appendix removed?
Yes
Was your appendix removed more than 3 months ago with no complications or further treatment, tests or follow-ups required?
Yes
Have you ever had any type of liver or gall bladder conditions including but not limited to hepatitis A, B, C, D or E or auto-immune hepatitis, cirrhosis, jaundice, fatty liver/NASH or abnormal results from a liver function test?
No
Have you ever had any type of kidney or bladder conditions including but not limited to kidney failure, urinary tract infection, kidney stones, nephritis, pyelitis, polycystic kidney, cystitis, renal colic or blood in urine?
No
Have you ever had any form of arthritis, including but not limited to rheumatoid arthritis, osteoarthritis, osteoporosis or gout? (exclude conditions related to your back neck or spine)
No
Have you ever had any back or neck pain including but not limited to muscular pain, strain, whiplash , sciatica, disc conditions, spondylitis, ankylosing spondylitis, spondylolisthesis, scoliosis or any other curvature of the spine, fracture of the back, neck or skull, or any other back, neck or spinal condition?
Yes
Which of these back and neck conditions have you had, or do you have?
<input type="checkbox"/> Generalised back or neck pain, injury, stiffness or strain <input type="checkbox"/> Fractured spine or skull <input type="checkbox"/> Spinal disease or disorder including disc conditions <input checked="" type="checkbox"/> Whiplash <input type="checkbox"/> Sciatica <input type="checkbox"/> Any other condition related to your back, neck or spine

How many episodes of whiplash have you had?
Single episode
Have you required a surgery to treat your condition?
No
Was your last episode, symptom or treatment for whiplash more than 3 years ago?
Yes
How much time off work did you have due to whiplash?
Between 2 – 4 weeks
Are you fully recovered from whiplash with no ongoing pain, symptoms or treatment required?
Yes
What part of your back or neck was affected by your spinal or disc condition?
Neck or upper back only
Have you ever had or received any medical advice or treatment (including surgery) for any disorders or conditions related to your joints or limbs including but not limited to wrist, elbow, shoulder, arm, hand, foot, ankle, knee, leg, hip, finger, toe, bone, ligament, tendon or muscle pain or related disorder(s) including RSI or any other muscular-skeletal condition?
Yes
Please select which joint/s or limb/s are or were affected. (Tick all that apply)?
<input checked="" type="checkbox"/> Ankle(s) <input type="checkbox"/> Arm(s) <input type="checkbox"/> Elbow(s) <input type="checkbox"/> Finger(s) <input type="checkbox"/> Foot/feet <input type="checkbox"/> Hand(s) <input type="checkbox"/> Hip(s) <input type="checkbox"/> Knee(s) <input type="checkbox"/> Leg(s) <input type="checkbox"/> Shoulder(s) (including collar bone) <input type="checkbox"/> Toe(s) <input type="checkbox"/> Wrist(s) <input type="checkbox"/> Other
Please select your relevant ankle condition/s. If not listed or unsure, please select 'Other'.
<input type="checkbox"/> Injury to your left Achilles tendon <input type="checkbox"/> Injury to your right Achilles tendon <input type="checkbox"/> Tendonitis or tenosynovitis of left ankle <input type="checkbox"/> Tendonitis or tenosynovitis of right ankle <input checked="" type="checkbox"/> Fracture or dislocation of your left ankle <input type="checkbox"/> Fracture or dislocation of your right ankle <input type="checkbox"/> Tear, strain or rupture of your left ankle ligament, tendon or cartilage <input type="checkbox"/> Tear, strain or rupture of your right ankle ligament, tendon or cartilage <input type="checkbox"/> Other condition or disorder of your ankle
Have you been advised of or diagnosed with any underlying arthritis or systemic disorder associated with your left ankle dislocation or fracture?
No
Are you planning or considering having surgery, treatment, further tests or investigations for your left ankle dislocation or fracture?
No
Have you fractured or dislocated your left ankle more than once?
No
Have you had or required any surgery in the past to treat your left ankle dislocation or fracture?
No
When was your last episode, symptom, or treatment for your left ankle dislocation or fracture?
More than 5 years ago
Was the total duration of your symptoms more than 3 months for your left ankle dislocation or fracture?
No
Have you fully recovered from your ankle dislocation or fracture, with no time off work or restrictions to your usual work duties or normal daily activities for at least the last 5 years?
Yes
Have you had to change jobs or modify your work duties as a result of this ankle dislocation or fracture?
No
Have you ever had an ear or eye condition including but not limited to deafness, hearing loss, Meniere's disease, labyrinthitis, tinnitus, vertigo or dizziness, blindness, glaucoma, retinopathy, macular degeneration, corneal ulcer or keratoconus?
No
Have you ever had any type of chronic disease or disorder including but not limited to lethargy, chronic fatigue syndrome, chronic pain syndrome, lupus, Ross River fever, Barmah Forest virus, glandular fever, Lyme disease, fibromyalgia or any other virus (other than flu virus)?

No
Have you ever had any type of mental health or psychological condition, including but not limited to depression, anxiety, stress, post-traumatic stress disorder (PTSD), panic attacks, bipolar disorder, schizophrenia, attention deficit hyperactivity disorder (ADHD), Autism, eating or obsessive-compulsive disorder, or other mental health condition?
No
Have you ever had an enlarged prostate or an abnormal PSA (prostate-specific antigen) test result?
Yes
Which of these male health conditions have you had, or do you have?
<input type="checkbox"/> Enlarged prostate <input checked="" type="checkbox"/> Abnormal PSA (prostate-specific antigen) test result
How long have you had abnormal PSA results?
3 years
When did you last have a PSA test?
18/0/2024
What were the results of your PSA test/s?
4.0 ng/mL
Have you had or do you require any further investigations or tests for abnormal PSA?
No
Have you been advised of the cause or diagnosis for your abnormal PSA results?
prostate infection
Has your PSA result returned to within the normal range, and if so, when?
yes 18/02/2024
Provide details of the treating doctor.
Dr test health- 200 Smith Road Haymarket , NSW, 2000
Have you ever tested positive for HIV (Human Immunodeficiency Virus), been advised that you have AIDS (Acquired Immune Deficiency Syndrome) or are you awaiting the results of a HIV test?
No
Have you ever tested positive for COVID-19?
No
Are you currently awaiting the result of a COVID-19 test?
No
Have you had any COVID-19 symptoms in the past 14 days?
No
Have you ever had or are you awaiting the results of a genetic test?
Yes
Did you have a genetic test to investigate a medical condition or symptom?
No
What was the reason for your genetic test?
<input checked="" type="checkbox"/> Family planning/ IVF <input type="checkbox"/> Ancestry DNA testing kit <input type="checkbox"/> Due to family history <input type="checkbox"/> General health management
Aside from what you have already told us in this application, have any of these applied to you in the past 12 months? (Tick all that apply)
<input checked="" type="checkbox"/> You have consulted a medical professional or specialist <input type="checkbox"/> You have had or been recommended to have any treatments (such as surgery, medication, therapy) <input type="checkbox"/> You have had any tests or investigations <input type="checkbox"/> None of these
Are you currently waiting to have any consultations, treatments or investigations, or are you waiting to receive the results of any previous tests?
No
Do you have any signs or symptoms of a medical condition which you have not yet seen a doctor about?
No
What medical conditions were your consults, treatments, and/or tests in relation to? (Tick all that apply)
<input type="checkbox"/> Allergies or food intolerances <input type="checkbox"/> Cold/flu <input type="checkbox"/> Minor one-off infection which has now resolved <input checked="" type="checkbox"/> Dental issues <input type="checkbox"/> Vasectomy and/or fertility <input type="checkbox"/> Injury or symptoms requiring treatment from a physiotherapist, chiropractor, and/or osteopath only <input type="checkbox"/> A routine annual check-up where all results were confirmed to be normal <input type="checkbox"/> Something else

Have you ever had a parent, brother or sister diagnosed with any of the conditions listed before age 60: A Stroke or heart disease, kidney disease, diabetes, cancer, multiple sclerosis (MS), muscular dystrophy, Huntington's disease, Parkinson's disease, Alzheimer's or dementia, motor neurone disease, cystic fibrosis or a mental disorder?

Yes

Which of these conditions were diagnosed? (Please select all that apply).

- ☐ A stroke or heart disease
- ☐ Kidney disease
- ☐ Diabetes
- ☒ **Cancer**
- ☐ Multiple sclerosis (MS)
- ☐ Muscular dystrophy
- ☐ Huntington's disease
- ☐ Parkinson's disease
- ☐ Alzheimer's or dementia
- ☐ Motor neurone disease
- ☐ Cystic fibrosis
- ☐ Mental disorder

What cancer was diagnosed?

- ☐ Skin cancer
- ☐ Bowel, colon or rectal cancer
- ☐ Prostate cancer
- ☒ **Breast cancer**
- ☐ Ovarian cancer
- ☐ Testicular cancer
- ☐ Other cancer

When did you last visit a doctor regarding your health?

Within the past year

Please provide the name of your regular medical clinic, the suburb this is located, and the name of your usual doctor.

Dr test health- 200 Smith street, Haymarket ,NSW, 2000

How long have you been a patient of this doctor or practice?

15 years

DECLARATION

Declaration, Authority & Consent

Thank you for providing your information in the course of your insurance application. Before submitting the application, we need to ask you to make some declarations, to provide a privacy consent, and to provide a consent for accessing your health information.

Declarations - Duty to take Reasonable Care & General Declarations

- I declare that I have read and understood the Duty to take Reasonable Care (if reading this online, you can click to access details of the Duty; it is also available on the NobleOak website and in the PDS) prior to completing my application, and that I understand that the duty continues whilst NobleOak's assessment is underway and up until my application is approved and insurance cover is issued. I understand that if I need to change, or add to, any information I have provided then I can contact NobleOak on 1300 041 494 or by email at enquiry@nobleoak.com.au
- I declare that I have read and understood the Product Disclosure Statement (PDS) (if reading this online you can click to access the PDS; it is also available on the NobleOak website) in considering whether the insurance cover I am applying for is appropriate for my needs and circumstances.
- I agree that any personal statements made together with other relevant documents shall form the basis of the proposed contract of insurance with NobleOak Life Limited (NobleOak) as the Insurer.
- I consent to NobleOak collecting sensitive information including health information about me for the purposes of assessing my application and for the performance of the contract for life insurance once cover is issued.
- I agree that cover will not commence until my online application has been assessed, written confirmation of cover has been provided by NobleOak, and the premium has been paid.
- I consent to NobleOak contacting me for further information where required (using the contact information I have supplied).

Privacy Consent

NobleOak's Privacy Policy can be accessed by clicking [here](#) if you are reading this online, or is accessible on the NobleOak website and in the PDS. I consent to any of my personal information, including information that may be of a sensitive nature, which I provide in this application or which NobleOak collects about me in the normal course of its business, being used in the manner set out in the Privacy Policy.

By signing below, as part of my application I make and agree to the above Declarations, and I provide the above Privacy Consent.

Date of Signature: **16 Sep 2025 1:32 PM Australian Eastern Standard Time (AEST)**

Agreed



Lewis Gibbons

Consent for Accessing Your Health Information

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, NobleOak Life Limited (which term, when used within this health information consent, shall also include administrators engaged by or on behalf of us to obtain health information), collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above. If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in

writing or verbally, any details of my health information to NobleOak Life Limited, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form NobleOak Life Limited asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- NobleOak Life Limited can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while NobleOak Life Limited is assessing my claim or application for cover or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Date of Signature: **16 Sep 2025 1:32 PM Australian Eastern Standard Time (AEST)**

Agreed ☒ **Lewis Gibbons**

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to NobleOak Life Limited, or to third parties they engage, only if NobleOak Life Limited has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete or contains inconsistencies or inaccuracies.

I agree to all the following:

- NobleOak Life Limited can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is only valid while NobleOak Life Limited is assessing my claim or application for cover or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Date of Signature: **16 Sep 2025 1:32 PM Australian Eastern Standard Time (AEST)**

Agreed ☒ **Lewis Gibbons**

DIRECT DEBIT REQUEST SERVICE AGREEMENT

Definitions

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

Banking Day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit Day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct Debit request means the Direct Debit Request between us and you.

Us or we, means NobleOak Services Limited (the Debit User) you have authorised by signing a direct debit request.

You means the customer who signed the direct debit request.

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. Debiting your account

1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.

1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Changes by us

2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days' written notice.

3. Changes by you

3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting us on the Client Service Line on 1300 551 044.

3.2 If you wish to stop or defer a debit payment, you must notify us in writing at least seven (7) days before the next debit day. This notice should be given to us in the first instance.

3.3 You may also cancel your authority for us to debit your account at any time by giving us seven (7) days' notice in writing before the next debit day. This notice should be given to us in the first instance.

4. Your obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

4.2 If there are insufficient clear funds in your account to meet a debit payment:

- (a) you may be charged a fee and/or interest by your financial institution;
- (b) you may also incur fees or charges imposed or incurred by us; and
- (c) you must arrange for the debit payment to be made by another method or arrange for sufficient funds to be in your account by an agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

4.4 If NobleOak Services Limited is liable to pay goods and services tax (GST) on a supply made in connection with this agreement, then you agree to pay NobleOak on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on the Client Service Line on 1300 551 044 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

5.2 If we conclude as a result of our investigations that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

7. Confidentiality

7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to NobleOak, GPO Box 4793, SYDNEY NSW 2001.

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.

8.3 Any notice will be deemed to have been received on the third banking day after posting