

3. Have you ever had any recurrence of the symptoms?..... Yes No

If **yes**, please provide details including dates:

4. Are you currently symptom free?..... Yes No

5. Date of last symptoms (dd/mm/yyyy) / / 6. Have you ever attempted suicide or self harm?..... Yes No

If **yes**, please provide details including when, name and address of treating doctor, clinic or hospital:

7. Are you aware of the cause or reason for your condition(s)? Yes No

If **yes**, please provide details:

8. Have you ever had any time off work due to this condition? Yes No

If **yes**, please provide the dates and duration:

9. Are you currently or have you ever been on treatment, including medication?..... Yes No

If **yes**, please provide details:

| Treatment (e.g. tranquilisers, sedatives, ECT, counselling, etc.) | Date commenced (dd/mm/yyyy) | Date ceased (if applicable) (dd/mm/yyyy) | Reason ceased |
|--|--|--|----------------------|
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10. Do you feel that this condition has had any impact on your ability to perform your job at work or on your social life? Yes No

If **yes**, please provide details:

11. Have you been referred for consultation with a psychiatrist or psychologist?..... Yes No

If **yes**, please provide details:

Date of last consultation (dd/mm/yyyy) / /

Name of consultant

Address

Suburb/Town State Postcode

12. Have you been admitted to hospital or any other care facility?..... Yes No

If **yes**, please provide details:

Date admitted (dd/mm/yyyy) / /

Name of institution

Address

Suburb/Town State Postcode

Doctor consulted

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 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 | <input type="text"/> | | |
| Signature (sign clearly within the box) | <input type="text" value="X"/> | Date (dd/mm/yyyy) | <input type="text" value="/ /"/> |

Postal address

OnePath Life
Locked Bag 994
North Sydney NSW 2059

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