

Supplementary Personal Statement

Aviation questionnaire

November 2021

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

Customer Services

Phone 133 667

Email client.onepath@zurich.com.au

Website onepathinsurance.com.au

Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Personal Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

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:

Two empty text input boxes for providing details if the answer to Question 5 is 'no'.

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:

Two empty text input boxes for providing details if the answer to Question 6 is 'yes'.

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

If **yes**, please give details:

Two empty text input boxes for providing details if the answer to Question 7.a is 'yes'.

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

If **yes**, please give details:

Two empty text input boxes for providing details if the answer to Question 7.b is 'yes'.

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:

Two empty text input boxes for providing details if the answer to Question 8 is 'yes'.

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:

Two empty text input boxes for providing details if the answer to Question 9 is 'yes'.

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 to be insured

Signature (sign clearly within the box)

Date (dd/mm/yyyy) / /

Postal address

OnePath Life
Locked Bag 994
North Sydney NSW 2059