

# Supplementary Personal Statement

## Aviation questionnaire

April 2019

**OnePath Life Limited (OnePath Life)**

ABN 33 009 657 176 AFSL 238341

347 Kent Street Sydney NSW 2000

**Customer Services**

**Phone** 133 667

**Email** customer.risk@onepath.com.au

**Website** onepath.com.au

### Details of life insured

Application/Policy number(s) if known

Title

 Mr  Mrs  Ms  Miss  Dr  Other 

Surname

Given name(s)

Date of birth

(dd/mm/yyyy)

 /  / 

### Please answer the following questions

1. Have you ever flown as a pilot or as a member of the crew of an aircraft? .....  Yes  No

If **yes**, state in what capacity and the type of aircraft:

  
  
  


2. Do you hold a licence, or any other qualification to fly as a pilot or member of the crew of an aircraft? .....  Yes  No

If **yes**, state the type of licence or qualifications and the period you have held it:

  
  
  


3. Approximate number of flying hours as a pilot (including flights accompanied by instructor):

a) Total to date:

b) In the last 12 months:

c) Future annual average:

4. What type of flying do you do? i.e. charter, private, commercial, aero club, agricultural helicopter, ultralight, gliding:

  
  
  


5. Do you always use authorised landing areas? .....  Yes  No

If **no**, please give details:

6. Are you contemplating any change in your flying activities? .....  Yes  No  
(e.g. learning to fly, reviving a lapsed licence, changing the scope of your present licence)

If **yes**, please give details:

  

7. a) Have you ever had an accident as a pilot? .....  Yes  No

If **yes**, please give details:

  

b) Have you ever been charged with a contravention of aviation regulations of any authority? .....  Yes  No

If **yes**, please give details:

  

8. Have you engaged in or do you intend to engage in any special or unusual aviation activities?  
(e.g. aerobatics, crop dusting) .....  Yes  No

If **yes**, please give details:

  

9. Do you intend to engage in any form of aviation other than the categories stated in Question 4?  
(eg. ballooning, parachuting, paragliding or other) .....  Yes  No

If **yes**, please give details:

  

## Declaration

I, the life to be insured, declare that the answers to the questions on this Supplementary Personal Statement are true and complete to the best of my knowledge. I understand that the information I provide on this form in conjunction with any other statements made in connection with this application for life insurance will be used by OnePath Life, to decide whether to extend life insurance cover to the policy owner in respect of my life.

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and OnePath Life's Privacy Policy, which is available at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy) or by calling Customer Services on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give OnePath Life personal information about someone else, I understand that OnePath Life requires me to show them a copy of the Product Disclosure Statement and OnePath Life's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath Life and their related entities.

Name of life to be insured

Signature (sign clearly within the box)

Date (dd/mm/yyyy)

**Your duty of disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation is issued in writing. Please ensure all changes in health and circumstances since completion of the original Application form and Personal Statement are fully advised.**

### Head office

**Office located at**  
347 Kent Street  
Sydney NSW 2000

### State offices

**New South Wales**  
GPO Box 483  
Sydney NSW 2001

**Western Australia**  
PO Box 7737  
Cloisters Square  
Perth WA 6850

**Queensland**  
GPO Box 1452  
Brisbane QLD 4001

**South Australia**  
GPO Box 1071  
Adelaide SA 5001

**Victoria**  
GPO Box 1903  
Melbourne VIC 8060

### Postal address

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