



**Have your say about the messages that Australia Post delivers to you!  
TWO MAJOR PRIZE WINNERS EACH WIN\* A \$10,000 CHEQUE!**

We hope you accept this invitation to participate in the **Australian Lifestyle Survey**. Take part for your chance to WIN\* one of the fantastic prizes below.

By undertaking this survey and indicating your interests, companies that have relevant offers to your lifestyle may be provided with your name and contact details. The companies that contact you could be in industries such as health care, telecommunications, financial services, market research, media, direct marketing, charities and consumer goods. The survey is completely voluntary and you can choose to answer all or some of the questions.

To enter, please complete the survey, and send it to us in the reply paid envelope provided.

**Good luck!**



**TWO MAJOR PRIZE WINNERS EACH WIN\* A \$10,000 CHEQUE**



**40 RUNNER-UP PRIZES**

**\$200 GIFT CARD#**

*#You can use at selected major retailers.*

**Your Privacy:** if you do not wish to receive future addressed mailings of the Australian Lifestyle Survey please call 1300 557 678 and quote the CRN located on your envelope.

\* Terms and conditions apply – please see final page. Images used for illustrative purposes only.

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**Guidance Notes – Please Read**

- Your participation is **voluntary**. You may choose not to answer particular questions. Some questions are about you, others are about your partner and your household. When you provide information about your partner or other members of your household, please have them read the survey and get their permission to provide the answers on their behalf.
- Some companies prefer to contact you by email, SMS, MMS, telephone or location based marketing messages (3G / NextG mobiles only). If you prefer not to be contacted in these ways, do not provide your contact details in the areas marked #.
- By giving us your home or mobile telephone number you: a) expressly consent to us giving your telephone number/s to third party businesses so they can contact you; b) agree your consent remains in place until you tell us otherwise; c) state you are either (i) the telephone account holder / person responsible for the relevant telephone account; or (ii) an authorised nominee of the telephone account holder and are allowed to consent to receive marketing calls.
- Anonymous de-identified survey responses to selected questions may also be provided to organisations to help them better understand market and consumer characteristics.
- When you return your completed survey you will be entered into the prize draw. Only one entry per person is permitted and **you should only complete the survey if you are 18 years or older**. To make sure that your prize draw entry is valid, please include your full name and address details.
- You can check, update, access or remove your survey response by calling Australia Post on 13 13 18.

Your title:	1 <input type="checkbox"/> Mr	2 <input type="checkbox"/> Mrs	3 <input type="checkbox"/> Miss	4 <input type="checkbox"/> Ms
First name:	<input type="text"/>			
Surname:	<input type="text"/>			
Address:	<input type="text"/>			
Suburb:	<input type="text"/>			
State:	<input type="text"/>	Postcode:	<input type="text"/>	
Please refer to guidance notes 2 and 3 for information about providing your telephone numbers				
(#) Home telephone number:	<input type="text"/>			
(#) Mobile number:	<input type="text"/>			
(#) Your preferred email address:	<input type="text"/>			
Partner's title:	1 <input type="checkbox"/> Mr	2 <input type="checkbox"/> Mrs	3 <input type="checkbox"/> Miss	4 <input type="checkbox"/> Ms
First name:	<input type="text"/>			
Surname:	<input type="text"/>			

# 1 Leisure Interests and Readership

1. Which of the following leisure activities and interests do you enjoy (mark all that apply)?

	You	Partner		You	Partner
Boating	<input type="checkbox"/> 01	<input type="checkbox"/> 18	Home computing	<input type="checkbox"/> 35	<input type="checkbox"/> 52
Charity work	<input type="checkbox"/> 02	<input type="checkbox"/> 19	Music	<input type="checkbox"/> 36	<input type="checkbox"/> 53
Cinema	<input type="checkbox"/> 03	<input type="checkbox"/> 20	Nature / wildlife	<input type="checkbox"/> 37	<input type="checkbox"/> 54
Collectables	<input type="checkbox"/> 04	<input type="checkbox"/> 21	New technology	<input type="checkbox"/> 38	<input type="checkbox"/> 55
Concerts	<input type="checkbox"/> 05	<input type="checkbox"/> 22	Photography	<input type="checkbox"/> 39	<input type="checkbox"/> 56
Cooking	<input type="checkbox"/> 06	<input type="checkbox"/> 23	Pubs / nightclubs	<input type="checkbox"/> 40	<input type="checkbox"/> 57
Current affairs	<input type="checkbox"/> 07	<input type="checkbox"/> 24	Puzzles / crosswords	<input type="checkbox"/> 41	<input type="checkbox"/> 58
Eating out	<input type="checkbox"/> 08	<input type="checkbox"/> 25	Reading	<input type="checkbox"/> 42	<input type="checkbox"/> 59
Fashion	<input type="checkbox"/> 09	<input type="checkbox"/> 26	Religious activities	<input type="checkbox"/> 43	<input type="checkbox"/> 60
Fine arts / antiques	<input type="checkbox"/> 10	<input type="checkbox"/> 27	Renovations / DIY	<input type="checkbox"/> 44	<input type="checkbox"/> 61
Gambling	<input type="checkbox"/> 11	<input type="checkbox"/> 28	Self improvement	<input type="checkbox"/> 45	<input type="checkbox"/> 62
Gardening	<input type="checkbox"/> 12	<input type="checkbox"/> 29	Sewing / craftwork	<input type="checkbox"/> 46	<input type="checkbox"/> 63
Golf	<input type="checkbox"/> 13	<input type="checkbox"/> 30	Sports (participating)	<input type="checkbox"/> 47	<input type="checkbox"/> 64
Gourmet foods / fine wines	<input type="checkbox"/> 14	<input type="checkbox"/> 31	Sports (spectating)	<input type="checkbox"/> 48	<input type="checkbox"/> 65
Grandchildren	<input type="checkbox"/> 15	<input type="checkbox"/> 32	Theatre / art events	<input type="checkbox"/> 49	<input type="checkbox"/> 66
Gym	<input type="checkbox"/> 16	<input type="checkbox"/> 33	Watching TV	<input type="checkbox"/> 50	<input type="checkbox"/> 67
Hiking / walking	<input type="checkbox"/> 17	<input type="checkbox"/> 34	Wine	<input type="checkbox"/> 51	<input type="checkbox"/> 68

2. Which types of expos or shows would you visit (mark all that apply)?

Art / craft	<input type="checkbox"/> 01	Kids / parenting	<input type="checkbox"/> 05
Boat	<input type="checkbox"/> 02	Money / investments	<input type="checkbox"/> 06
Camping / caravanning	<input type="checkbox"/> 03	Motor	<input type="checkbox"/> 07
Home / garden	<input type="checkbox"/> 04	Travel	<input type="checkbox"/> 08

3. Which daily newspapers do you read (mark all that apply)?

National - Financial Review	<input type="checkbox"/> 01	SA - The Advertiser	<input type="checkbox"/> 07
National - The Australian	<input type="checkbox"/> 02	TAS - Hobart Mercury	<input type="checkbox"/> 08
ACT - Canberra Times	<input type="checkbox"/> 03	VIC - Herald Sun	<input type="checkbox"/> 09
NSW - Daily Telegraph	<input type="checkbox"/> 04	VIC - The Age	<input type="checkbox"/> 10
NSW - Sydney Morning Herald	<input type="checkbox"/> 05	WA - West Australian	<input type="checkbox"/> 11
QLD - Courier Mail	<input type="checkbox"/> 06		

4. How do you access your daily newspaper?

Home delivered	<input type="checkbox"/> 01	Work supplied	<input type="checkbox"/> 02	Online	<input type="checkbox"/> 03	Other	<input type="checkbox"/> 04
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5. Which weekend newspapers do you read (mark all that apply)?

National - Weekend Financial Review / BRW	<input type="checkbox"/> 01	SA - The Advertiser	<input type="checkbox"/> 10
National - Weekend Australian	<input type="checkbox"/> 02	SA - Sunday Mail	<input type="checkbox"/> 11
ACT - Sunday Canberra Times	<input type="checkbox"/> 03	VIC - Saturday Age	<input type="checkbox"/> 12
NSW - Saturday Telegraph	<input type="checkbox"/> 04	VIC - Sunday Age	<input type="checkbox"/> 13
NSW - Sunday Telegraph	<input type="checkbox"/> 05	VIC - Saturday Herald Sun	<input type="checkbox"/> 14
NSW - Sun Herald	<input type="checkbox"/> 06	VIC - Sunday Herald Sun	<input type="checkbox"/> 15
NSW - Sydney Morning Herald	<input type="checkbox"/> 07	WA - West Australian	<input type="checkbox"/> 16
QLD - Courier Mail	<input type="checkbox"/> 08	WA - Sunday Times	<input type="checkbox"/> 17
QLD - Sunday Mail	<input type="checkbox"/> 09		

6. Which magazines do you read (mark all that apply)?

AFR Smart Investor / BRW	<input type="checkbox"/> 01	New Idea	<input type="checkbox"/> 12
Australian Geographic	<input type="checkbox"/> 02	NW New Weekly	<input type="checkbox"/> 13
Australian Women's Weekly	<input type="checkbox"/> 03	Reader's Digest	<input type="checkbox"/> 14
Better Homes & Gardens	<input type="checkbox"/> 04	Shop till you drop	<input type="checkbox"/> 15
Cosmopolitan / Cleo	<input type="checkbox"/> 05	That's Life	<input type="checkbox"/> 16
Delicious	<input type="checkbox"/> 06	Time	<input type="checkbox"/> 17
House and Garden	<input type="checkbox"/> 07	TV Week	<input type="checkbox"/> 18
Inside Sport	<input type="checkbox"/> 08	Vogue / Vogue Living	<input type="checkbox"/> 19
Marie Claire	<input type="checkbox"/> 09	Who Weekly	<input type="checkbox"/> 20
Mens Health	<input type="checkbox"/> 10	Woman's Day	<input type="checkbox"/> 21
National Geographic	<input type="checkbox"/> 11	Wheels	<input type="checkbox"/> 22

7. Which of the following types of magazines do you subscribe to or read (mark all that apply)?

	Subscribe	Read		Subscribe	Read
Business	<input type="checkbox"/> 01	<input type="checkbox"/> 09	Home decorating / DIY	<input type="checkbox"/> 17	<input type="checkbox"/> 25
Computing	<input type="checkbox"/> 02	<input type="checkbox"/> 10	Men's interests	<input type="checkbox"/> 18	<input type="checkbox"/> 26
Cooking	<input type="checkbox"/> 03	<input type="checkbox"/> 11	Money / Investment	<input type="checkbox"/> 19	<input type="checkbox"/> 27
Current affairs	<input type="checkbox"/> 04	<input type="checkbox"/> 12	Motoring	<input type="checkbox"/> 20	<input type="checkbox"/> 28
Entertainment	<input type="checkbox"/> 05	<input type="checkbox"/> 13	Sport	<input type="checkbox"/> 21	<input type="checkbox"/> 29
Gardening	<input type="checkbox"/> 06	<input type="checkbox"/> 14	Travel	<input type="checkbox"/> 22	<input type="checkbox"/> 30
Geographical	<input type="checkbox"/> 07	<input type="checkbox"/> 15	Women's interests	<input type="checkbox"/> 23	<input type="checkbox"/> 31
Health	<input type="checkbox"/> 08	<input type="checkbox"/> 16	Other international	<input type="checkbox"/> 24	<input type="checkbox"/> 32

8. What music do you listen to (mark all that apply)?

	You	Partner		You	Partner		You	Partner
Classical	<input type="checkbox"/> 01	<input type="checkbox"/> 03	Folk	<input type="checkbox"/> 05	<input type="checkbox"/> 07	Pop / Rock	<input type="checkbox"/> 09	<input type="checkbox"/> 11
Country	<input type="checkbox"/> 02	<input type="checkbox"/> 04	Jazz	<input type="checkbox"/> 06	<input type="checkbox"/> 08	Other	<input type="checkbox"/> 10	<input type="checkbox"/> 12

9. How many bottles of wine per month do you consume in your home (on average)?

1-2	<input type="checkbox"/> 01	3-5	<input type="checkbox"/> 02	6-9	<input type="checkbox"/> 03	10+	<input type="checkbox"/> 04	None	<input type="checkbox"/> 05
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10. How much do you pay per bottle of wine when drinking at home (on average)?

Up to \$10	<input type="checkbox"/> 01	\$11-14	<input type="checkbox"/> 02	\$15-20	<input type="checkbox"/> 03	\$21-49	<input type="checkbox"/> 04	\$50+	<input type="checkbox"/> 05
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11. Would you like to be contacted with exclusive, discounted, direct wine offers?

Yes	<input type="checkbox"/> 01	No	<input type="checkbox"/> 02
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12. Do you ever bet on any of the following (mark all that apply)?

	In person	Via phone	Online	Casino		In person	Via phone	Online	Casino
Football	<input type="checkbox"/> 01	<input type="checkbox"/> 04	<input type="checkbox"/> 07	<input type="checkbox"/> 10	Lottery	<input type="checkbox"/> 13	<input type="checkbox"/> 15	<input type="checkbox"/> 17	<input type="checkbox"/> 19
Greyhounds	<input type="checkbox"/> 02	<input type="checkbox"/> 05	<input type="checkbox"/> 08	<input type="checkbox"/> 11	Sports / Other	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> 18	<input type="checkbox"/> 20
Horses	<input type="checkbox"/> 03	<input type="checkbox"/> 06	<input type="checkbox"/> 09	<input type="checkbox"/> 12					

13. Do you subscribe, or would you consider subscribing, to any of the following PAY TV services?

	Subscribe	Consider		Subscribe	Consider
Austar	<input type="checkbox"/> 01	<input type="checkbox"/> 03	Optus TV	<input type="checkbox"/> 05	<input type="checkbox"/> 07
Foxtel	<input type="checkbox"/> 02	<input type="checkbox"/> 04	SelecTV	<input type="checkbox"/> 06	<input type="checkbox"/> 08

14. Which of the following destinations have you / your partner visited on holiday in the last 3 years, or would consider visiting in the next 12 months?

	Have Taken	Considering		Have Taken	Considering
Asia	<input type="checkbox"/> 01	<input type="checkbox"/> 05	UK / Ireland	<input type="checkbox"/> 09	<input type="checkbox"/> 13
Australia	<input type="checkbox"/> 02	<input type="checkbox"/> 06	USA / Canada	<input type="checkbox"/> 10	<input type="checkbox"/> 14
New Zealand	<input type="checkbox"/> 03	<input type="checkbox"/> 07	Rest of Europe	<input type="checkbox"/> 11	<input type="checkbox"/> 15
South America	<input type="checkbox"/> 04	<input type="checkbox"/> 08	Rest of World	<input type="checkbox"/> 12	<input type="checkbox"/> 16

15. Which states have you visited on a holiday in the last 12 months, or would consider visiting in the next 12 months?

	Have Taken	Considering		Have Taken	Considering
Australian Capital Territory	<input type="checkbox"/> 01	<input type="checkbox"/> 05	South Australia	<input type="checkbox"/> 09	<input type="checkbox"/> 13
New South Wales	<input type="checkbox"/> 02	<input type="checkbox"/> 06	Tasmania	<input type="checkbox"/> 10	<input type="checkbox"/> 14
Northern Territory	<input type="checkbox"/> 03	<input type="checkbox"/> 07	Victoria	<input type="checkbox"/> 11	<input type="checkbox"/> 15
Queensland	<input type="checkbox"/> 04	<input type="checkbox"/> 08	Western Australia	<input type="checkbox"/> 12	<input type="checkbox"/> 16

16. How frequently do you travel domestically by plane?

Business (monthly average)	0	<input type="checkbox"/> 01	1-2	<input type="checkbox"/> 03	3-4	<input type="checkbox"/> 05	5+	<input type="checkbox"/> 07
Leisure (yearly average)	0	<input type="checkbox"/> 02	1-2	<input type="checkbox"/> 04	3-4	<input type="checkbox"/> 06	5+	<input type="checkbox"/> 08

17. Have you taken, or are you considering taking any of the following types of holidays within the next 12 months?

	Have Taken	Considering		Have Taken	Considering
Action adventure	<input type="checkbox"/> 01	<input type="checkbox"/> 06	Cruise	<input type="checkbox"/> 11	<input type="checkbox"/> 16
Backpacking	<input type="checkbox"/> 02	<input type="checkbox"/> 07	Fly / drive	<input type="checkbox"/> 12	<input type="checkbox"/> 17
Beach / island	<input type="checkbox"/> 03	<input type="checkbox"/> 08	Snow skiing	<input type="checkbox"/> 13	<input type="checkbox"/> 18
City	<input type="checkbox"/> 04	<input type="checkbox"/> 09	Train trip	<input type="checkbox"/> 14	<input type="checkbox"/> 19
Coach tour	<input type="checkbox"/> 05	<input type="checkbox"/> 10	Weekend / short break	<input type="checkbox"/> 15	<input type="checkbox"/> 20

# 2 Shopping

1. On average, how much do you usually spend each week on?

Deli / Bakery	01	<\$50	02	\$51-\$99	03	\$100-\$199	04	\$200-\$299	05	\$300+
Fresh Fruit / Veg	01	<\$50	02	\$51-\$99	03	\$100-\$199	04	\$200-\$299	05	\$300+
Fish / Butcher	01	<\$50	02	\$51-\$99	03	\$100-\$199	04	\$200-\$299	05	\$300+

2. Which of the following supermarkets do you shop at (mark all that apply)?

Aldi	<input type="checkbox"/> 01	Franklins	<input type="checkbox"/> 04	Online	<input type="checkbox"/> 07
BiLo	<input type="checkbox"/> 02	IGA / Supa IGA	<input type="checkbox"/> 05	Other supermarket	<input type="checkbox"/> 08
Coles / Coles Express	<input type="checkbox"/> 03	Woolworths / Safeway	<input type="checkbox"/> 06		

3. Which fast food restaurants do you frequent?

Burger King / Hungry Jack's	<input type="checkbox"/> 01	Nandos	<input type="checkbox"/> 04	Red Rooster	<input type="checkbox"/> 07
KFC	<input type="checkbox"/> 02	Oporto	<input type="checkbox"/> 05	Subway	<input type="checkbox"/> 08
McDonald's	<input type="checkbox"/> 03	Pizza Hut	<input type="checkbox"/> 06	Other	<input type="checkbox"/> 09

4. Which of the following brands of facial cleansers, toners and moisturisers do you use (mark all that apply)?

	Moisturiser	Cleanser	Toner		Moisturiser	Cleanser	Toner
Avon	<input type="checkbox"/> 01	<input type="checkbox"/> 09	<input type="checkbox"/> 17	Jurlique	<input type="checkbox"/> 25	<input type="checkbox"/> 33	<input type="checkbox"/> 41
Body Shop	<input type="checkbox"/> 02	<input type="checkbox"/> 10	<input type="checkbox"/> 18	Neutrogena	<input type="checkbox"/> 26	<input type="checkbox"/> 34	<input type="checkbox"/> 42
Clarins Paris	<input type="checkbox"/> 03	<input type="checkbox"/> 11	<input type="checkbox"/> 19	Nivea	<input type="checkbox"/> 27	<input type="checkbox"/> 35	<input type="checkbox"/> 43
Clinique	<input type="checkbox"/> 04	<input type="checkbox"/> 12	<input type="checkbox"/> 20	Oil of Olay	<input type="checkbox"/> 28	<input type="checkbox"/> 36	<input type="checkbox"/> 44
Estee Lauder	<input type="checkbox"/> 05	<input type="checkbox"/> 13	<input type="checkbox"/> 21	Ponds	<input type="checkbox"/> 29	<input type="checkbox"/> 37	<input type="checkbox"/> 45
L'Oreal	<input type="checkbox"/> 06	<input type="checkbox"/> 14	<input type="checkbox"/> 22	Revlon	<input type="checkbox"/> 30	<input type="checkbox"/> 38	<input type="checkbox"/> 46
Lancome	<input type="checkbox"/> 07	<input type="checkbox"/> 15	<input type="checkbox"/> 23	Ultraceuticals	<input type="checkbox"/> 31	<input type="checkbox"/> 39	<input type="checkbox"/> 47
Grace	<input type="checkbox"/> 08	<input type="checkbox"/> 16	<input type="checkbox"/> 24	Vaseline Intensive Care	<input type="checkbox"/> 32	<input type="checkbox"/> 40	<input type="checkbox"/> 48

5. Which of the following brands have you purchased in the last 3 months?

<b>Cat Food</b>					
Advance	<input type="checkbox"/> 01	Hills Science Diet	<input type="checkbox"/> 04	Purina ONE	<input type="checkbox"/> 07
Dine	<input type="checkbox"/> 02	Iams	<input type="checkbox"/> 05	Whiskas	<input type="checkbox"/> 08
Go-Kat	<input type="checkbox"/> 03	Kit-e-Kat	<input type="checkbox"/> 06	Supermarket brand	<input type="checkbox"/> 09
<b>Dog Food</b>					
Advance	<input type="checkbox"/> 01	Lucky Dog	<input type="checkbox"/> 04	Purina ONE	<input type="checkbox"/> 07
Eukanuba	<input type="checkbox"/> 02	Pedigree	<input type="checkbox"/> 05	Supercoat	<input type="checkbox"/> 08
Hills Science Diet	<input type="checkbox"/> 03	Principal	<input type="checkbox"/> 06	Supermarket brand	<input type="checkbox"/> 09

6. How many times have you purchased goods or services by mail, telephone or internet in the past 12 months?

Mail or Telephone	Once	<input type="checkbox"/> 01	2-3 times	<input type="checkbox"/> 03	4+ times	<input type="checkbox"/> 05	Never	<input type="checkbox"/> 07
Internet	Once	<input type="checkbox"/> 02	2-3 times	<input type="checkbox"/> 04	4+ times	<input type="checkbox"/> 06	Never	<input type="checkbox"/> 08

7. Which of the following types of goods or services have you purchased by mail, telephone or internet in the past 12 months?

	Mail or Telephone		Internet	
	You	Partner	You	Partner
Books	<input type="checkbox"/> 01	<input type="checkbox"/> 15	<input type="checkbox"/> 29	<input type="checkbox"/> 43
Clothes	<input type="checkbox"/> 02	<input type="checkbox"/> 16	<input type="checkbox"/> 30	<input type="checkbox"/> 44
Computers - Hardware / software	<input type="checkbox"/> 03	<input type="checkbox"/> 17	<input type="checkbox"/> 31	<input type="checkbox"/> 45
Cosmetics	<input type="checkbox"/> 04	<input type="checkbox"/> 18	<input type="checkbox"/> 32	<input type="checkbox"/> 46
Craft products	<input type="checkbox"/> 05	<input type="checkbox"/> 19	<input type="checkbox"/> 33	<input type="checkbox"/> 47
Electronics	<input type="checkbox"/> 06	<input type="checkbox"/> 20	<input type="checkbox"/> 34	<input type="checkbox"/> 48
Flights / holidays	<input type="checkbox"/> 07	<input type="checkbox"/> 21	<input type="checkbox"/> 35	<input type="checkbox"/> 49
Gifts / flowers	<input type="checkbox"/> 08	<input type="checkbox"/> 22	<input type="checkbox"/> 36	<input type="checkbox"/> 50
Home study courses	<input type="checkbox"/> 09	<input type="checkbox"/> 23	<input type="checkbox"/> 37	<input type="checkbox"/> 51
Movies (DVDs, videos)	<input type="checkbox"/> 10	<input type="checkbox"/> 24	<input type="checkbox"/> 38	<input type="checkbox"/> 52
Music (CDs, DVDs)	<input type="checkbox"/> 11	<input type="checkbox"/> 25	<input type="checkbox"/> 39	<input type="checkbox"/> 53
Religious Products	<input type="checkbox"/> 12	<input type="checkbox"/> 26	<input type="checkbox"/> 40	<input type="checkbox"/> 54
Vitamin / health supplements	<input type="checkbox"/> 13	<input type="checkbox"/> 27	<input type="checkbox"/> 41	<input type="checkbox"/> 55
Wine	<input type="checkbox"/> 14	<input type="checkbox"/> 28	<input type="checkbox"/> 42	<input type="checkbox"/> 56

### 3 Health and Spirituality

You may find some of the questions in this box sensitive in nature. Answering these questions is purely voluntary. By answering them, you enable us to provide your contact details to organisations that have relevant and appropriate offers. Where you provide answers on behalf of other people, please have them read this and obtain their consent to their contact information being provided.

1. Which of the following conditions and health issues affect you (mark all that apply)?

Asthma	<input type="checkbox"/> 01	<input type="checkbox"/> 11	Hearing difficulties	<input type="checkbox"/> 21	<input type="checkbox"/> 31
Arthritis / rheumatism	<input type="checkbox"/> 02	<input type="checkbox"/> 12	High blood pressure	<input type="checkbox"/> 22	<input type="checkbox"/> 32
Back pain	<input type="checkbox"/> 03	<input type="checkbox"/> 13	High cholesterol	<input type="checkbox"/> 23	<input type="checkbox"/> 33
Dementia / Alzheimer's	<input type="checkbox"/> 04	<input type="checkbox"/> 14	Indigestion	<input type="checkbox"/> 24	<input type="checkbox"/> 34
Diabetes	<input type="checkbox"/> 05	<input type="checkbox"/> 15	Insomnia	<input type="checkbox"/> 25	<input type="checkbox"/> 35
Dry skin / eczema	<input type="checkbox"/> 06	<input type="checkbox"/> 16	Lactose intolerance	<input type="checkbox"/> 26	<input type="checkbox"/> 36
Epilepsy	<input type="checkbox"/> 07	<input type="checkbox"/> 17	Migraines	<input type="checkbox"/> 27	<input type="checkbox"/> 37
Eyesight difficulties	<input type="checkbox"/> 08	<input type="checkbox"/> 18	Osteoporosis	<input type="checkbox"/> 28	<input type="checkbox"/> 38
Hair loss	<input type="checkbox"/> 09	<input type="checkbox"/> 19	Smoking	<input type="checkbox"/> 29	<input type="checkbox"/> 39
Hay fever / sinus	<input type="checkbox"/> 10	<input type="checkbox"/> 20	Weight control	<input type="checkbox"/> 30	<input type="checkbox"/> 40

2. Does anyone in your household wear any of the following?

Contact lenses - disposable	<input type="checkbox"/> 01	<input type="checkbox"/> 03	<input type="checkbox"/> 05	Spectacles	<input type="checkbox"/> 07	<input type="checkbox"/> 09	<input type="checkbox"/> 11
Contact lenses - hard	<input type="checkbox"/> 02	<input type="checkbox"/> 04	<input type="checkbox"/> 06	Prescription sunglasses	<input type="checkbox"/> 08	<input type="checkbox"/> 10	<input type="checkbox"/> 12

3. Do you use or participate in any of the following (mark all that apply)?

Alternative therapies	<input type="checkbox"/> 01	Herbal remedies	<input type="checkbox"/> 04	Slimming products	<input type="checkbox"/> 07
Aromatherapy	<input type="checkbox"/> 02	Meditation	<input type="checkbox"/> 05	Vitamin / food supplements	<input type="checkbox"/> 08
Health foods	<input type="checkbox"/> 03	Pilates	<input type="checkbox"/> 06	Yoga	<input type="checkbox"/> 09

4. Do you attend church or another place of worship?

Yes - frequently	<input type="checkbox"/> 01	<input type="checkbox"/> 02	Yes - sometimes	<input type="checkbox"/> 03	<input type="checkbox"/> 04	No	<input type="checkbox"/> 05	<input type="checkbox"/> 06
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5. Do you have private health insurance?

No - and I would not consider taking it out	<input type="checkbox"/> 01
No - but I would consider taking it out	<input type="checkbox"/> 02
Yes - and I would not consider switching to another provider	<input type="checkbox"/> 03
Yes - but I would consider switching to another provider	<input type="checkbox"/> 04

6. If you have private health insurance, which fund do you belong to?

AHM	<input type="checkbox"/> 01	HBA	<input type="checkbox"/> 05	MBF	<input type="checkbox"/> 09	Manchester Unity	<input type="checkbox"/> 13
ANZ Health	<input type="checkbox"/> 02	HBF	<input type="checkbox"/> 06	NIB	<input type="checkbox"/> 10	Medibank Private	<input type="checkbox"/> 14
Australian Unity	<input type="checkbox"/> 03	HCF	<input type="checkbox"/> 07	NRMA	<input type="checkbox"/> 11	Mutual Community	<input type="checkbox"/> 15
GMHBA	<input type="checkbox"/> 04	Health Cover Direct	<input type="checkbox"/> 08	SGIO	<input type="checkbox"/> 12	Other	<input type="checkbox"/> 16

### 4 Your Home

1. Which of the following best describes your home?

Flat / unit	<input type="checkbox"/> 01	Separate house	<input type="checkbox"/> 02	Semi-detached	<input type="checkbox"/> 03	Other	<input type="checkbox"/> 04
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2. How many bedrooms are in your home?

1	<input type="checkbox"/> 01	2	<input type="checkbox"/> 02	3	<input type="checkbox"/> 03	4	<input type="checkbox"/> 04	5+	<input type="checkbox"/> 05
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3. How many people live at your address, including yourself?

1	<input type="checkbox"/> 01	2	<input type="checkbox"/> 02	3	<input type="checkbox"/> 03	4	<input type="checkbox"/> 04	5	<input type="checkbox"/> 05	6+	<input type="checkbox"/> 06
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4. What is your marital status?

Single	<input type="checkbox"/> 01	Married / de facto	<input type="checkbox"/> 02	Divorced / separated	<input type="checkbox"/> 03	Widowed	<input type="checkbox"/> 04
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5. If you have children living at your home, please indicate their month and year of birth, and gender.

First Child				Third Child			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male	<input type="checkbox"/> 01	Female	<input type="checkbox"/> 02	Male	<input type="checkbox"/> 05	Female	<input type="checkbox"/> 06
Second Child				Fourth Child			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male	<input type="checkbox"/> 03	Female	<input type="checkbox"/> 04	Male	<input type="checkbox"/> 07	Female	<input type="checkbox"/> 08

6. Are you interested in different ways to improve your child / children's school results in Maths and English?

English	Yes <input type="checkbox"/> 01	Possibly <input type="checkbox"/> 03	No <input type="checkbox"/> 05
Math	Yes <input type="checkbox"/> 02	Possibly <input type="checkbox"/> 04	No <input type="checkbox"/> 06

7. How much do you spend on child care and child education per month (approximately)?

Nothing	<input type="checkbox"/> 01	\$501-\$1,000	<input type="checkbox"/> 04
\$1-\$250	<input type="checkbox"/> 02	\$1,001+	<input type="checkbox"/> 05
\$251-\$500	<input type="checkbox"/> 03		

8. Would you consider private education for your children?

Yes	<input type="checkbox"/> 01	Possibly	<input type="checkbox"/> 02	No	<input type="checkbox"/> 03
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9. How many cats and dogs live in your home?

Cats	None <input type="checkbox"/> 01	1	<input type="checkbox"/> 03	2	<input type="checkbox"/> 05	3+	<input type="checkbox"/> 07
Dogs	None <input type="checkbox"/> 02	1	<input type="checkbox"/> 04	2	<input type="checkbox"/> 06	3+	<input type="checkbox"/> 08

10. In which year was your home built?

Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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11. When did you move into your home?

Month	<input type="text"/>	<input type="text"/>	(eg. Jan = 01)	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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12. Are you planning to move house in the next 12 months?

Yes - in 1-3 months	<input type="checkbox"/> 01	Yes - in 4-6 months	<input type="checkbox"/> 02	Yes - in 7-12 months	<input type="checkbox"/> 03	No	<input type="checkbox"/> 04
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13. Do you own or rent your home?

Own - outright	<input type="checkbox"/> 01	Own - with mortgage	<input type="checkbox"/> 02	Rent - govt	<input type="checkbox"/> 03	Rent - private	<input type="checkbox"/> 04
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14. What is the value of your home (approximately)?

Less than \$200,000	<input type="checkbox"/> 01	\$500,001-\$700,000	<input type="checkbox"/> 05
\$200,001-\$300,000	<input type="checkbox"/> 02	\$700,001-\$1,000,000	<input type="checkbox"/> 06
\$300,001-\$400,000	<input type="checkbox"/> 03	\$1,000,000-\$1,500,000	<input type="checkbox"/> 07
\$400,001-\$500,000	<input type="checkbox"/> 04	\$1,500,000+	<input type="checkbox"/> 08

15. What is the amount that you still owe on your home loan (approximately)?

Up to \$100,000	<input type="checkbox"/> 01	\$400,001-\$500,000	<input type="checkbox"/> 05
\$100,001-\$200,000	<input type="checkbox"/> 02	\$500,001+	<input type="checkbox"/> 06
\$200,001-\$300,000	<input type="checkbox"/> 03	Not applicable	<input type="checkbox"/> 07
\$300,001-\$400,000	<input type="checkbox"/> 04		

16. Do you have or are you considering buying any of the following?

Digital camera	Have <input type="checkbox"/> 01	Considering <input type="checkbox"/> 05	Handheld PC / PalmPilot	Have <input type="checkbox"/> 09	Considering <input type="checkbox"/> 13	PC / laptop	Have <input type="checkbox"/> 17	Considering <input type="checkbox"/> 20
Digital video camera	<input type="checkbox"/> 02	<input type="checkbox"/> 06	Home entertainment theatre	<input type="checkbox"/> 10	<input type="checkbox"/> 14	Plasma TV	<input type="checkbox"/> 18	<input type="checkbox"/> 21
Gaming console	<input type="checkbox"/> 03	<input type="checkbox"/> 07	Home security system	<input type="checkbox"/> 11	<input type="checkbox"/> 15	Portable DVD	<input type="checkbox"/> 19	<input type="checkbox"/> 22
GPS	<input type="checkbox"/> 04	<input type="checkbox"/> 08	MP3 player	<input type="checkbox"/> 12	<input type="checkbox"/> 16			

17. Do you have or are you considering the following internet access?

Dial up	Have <input type="checkbox"/> 01	Considering <input type="checkbox"/> 02	Broadband	Have <input type="checkbox"/> 03	Considering <input type="checkbox"/> 04	Wireless	Have <input type="checkbox"/> 05	Considering <input type="checkbox"/> 06
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18. If you have internet access, who is your current service provider?

AAPT	<input type="checkbox"/> 01	iiNet / Ozemail	<input type="checkbox"/> 05	Telstra Bigpond	<input type="checkbox"/> 09	Vodafone	<input type="checkbox"/> 13
AOL	<input type="checkbox"/> 02	iPrimus	<input type="checkbox"/> 06	TPG	<input type="checkbox"/> 10	WestNet	<input type="checkbox"/> 14
Austar	<input type="checkbox"/> 03	Optus	<input type="checkbox"/> 07	Unwired	<input type="checkbox"/> 11	3	<input type="checkbox"/> 15
Dodo	<input type="checkbox"/> 04	Pacific Internet	<input type="checkbox"/> 08	Virgin	<input type="checkbox"/> 12	Other	<input type="checkbox"/> 16

19. How long have you had internet access at home?

Less than one year	<input type="checkbox"/> 01	1-2 years	<input type="checkbox"/> 02	2+ years	<input type="checkbox"/> 03
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20. Which company do you use for the following types of telephone calls?

	Local	Long Distance	International
AAPT	<input type="checkbox"/> 01	<input type="checkbox"/> 12	<input type="checkbox"/> 23
Optus	<input type="checkbox"/> 02	<input type="checkbox"/> 13	<input type="checkbox"/> 24
Primus	<input type="checkbox"/> 03	<input type="checkbox"/> 14	<input type="checkbox"/> 25
Soul / Digiplus	<input type="checkbox"/> 04	<input type="checkbox"/> 15	<input type="checkbox"/> 26
Telstra	<input type="checkbox"/> 05	<input type="checkbox"/> 16	<input type="checkbox"/> 27
Phone card	<input type="checkbox"/> 06	<input type="checkbox"/> 17	<input type="checkbox"/> 28
Virgin	<input type="checkbox"/> 07	<input type="checkbox"/> 18	<input type="checkbox"/> 29
Vodafone	<input type="checkbox"/> 08	<input type="checkbox"/> 19	<input type="checkbox"/> 30
3	<input type="checkbox"/> 09	<input type="checkbox"/> 20	<input type="checkbox"/> 31
Other	<input type="checkbox"/> 10	<input type="checkbox"/> 21	<input type="checkbox"/> 32
None	<input type="checkbox"/> 11	<input type="checkbox"/> 22	<input type="checkbox"/> 33

21. What is your average monthly bill for the following?

	\$1-\$24	\$25-\$49	\$50-\$74	\$75+
Local / fixed calls	<input type="checkbox"/> 01	<input type="checkbox"/> 09	<input type="checkbox"/> 17	<input type="checkbox"/> 25
Long distance calls	<input type="checkbox"/> 02	<input type="checkbox"/> 10	<input type="checkbox"/> 18	<input type="checkbox"/> 26
International calls	<input type="checkbox"/> 03	<input type="checkbox"/> 11	<input type="checkbox"/> 19	<input type="checkbox"/> 27
Mobile phone - you	<input type="checkbox"/> 04	<input type="checkbox"/> 12	<input type="checkbox"/> 20	<input type="checkbox"/> 28
Mobile phone - partner	<input type="checkbox"/> 05	<input type="checkbox"/> 13	<input type="checkbox"/> 21	<input type="checkbox"/> 29
Mobile phone - children	<input type="checkbox"/> 06	<input type="checkbox"/> 14	<input type="checkbox"/> 22	<input type="checkbox"/> 30
Internet	<input type="checkbox"/> 07	<input type="checkbox"/> 15	<input type="checkbox"/> 23	<input type="checkbox"/> 31
Pay TV	<input type="checkbox"/> 08	<input type="checkbox"/> 16	<input type="checkbox"/> 24	<input type="checkbox"/> 32

22. Which regions of the world do you telephone (mark all that apply)?

Asia	<input type="checkbox"/> 01	New Zealand	<input type="checkbox"/> 03	South America	<input type="checkbox"/> 05	Rest of Europe	<input type="checkbox"/> 07
Australia	<input type="checkbox"/> 02	North America	<input type="checkbox"/> 04	UK / Ireland	<input type="checkbox"/> 06	Rest of World	<input type="checkbox"/> 08

23. Would you consider a telephone service via the internet to save money off your phone bill?

Yes	<input type="checkbox"/> 01	Possibly	<input type="checkbox"/> 02	No	<input type="checkbox"/> 03
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24. Would you consider changing your long distance service provider in the next 12 months?

Yes	<input type="checkbox"/> 01	Possibly	<input type="checkbox"/> 02	No	<input type="checkbox"/> 03
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25. Who is your mobile phone network provider?

	You	Partner	You	Partner	You	Partner		
3	<input type="checkbox"/> 01	<input type="checkbox"/> 03	Telstra	<input type="checkbox"/> 05	<input type="checkbox"/> 07	Vodafone	<input type="checkbox"/> 09	<input type="checkbox"/> 11
Optus	<input type="checkbox"/> 02	<input type="checkbox"/> 04	Virgin	<input type="checkbox"/> 06	<input type="checkbox"/> 08	Other	<input type="checkbox"/> 10	<input type="checkbox"/> 12

26. Which of the following applies to your mobile phone (mark all that apply)?

	You	Partner	You	Partner	You	Partner		
Company supplied	<input type="checkbox"/> 01	<input type="checkbox"/> 03	Prepaid	<input type="checkbox"/> 05	<input type="checkbox"/> 07	MMS capable	<input type="checkbox"/> 09	<input type="checkbox"/> 10
Contract	<input type="checkbox"/> 02	<input type="checkbox"/> 04	3G / next G	<input type="checkbox"/> 06	<input type="checkbox"/> 08			

27. When is your current mobile phone service contract due to expire?

	You	Partner	You	Partner	You	Partner		
1-3 months	<input type="checkbox"/> 01	<input type="checkbox"/> 03	7-12 months	<input type="checkbox"/> 05	<input type="checkbox"/> 07	Expired	<input type="checkbox"/> 09	<input type="checkbox"/> 10
4-6 months	<input type="checkbox"/> 02	<input type="checkbox"/> 04	13+ months	<input type="checkbox"/> 06	<input type="checkbox"/> 08			

28. What are your quarterly bills for the following?

	Electricity	Gas	Electricity	Gas	
Up to \$100	<input type="checkbox"/> 01	<input type="checkbox"/> 04	\$301 - \$500	<input type="checkbox"/> 07	<input type="checkbox"/> 09
\$101 - \$200	<input type="checkbox"/> 02	<input type="checkbox"/> 05	\$501+	<input type="checkbox"/> 08	<input type="checkbox"/> 10
\$201 - \$300	<input type="checkbox"/> 03	<input type="checkbox"/> 06			

29. How do you prefer to pay your bills?

Direct debit	<input type="checkbox"/> 01	In person	<input type="checkbox"/> 02	Mail	<input type="checkbox"/> 03	Online	<input type="checkbox"/> 04	Phone	<input type="checkbox"/> 05
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**30. Do you use renewable / green energy?**

Yes  01 No - but I would consider it  02 No - and I would not consider it  03

**31. When are your insurance policies due for renewal (mark approximate if unsure)?**

	Home Contents	Buildings	Your Car	Partner Car		Home Contents	Buildings	Your Car	Partner Car
Jan	<input type="checkbox"/> 01	<input type="checkbox"/> 07	<input type="checkbox"/> 13	<input type="checkbox"/> 19	Jul	<input type="checkbox"/> 25	<input type="checkbox"/> 31	<input type="checkbox"/> 37	<input type="checkbox"/> 43
Feb	<input type="checkbox"/> 02	<input type="checkbox"/> 08	<input type="checkbox"/> 14	<input type="checkbox"/> 20	Aug	<input type="checkbox"/> 26	<input type="checkbox"/> 32	<input type="checkbox"/> 38	<input type="checkbox"/> 44
Mar	<input type="checkbox"/> 03	<input type="checkbox"/> 09	<input type="checkbox"/> 15	<input type="checkbox"/> 21	Sep	<input type="checkbox"/> 27	<input type="checkbox"/> 33	<input type="checkbox"/> 39	<input type="checkbox"/> 45
Apr	<input type="checkbox"/> 04	<input type="checkbox"/> 10	<input type="checkbox"/> 16	<input type="checkbox"/> 22	Oct	<input type="checkbox"/> 28	<input type="checkbox"/> 34	<input type="checkbox"/> 40	<input type="checkbox"/> 46
May	<input type="checkbox"/> 05	<input type="checkbox"/> 11	<input type="checkbox"/> 17	<input type="checkbox"/> 23	Nov	<input type="checkbox"/> 29	<input type="checkbox"/> 35	<input type="checkbox"/> 41	<input type="checkbox"/> 47
Jun	<input type="checkbox"/> 06	<input type="checkbox"/> 12	<input type="checkbox"/> 18	<input type="checkbox"/> 24	Dec	<input type="checkbox"/> 30	<input type="checkbox"/> 36	<input type="checkbox"/> 42	<input type="checkbox"/> 48

**5 Motoring**

**1. What make and model of vehicle do you drive?**

(eg. FORD FALCON, HOLDEN COMMODORE, BMW 318Ti)

You

You

Partner

Partner

**2. What type of vehicle do you drive?**

	You	Partner		You	Partner
4WD / SUV	<input type="checkbox"/> 01	<input type="checkbox"/> 05	Sedan	<input type="checkbox"/> 09	<input type="checkbox"/> 13
Hatchback	<input type="checkbox"/> 02	<input type="checkbox"/> 06	Sports car / convertible	<input type="checkbox"/> 10	<input type="checkbox"/> 14
Motorbike	<input type="checkbox"/> 03	<input type="checkbox"/> 07	Station wagon	<input type="checkbox"/> 11	<input type="checkbox"/> 15
People mover	<input type="checkbox"/> 04	<input type="checkbox"/> 08	Utility / van	<input type="checkbox"/> 12	<input type="checkbox"/> 16

**3. What is the year of manufacture of your vehicle?**

You     Partner

**4. Who is your vehicle insurer?**

	You	Partner		You	Partner
AAMI	<input type="checkbox"/> 01	<input type="checkbox"/> 10	QBE / Mercantile	<input type="checkbox"/> 19	<input type="checkbox"/> 27
Allianz / CIC	<input type="checkbox"/> 02	<input type="checkbox"/> 11	RACV / RACQ	<input type="checkbox"/> 20	<input type="checkbox"/> 28
APIA	<input type="checkbox"/> 03	<input type="checkbox"/> 12	Real Insurance	<input type="checkbox"/> 21	<input type="checkbox"/> 29
Bingle	<input type="checkbox"/> 04	<input type="checkbox"/> 13	SGIO / SGIC	<input type="checkbox"/> 22	<input type="checkbox"/> 30
Budget Direct	<input type="checkbox"/> 05	<input type="checkbox"/> 14	Suncorp / GIO	<input type="checkbox"/> 23	<input type="checkbox"/> 31
CGU / VACC	<input type="checkbox"/> 06	<input type="checkbox"/> 15	Vero / Royal & Sun Alliances	<input type="checkbox"/> 24	<input type="checkbox"/> 32
Just Car Insurance	<input type="checkbox"/> 07	<input type="checkbox"/> 16	Youi	<input type="checkbox"/> 25	<input type="checkbox"/> 33
Mutual	<input type="checkbox"/> 08	<input type="checkbox"/> 17	Other	<input type="checkbox"/> 26	<input type="checkbox"/> 34
NRMA	<input type="checkbox"/> 09	<input type="checkbox"/> 18			

**5. What level of no claim bonus do you currently have?**

	You	Partner		You	Partner
None	<input type="checkbox"/> 01	<input type="checkbox"/> 04	60%+	<input type="checkbox"/> 07	<input type="checkbox"/> 09
20-30%	<input type="checkbox"/> 02	<input type="checkbox"/> 05	Lifetime No Claim Bonus	<input type="checkbox"/> 08	<input type="checkbox"/> 10
40-50%	<input type="checkbox"/> 03	<input type="checkbox"/> 06			

**6. How many kilometres do you drive per year?**

	You	Partner		You	Partner
0-5k	<input type="checkbox"/> 01	<input type="checkbox"/> 02	5-10k	<input type="checkbox"/> 03	<input type="checkbox"/> 04
			10-15k	<input type="checkbox"/> 05	<input type="checkbox"/> 06
			15k+	<input type="checkbox"/> 07	<input type="checkbox"/> 08

**7. If you have a company car, do you choose the make and model?**

	You	Partner		You	Partner
Yes	<input type="checkbox"/> 01	<input type="checkbox"/> 02	Limited choice	<input type="checkbox"/> 03	<input type="checkbox"/> 04
No	<input type="checkbox"/> 05	<input type="checkbox"/> 06			

**8. Do you plan to buy a car within the next 12 months?**

	You	Partner		You	Partner
Yes - a new car	<input type="checkbox"/> 01	<input type="checkbox"/> 02	Yes - a used car	<input type="checkbox"/> 03	<input type="checkbox"/> 04
No	<input type="checkbox"/> 05	<input type="checkbox"/> 06			

**9. When do you plan to replace your car?**

You   /   Partner   /

**10. What is the budget for your next car (approximately)?**

	You	Partner		You	Partner		You	Partner
Up to \$15,000	<input type="checkbox"/> 01	<input type="checkbox"/> 04	\$30,001-\$40,000	<input type="checkbox"/> 07	<input type="checkbox"/> 10	\$60,001-\$80,000	<input type="checkbox"/> 13	<input type="checkbox"/> 16
\$15,001-\$20,000	<input type="checkbox"/> 02	<input type="checkbox"/> 05	\$40,001-\$50,000	<input type="checkbox"/> 08	<input type="checkbox"/> 11	\$80,001-\$100,000	<input type="checkbox"/> 14	<input type="checkbox"/> 17
\$20,001-\$30,000	<input type="checkbox"/> 03	<input type="checkbox"/> 06	\$50,001-\$60,000	<input type="checkbox"/> 09	<input type="checkbox"/> 12	\$100,001+	<input type="checkbox"/> 15	<input type="checkbox"/> 18

**6 Money & Investments**

**1. Which of the following methods do you prefer for day-to-day banking?**

	You	Partner		You	Partner
ATM	<input type="checkbox"/> 01	<input type="checkbox"/> 03	Internet	<input type="checkbox"/> 05	<input type="checkbox"/> 07
Branch	<input type="checkbox"/> 02	<input type="checkbox"/> 04	Telephone	<input type="checkbox"/> 06	<input type="checkbox"/> 08

**2. Which of the following financial institutions are you associated with (mark all that apply)?**

	You	Partner		You	Partner
Adelaide Bank	<input type="checkbox"/> 01	<input type="checkbox"/> 12	ING	<input type="checkbox"/> 23	<input type="checkbox"/> 34
AMP	<input type="checkbox"/> 02	<input type="checkbox"/> 13	National Australia Bank	<input type="checkbox"/> 24	<input type="checkbox"/> 35
ANZ	<input type="checkbox"/> 03	<input type="checkbox"/> 14	RAMS	<input type="checkbox"/> 25	<input type="checkbox"/> 36
Aussie Mortgage Market / Aussie Home Loans	<input type="checkbox"/> 04	<input type="checkbox"/> 15	St George	<input type="checkbox"/> 26	<input type="checkbox"/> 37
Bank West	<input type="checkbox"/> 05	<input type="checkbox"/> 16	Suncorp Metway	<input type="checkbox"/> 27	<input type="checkbox"/> 38
Bank of Queensland	<input type="checkbox"/> 06	<input type="checkbox"/> 17	Westpac	<input type="checkbox"/> 28	<input type="checkbox"/> 39
Bendigo Bank	<input type="checkbox"/> 07	<input type="checkbox"/> 18	Wizard	<input type="checkbox"/> 29	<input type="checkbox"/> 40
Citibank	<input type="checkbox"/> 08	<input type="checkbox"/> 19	Other - building society	<input type="checkbox"/> 30	<input type="checkbox"/> 41
Commonwealth Bank	<input type="checkbox"/> 09	<input type="checkbox"/> 20	Other - credit union	<input type="checkbox"/> 31	<input type="checkbox"/> 42
GE Money	<input type="checkbox"/> 10	<input type="checkbox"/> 21	Other - financial organisation	<input type="checkbox"/> 32	<input type="checkbox"/> 43
HSBC	<input type="checkbox"/> 11	<input type="checkbox"/> 22	Other - mortgage broker	<input type="checkbox"/> 33	<input type="checkbox"/> 44

**3. Do you or your partner have a credit card?**

Yes  01  02 No  03  04 **if no go to Question 8.**

**4. Which of the following credit cards do you have (mark all that apply)?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
American Express					MasterCard							
David Jones store card					VISA							
Diners Club					Other							

**5. What is the credit limit on your main credit card?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Up to \$2,500					\$10,001-\$15,000							
\$2,501-\$5,000					\$15,001-\$25,000							
\$5,001-\$10,000					\$25,001+							

**6. What is your monthly credit card spend (approximately)?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08
Up to \$500					\$1,001-\$3,000			
\$501-\$1,000					\$3,001+			

**7. Do you pay your monthly credit card balance in full?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08
Always			Usually		Rarely		Never	

**8. Would you consider changing or taking out a new credit card?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06
Yes			Possibly		No	

**9. Do you have, or are you considering, any of the following?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32		
Credit card					Loan - investment property																													
Education savings plan					Loan - margin																													
Funeral plan					Loan - personal																													
Insurance - health					Managed investment fund																													
Insurance - life					Property trusts																													
Legal will					Shares																													
Loan - home					Superannuation (personal)																													
Loan - home equity release / reverse mortgage					Term deposit																													

**10. Do you have a Self Managed Super Fund (Do-It-Yourself)?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
Yes			No	

**11. What is the value of your work-based super funds (approximately)?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
Up to \$50,000					\$200,001-\$500,000					
\$50,001-\$100,000					\$500,001+					
\$100,001-\$200,000										

**12. Would you like to use your home equity to build wealth?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
Yes		Possibly	No

**13. Would you like to use your super to buy an investment property?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
Yes		Possibly	No

**14. What is the value of your investments (approximately)?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18
\$1-\$10,000																		
\$10,001-\$25,000																		
\$25,001-\$50,000																		
\$50,001-\$100,000																		
\$100,001-\$500,000																		
\$500,001+																		

**15. Have you used, or would you consider using, any of the following to assist with your investment / insurance needs?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
Direct to fund manager										
Discount broker										
Financial planner										
Stockbroker										
Travel agent (for travel insurance)										

**16. Are you self-employed, own your own home and looking for funds to purchase a new business or grow your existing business?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
Yes		Possibly	No

**17. If you have a home loan, would you consider either of the following?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06
Reducing your repayments						
Increasing your repayments to decrease the loan term						

**18. Would you consider arranging / re-financing a mortgage direct from a financial institution rather than a broker?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
Yes		Possibly	No

**If yes, when?**

0-6 months	<input type="checkbox"/> 01	7-12 months	<input type="checkbox"/> 02	12+ months	<input type="checkbox"/> 03
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**19. Would you consider consolidating all your outstanding debts into one single home loan to help minimise your repayments?**

	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
Yes		Possibly	No

**20. If considering a home loan, which of the following would it be for (mark all that apply)?**

House	<input type="checkbox"/> 01	Unit / villa / apartment	<input type="checkbox"/> 03	Investment property	<input type="checkbox"/> 05
Townhouse	<input type="checkbox"/> 02	Commercial property	<input type="checkbox"/> 04	First home buyer	<input type="checkbox"/> 06

**21. Do you plan to spend between \$2,000 to \$10,000 in the next six months on any of the following?**

Electrical appliances	<input type="checkbox"/> 01	Baby products	<input type="checkbox"/> 04
Holiday	<input type="checkbox"/> 02	Wedding	<input type="checkbox"/> 05
Home renovations / garden	<input type="checkbox"/> 03	Other major purchase	<input type="checkbox"/> 06

## 7 Charitable Concerns

1. Do you regularly support charities by any of the following methods (mark all that apply)?

You	Partner	You	Partner
By post / mail <input type="checkbox"/> 01	<input type="checkbox"/> 04	Online <input type="checkbox"/> 07	<input type="checkbox"/> 10
Credit Card <input type="checkbox"/> 02	<input type="checkbox"/> 05	Periodical payments <input type="checkbox"/> 08	<input type="checkbox"/> 11
Direct debit <input type="checkbox"/> 03	<input type="checkbox"/> 06	Raffle / lottery tickets <input type="checkbox"/> 09	<input type="checkbox"/> 12

2. Would you consider supporting / donating to any of the following causes (mark all that apply)?

Animal welfare <input type="checkbox"/> 01	Mental health <input type="checkbox"/> 11
Arts / culture <input type="checkbox"/> 02	The blind <input type="checkbox"/> 12
Cancer research <input type="checkbox"/> 03	The deaf <input type="checkbox"/> 13
Children's hospitals <input type="checkbox"/> 04	The disabled / handicapped <input type="checkbox"/> 14
Children's welfare <input type="checkbox"/> 05	The elderly <input type="checkbox"/> 15
Disaster relief <input type="checkbox"/> 06	The homeless <input type="checkbox"/> 16
Environment <input type="checkbox"/> 07	Third world causes <input type="checkbox"/> 17
Heart research <input type="checkbox"/> 08	Trauma victims <input type="checkbox"/> 18
Human rights <input type="checkbox"/> 09	War veterans <input type="checkbox"/> 19
Medical research <input type="checkbox"/> 10	Wildlife <input type="checkbox"/> 20

3. Would you consider supporting / donating to any of the following charities (mark all that apply)?

ACT for Kids (Abused Child Trust) <input type="checkbox"/> 01	Greenpeace <input type="checkbox"/> 15	Salvation Army <input type="checkbox"/> 29
Alzheimer's Australia <input type="checkbox"/> 02	Heart Foundation <input type="checkbox"/> 16	Save The Children Fund <input type="checkbox"/> 30
Amnesty International <input type="checkbox"/> 03	Int. Fund for Animal Welfare (IFAW) <input type="checkbox"/> 17	Smith Family <input type="checkbox"/> 31
Anglicare <input type="checkbox"/> 04	Legacy <input type="checkbox"/> 18	St John Ambulance <input type="checkbox"/> 32
Aust. Cancer Research Foundation <input type="checkbox"/> 05	Leukaemia Foundation <input type="checkbox"/> 19	St Vincent de Paul <input type="checkbox"/> 33
Australian Conservation Foundation <input type="checkbox"/> 06	Médecins Sans Frontières <input type="checkbox"/> 20	St Vincents Hospital <input type="checkbox"/> 34
Australian Red Cross <input type="checkbox"/> 07	Australia <input type="checkbox"/> 21	Starlight Foundation <input type="checkbox"/> 35
Barnardos <input type="checkbox"/> 08	Mission Australia <input type="checkbox"/> 22	Surf Life Saving Foundation <input type="checkbox"/> 36
Cancer Council Australia <input type="checkbox"/> 09	MS Society <input type="checkbox"/> 23	The Lost Dogs' Home <input type="checkbox"/> 37
Cerebral Palsy Foundation <input type="checkbox"/> 10	National Stroke Research <input type="checkbox"/> 24	UNICEF <input type="checkbox"/> 38
Children's Cancer Institute <input type="checkbox"/> 11	Institute <input type="checkbox"/> 25	Variety Australia <input type="checkbox"/> 39
Diabetes Australia <input type="checkbox"/> 12	Royal Blind Society <input type="checkbox"/> 26	Vision Australia <input type="checkbox"/> 40
Endeavour <input type="checkbox"/> 13	Royal Flying Doctor Service <input type="checkbox"/> 27	Wesley Mission <input type="checkbox"/> 41
Fred Hollows Foundation <input type="checkbox"/> 14	Royal Guide Dogs Assoc. <input type="checkbox"/> 28	Wilderness Society <input type="checkbox"/> 42
	RSL (Returned & Services League) <input type="checkbox"/> 29	World Vision <input type="checkbox"/> 43
	RSPCA <input type="checkbox"/> 30	WWF (World Wide Fund for Nature) <input type="checkbox"/> 44

4. Would you consider leaving a legacy to a charity in your will?

You	Yes <input type="checkbox"/> 01	Possibly <input type="checkbox"/> 03	No <input type="checkbox"/> 05
Partner	Yes <input type="checkbox"/> 02	Possibly <input type="checkbox"/> 04	No <input type="checkbox"/> 06

## 8 General Information

1. What is your date of birth?

You           Partner

2. What is your highest level of education?

You	Partner	You	Partner
Secondary - some <input type="checkbox"/> 01	<input type="checkbox"/> 04	University - undergraduate <input type="checkbox"/> 07	<input type="checkbox"/> 10
Secondary - completed <input type="checkbox"/> 02	<input type="checkbox"/> 05	University - postgraduate <input type="checkbox"/> 08	<input type="checkbox"/> 11
TAFE <input type="checkbox"/> 03	<input type="checkbox"/> 06	Other college <input type="checkbox"/> 09	<input type="checkbox"/> 12

3. Which of the following types of courses have you studied, are currently studying or intend to study (mark all that apply)?

	Have Studied		Currently Studying		Intend to Study	
	You	Partner	You	Partner	You	Partner
For leisure / relaxation	<input type="checkbox"/> 01	<input type="checkbox"/> 04	<input type="checkbox"/> 07	<input type="checkbox"/> 10	<input type="checkbox"/> 13	<input type="checkbox"/> 16
Self improvement	<input type="checkbox"/> 02	<input type="checkbox"/> 05	<input type="checkbox"/> 08	<input type="checkbox"/> 11	<input type="checkbox"/> 14	<input type="checkbox"/> 17
Related to work / career	<input type="checkbox"/> 03	<input type="checkbox"/> 06	<input type="checkbox"/> 09	<input type="checkbox"/> 12	<input type="checkbox"/> 15	<input type="checkbox"/> 18

4. What is your household income?

Up to \$10,000 <input type="checkbox"/> 01	\$30,001-\$40,000 <input type="checkbox"/> 04	\$80,001-\$100,000 <input type="checkbox"/> 07
\$10,001-\$20,000 <input type="checkbox"/> 02	\$40,001-\$60,000 <input type="checkbox"/> 05	\$100,001-\$150,000 <input type="checkbox"/> 08
\$20,001-\$30,000 <input type="checkbox"/> 03	\$60,001-\$80,000 <input type="checkbox"/> 06	\$150,001 plus <input type="checkbox"/> 09

5. Which of the following best describes your occupation?

	You		Partner		You		Partner	
Company director	<input type="checkbox"/> 01	<input type="checkbox"/> 09	Professional	<input type="checkbox"/> 17	<input type="checkbox"/> 24			
Craftsman / tradesman	<input type="checkbox"/> 02	<input type="checkbox"/> 10	Retired	<input type="checkbox"/> 18	<input type="checkbox"/> 25			
Domestic duties	<input type="checkbox"/> 03	<input type="checkbox"/> 11	Senior management	<input type="checkbox"/> 19	<input type="checkbox"/> 26			
Education	<input type="checkbox"/> 04	<input type="checkbox"/> 12	Student	<input type="checkbox"/> 20	<input type="checkbox"/> 27			
Government	<input type="checkbox"/> 05	<input type="checkbox"/> 13	Services (Police/Army etc.)	<input type="checkbox"/> 21	<input type="checkbox"/> 28			
Manual / factory worker	<input type="checkbox"/> 06	<input type="checkbox"/> 14	Other	<input type="checkbox"/> 22	<input type="checkbox"/> 29			
Medical	<input type="checkbox"/> 07	<input type="checkbox"/> 15	Not working	<input type="checkbox"/> 23	<input type="checkbox"/> 30			
Office / clerical	<input type="checkbox"/> 08	<input type="checkbox"/> 16						

6. Do you plan to retire in the next 12 months?

	You		Partner		You		Partner	
Yes	<input type="checkbox"/> 01	<input type="checkbox"/> 02	Possibly	<input type="checkbox"/> 03	<input type="checkbox"/> 04	No	<input type="checkbox"/> 05	<input type="checkbox"/> 06

7. Which of the following best describes your employment arrangement?

	You		Partner		You		Partner	
Full time	<input type="checkbox"/> 01	<input type="checkbox"/> 03	Part time	<input type="checkbox"/> 05	<input type="checkbox"/> 07			
Casual	<input type="checkbox"/> 02	<input type="checkbox"/> 04	Not working	<input type="checkbox"/> 06	<input type="checkbox"/> 08			

8. Do either of the following apply to you (mark all that apply)?

Self-employed / business owner	You <input type="checkbox"/> 01	Partner <input type="checkbox"/> 03
Run business from home	You <input type="checkbox"/> 02	Partner <input type="checkbox"/> 04

9. If you or your partner run a business, would you be interested in any of the following (mark all that apply)?

	You		Partner		You		Partner	
Banking / finance	<input type="checkbox"/> 01	<input type="checkbox"/> 06	Legal services	<input type="checkbox"/> 11	<input type="checkbox"/> 15			
Computer equipment	<input type="checkbox"/> 02	<input type="checkbox"/> 07	Office furniture	<input type="checkbox"/> 12	<input type="checkbox"/> 16			
Insurance	<input type="checkbox"/> 03	<input type="checkbox"/> 08	Stationery / office supplies	<input type="checkbox"/> 13	<input type="checkbox"/> 17			
Internet / telecommunications	<input type="checkbox"/> 04	<input type="checkbox"/> 09	Tax / accounting	<input type="checkbox"/> 14	<input type="checkbox"/> 18			
IT services	<input type="checkbox"/> 05	<input type="checkbox"/> 10						

10. Would you consider starting a home-based business?

	You		Partner		You		Partner	
Yes	<input type="checkbox"/> 01	<input type="checkbox"/> 02	Possibly	<input type="checkbox"/> 03	<input type="checkbox"/> 04	No	<input type="checkbox"/> 05	<input type="checkbox"/> 06

11. What is the postcode of your place of work?

You       Partner

12. How do you travel to work?

Bicycle <input type="checkbox"/> 01	Ferry <input type="checkbox"/> 04	Tram <input type="checkbox"/> 07
Bus <input type="checkbox"/> 02	Motorbike / scooter <input type="checkbox"/> 05	Walk <input type="checkbox"/> 08
Car <input type="checkbox"/> 03	Train <input type="checkbox"/> 06	Work from home <input type="checkbox"/> 09

# COMPLETE YOUR SURVEY TODAY, FOR YOUR CHANCE TO WIN\* FANTASTIC PRIZES!

### \* MAJOR PRIZE DRAW TERMS & CONDITIONS

1. Information on prizes and how to enter form part of these conditions of entry. 2. Entry is free and open to all residents of Australia 18 yrs of age and over. Employees, directors, managers, licensees and contractors of the Promoter, its related companies and their agencies (and families of each of these) associated with the survey are not eligible to enter. 3. **Competition commences at 12.00am AEST on the 1<sup>st</sup> of July 2009.** To be included in the major prize draw, send your survey to PO Box 1522 Glen Waverley VIC 3150 (a valid name and address must be provided to be eligible for the prize draw). You can also enter the draw by filling in the survey online at [www.australianlifestylesurvey.com.au](http://www.australianlifestylesurvey.com.au). Surveys must be received by 5pm AEDST on the 15<sup>th</sup> of January 2010. Only one entry is allowed per person. You cannot receive multiple entries into the draw by filling in both the mail version and online version of the survey. 4. The Promoter will not be liable for lost, late, ineligible or misdirected entries. 5. Respondents who complete the survey online and refer a friend(s) and/or provide their partner information may be eligible for additional entries into the Major Prize Draw. For full terms and conditions visit [www.australianlifestylesurvey.com.au](http://www.australianlifestylesurvey.com.au). The additional entries offered for refer a friend and partner information are only valid when you complete the online survey. 6. The first valid entry randomly drawn will win a cheque for \$10,000. The second valid entry drawn will win a cheque for \$10,000. The 3<sup>rd</sup> to the 42<sup>nd</sup> valid randomly selected entries will win a Wish Gift Card in the amount of \$200. 7. Total number of prizes to be won 42. Total Prize Value up to \$28,000. 8. The draw will be conducted at 12 noon AEDST on the February the 8<sup>th</sup> 2010 at Salmat Interactive - Level 17, 100 Arthur Street, North Sydney. The winners will be notified by mail. The winners will be advertised in The Australian newspaper on the 12<sup>th</sup> of February 2010. 9. Prizes are not transferable or exchangeable and cannot be taken as cash unless otherwise stipulated. 10. The Promoter, its contractors, employees and agents, shall not be liable for any claims, losses, damages, injuries, costs and expenses suffered or sustained or incurred (including but not limited to indirect or consequential loss), arising out of or in any way connected with the competition and/or its prizes except for liability that cannot be excluded by law. The Promoter accepts no responsibility for any tax implications that may arise from the prize winnings. Independent financial advice should be sought. 11. The Promoter may conduct such further drawings as are necessary if the prizes remain unclaimed three months after the draw. If necessary a draw will be conducted at 12 noon AEST on 17<sup>th</sup> of May 2010 at Salmat Interactive - Level 17, 100 Arthur Street, North Sydney. The winners will be advertised in The Australian newspaper on the 22<sup>nd</sup> of May 2010. 12. Entry into the competition shall be deemed acceptance of these conditions of entry and is deemed approval to use the winners' name(s) and photograph(s) for publicity purposes. The Promoter's decision is final and no correspondence will be entered into. All surveys received become the property of the Promoter. 13. The Promoter assumes no responsibility for any error, omission, interruption, deletion, defect, delay in operation or transmission, communications line failure, theft or destruction or unauthorised access to, or alteration of the competition. The Promoter is not responsible for any problems or technical malfunction of any telephone, network or lines, computer online systems, servers, or providers, computer equipment, software, technical problems or traffic congestions on the Internet or at any web site, or any combination thereof, including any injury or damage to entrant's or referral's or any other person's computer related to or resulting from participation in or downloading any materials in this competition. 14. The Promoter is the Australian Postal Corporation (ABN 28 864 970 579), trading as 'Australia Post', Level 3/136 Exhibition Street, Melbourne 3000. Telephone 13 13 18. 15. Authorised under NSW Permit No: LTPS/09/04629 VIC Permit No: 09/1659, ACT Permit No: TP 09/01924 and SA Permit No: T09/1196.



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