

Supplementary Personal Statement

Occupational 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)

Occupational details

1a. Occupation

1b. Industry

2a. When did your present job/employment situation commence? (dd/mm/yyyy)

2b. Years in industry

3. What is your current annual income earned through personal exertion, before tax, but after the deduction of business expenses?

Annual income (excluding superannuation guarantee (SG) contributions).....\$

Superannuation guarantee (SG) contributions.....\$

4. Describe all present duties, in the table below (please complete both percentage of time and specific duties in all cases):

Type of work	% of Time	Please describe your specific duties and where they are performed.
Sedentary/Administration <small>(e.g. filing, computer work, answering telephone, reception duties, etc.)</small>	<input type="text"/>	<input type="text"/>
Supervising Manual Work <small>(specify where e.g. factory, building/construction site, etc.)</small>	<input type="text"/>	<input type="text"/>
Light Manual Work <small>(e.g. driving, warehousing, surveying, lifting under 5kgs, etc.)</small>	<input type="text"/>	<input type="text"/>
Heavy Manual Work <small>(e.g. bricklaying, lifting, painting, carpentry, mechanic, etc.)</small>	<input type="text"/>	<input type="text"/>
Site visits/Inspections <small>(e.g. real estate sales, building industry supervisor, contractor, underground, etc.)</small>	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>
Total	100%	<input type="text"/>

5. Are any of your duties hazardous (e.g. working from heights, working underground, handling dangerous substances/explosives/chemicals)? Yes No

If **yes**, please provide details as applicable below:

Working from heights/at depths

Maximum height/depth	Average height/depth	Approximate hours per week at maximum height/depth

Working with dangerous substances/explosives/chemicals

Type of substance/explosive/chemicals	Approximate hours per week

Other hazardous duties, please provide details

6. Do you possess any trade or tertiary qualifications relevant to your occupation? Yes No

If **yes**, please provide details:

Qualifications, degree, licence number etc.

When and where was the qualification received?

7. Do you contemplate a change in your current occupation, duties, working hours, employment situation (including income)? Yes No

If **yes**, please provide details (e.g. 'concluding contract in [number of days/weeks/months]'; 'moving to new, permanent job in [number of days/weeks/months]'; 'retiring permanently from the workforce in [number of days/weeks/months]').

8. How many hours do you work in total in your principal occupation (include any hours worked at home)? Hours per week

9a. Do you have a second occupation? Yes No

If **yes**, please provide details:

b. Please provide details of duties and earnings of second occupation..... Earnings (Annual) \$, ,

Duties

Hours per week

Additional occupation details

The following section to be completed by life insured for Income Protection or Business Expenses

Employer's name or name of business practice

Business address no. and street

Suburb State Postcode

1. Employed by a family company/trust Sole Trader Working Director of a Pty Ltd Company or Partner in a Partnership
 Employed by an independent employer Employed under terms of a contract

2. How many people do you employ other than you and your spouse? Full time Part time

3a. What percentage of the business do you own? % b. What percentage of the business does your spouse own? %

4. Are any of your occupational duties performed at home? Yes No

If **yes**, advise how many hours you work at home and describe duties performed at home:

5. Please give details of your previous employment situation:

Previous employment situation

Industry Number of years in Industry

6. If your present employment situation commenced within the past 12 months, please describe the circumstances under which you changed to your current occupation e.g. promotion, commenced/ceased self-employment or work as a contractor, started a new business/practice or purchased an established business/practice, etc.

7. What was your annual income earned through personal exertion from your principal occupation, before tax, but after deduction of business expenses for the previous two financial years?

Period	30/6/____	30/6/____
Annual Income (excluding superannuation guarantee (SG) contributions)	<input type="text"/>	<input type="text"/>
Superannuation guarantee (SG) contributions	<input type="text"/>	<input type="text"/>

If greater than 20% variance please advise reason(s) for variance:

8. Have you or any entities owned or controlled by you ever been declared bankrupt or insolvent, or are you or any entities owned or controlled by you currently being declared bankrupt or insolvent? Yes No

If **yes**, please provide date, circumstances and date of discharge (if applicable)

Circumstances of bankruptcy:

Date declared bankrupt (dd/mm/yyyy) / / Date discharged (dd/mm/yyyy) / /

Please complete the following for all work situations other than 'Employed by an independent employer'.

9. In the event of your total disability, will the business income continue for more than 3 months?..... Yes No

If **yes**:

a. What level of income (net of business expenses but before tax and your personal superannuation contributions) would you expect your business to continue to generate in the even of your total disablement?

..... 1-25% 26-50% 51-100%

b. How long do you estimate this income will continue for?

10. Is your business currently trading profitably? Yes No

If **no**, 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 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

Signature

Date (dd/mm/yyyy)

Postal address

OnePath Life
Locked Bag 994
North Sydney NSW 2059