



8. How long have you been diving? .....  Months  Years

9. How many dives have you undertaken in the last two years?

10. Have you ever suffered an accident or medical condition related to diving? .....  Yes  No

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

  

11. Have you ever engaged in or do you anticipate engaging in record attempts, free diving, testing, or other unusual dangerous activities? .....  Yes  No

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

  

## 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 consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in OnePath Life's Privacy Policy, which is available at [onepathinsurance.com.au/about-us/privacy-policy](http://onepathinsurance.com.au/about-us/privacy-policy) or by calling Customer Services on 133 667.

If I have provided information (including health and other sensitive 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 inform the person concerned that I have done so and direct them to OnePath Life's Privacy Policy which is located at our website [onepathinsurance.com.au/about-us/privacy-policy](http://onepathinsurance.com.au/about-us/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)  X  Date (dd/mm/yyyy)  /  /

### Postal address

OnePath Life  
Locked Bag 994  
North Sydney NSW 2059