

7. Please provide details of any current liabilities (e.g. mortgages, business loans, equipment leases), including details of the current repayment obligations:

| Assets | |
|---|-----------------|
| Farm value (inclusive of residential dwellings) | \$ _____ |
| Stock/inventories | \$ _____ |
| Farm machinery and equipment | \$ _____ |
| Other (describe) | \$ _____ |
| Total assets | \$ _____ |
| Liabilities | |
| Mortgages | \$ _____ |
| Business loans | \$ _____ |
| Equipment leases | \$ _____ |
| Other (describe) | \$ _____ |
| Total liabilities | \$ _____ |
| Net Assets | \$ _____ |

8. Please provide details of the number of employees and total payroll value:

| | |
|---------------|-------|
| Full time | _____ |
| Part time | _____ |
| Total payroll | _____ |


9. Do you employ a farm manager? Yes No

Declaration

I, the life to be insured, declare that I have read and understood my duty to take reasonable care not to make a misrepresentation and that the statements and answers provided in this questionnaire are true, accurate and complete. 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 onepathinsurance.com.au/about-us/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 (including health and other sensitive 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 | _____ | |
| Life Insured's signature (sign clearly within box) |  | Date (dd/mm/yyyy) _____ / _____ / _____ |

Postal address

OnePath Life
 Locked Bag 994
 North Sydney NSW 2059