

Supplementary Personal Statement

Parachuting 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. How long have you been parachuting?(a) Years (b) Total jumps

2. Do you jump in competitions? Yes No

If **yes**, please give details:

3. How many jumps do you complete per annum?

4. Are you a member of a parachute club? Yes No

If **yes**, please give details:
a) Name of club:

b) Type of licence held:

5. Please give the locations where you regularly jump:

6. Please supply details of any accidents suffered while parachuting:

7. Have you ever engaged in, or do you anticipate engaging in, any record attempts, testing or any unusual activities, e.g. BASE jumping?

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 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 insured

Signature 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

Postal address

OnePath Life
GPO Box 4148
Sydney NSW 2001

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