

Supplementary Personal Statement

Motor sports 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 participating in motor sports?..... Months Years

2. Please state the event(s) that you are involved or compete in:

3. Please state type of vehicle including class or formula of car or motorcycle:

4. What is the engine capacity?

5. Do you have a CAMS licence? Yes No

If **yes**, state classification

6. Do you compete as an amateur or professional? Amateur Professional

7. Are you expecting to enter events of a different type or drive different vehicles in the future? Yes No

If **yes**, indicate events and/or vehicles:

8. Are you a member of a motor racing club? Yes No

If **yes**, indicate events and/or vehicles:

Name of Club

Location

9. Please supply details of your motor sports activities in the last two years including track/circuit/location, make of vehicle, size of engine, type of event, number of events driven in:

10. Please stateMaximum speed kph Average speed kph

11. Please supply details of any accidents/injuries suffered while participating in motor sports:

12. Have you ever engaged in, or anticipate engaging in, any demonstration, record attempt or test of any vehicle or of accessory equipment? Yes No

If **yes**, please give full details:

13. Are you sponsored? Yes No

If **yes**, please provide details:

Declaration and authorisation

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 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 (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
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