

# Supplementary Personal Statement

## Business expenses questionnaire

November 2021

**OnePath Life Limited (OnePath Life)**

ABN 33 009 657 176 AFSL 238341

**Customer Services**

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### 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)

 /  / 

### Business Expense Cover Only

1. What percentage of:

- a. business income is derived from your personal exertion? .....    %
- b. total business expenses are you responsible for? .....    %
- c. business income can be attributed to other income-producing employees? .....    %

2. Please state the number of employees and briefly describe their duties.

3. If working in a partnership, please specify

- a. how many partners you have .....
- b. their percentage interest in the business .....    %
4. In the event of your total disability, will the business continue to operate? .....  Yes  No
- If **yes**, please give an estimate of the ongoing trading capacity. ....    %

**5. Eligible expenses** – please provide details in the table below of any average monthly expenses which you are responsible for and which will continue during your absence.

If income splitting exists, please indicate the annual amount paid to your spouse (please do not include this amount in the expenses below) ..... Annual amount \$  ,    ,

Details of expenses (excluding recoverable GST)	Monthly amount
accounting and audit fees .....	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
bank fees and charges.....	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
office cleaning costs.....	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
electricity, gas, water and property rates.....	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

equipment hire and motor vehicle leases .....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
business related insurance premiums (not including premiums for this Business Expense Cover) .....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
minimum monthly loan repayments, as per the relevant loan agreement, on:											
• business loans (short term and long term bank debt that relates to the operations and capitalisation of the business) including mortgage repayments on the business premises.....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
• finance lease payments relating to plant and equipment loans.....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office rent or leasing fees .....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salaries and superannuation contributions for employees not directly involved in the generation of revenue .....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payroll tax for the above salaries.....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Regular advertising costs.....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone costs.....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscriptions/fees/dues to professional associations.....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net cost of a locum (a person from outside your business who is a direct replacement for you in your business), less any business earnings generated by the locum .....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other expenses* .....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b> .....	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Other expenses cannot include personal remuneration, salary, fees or drawings, payments to related entities or businesses also owned or controlled by you or an immediate family member, cost of goods or merchandise, cost of implements to the life insured's profession, salaries and superannuation contributions for employees directly involved in the generation of income, depreciation and the purchase cost of any assets, tools or other capital items.

Please fully describe any other expenses.

## 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. If I/we attach and submit this questionnaire electronically via OneCare Express, I/we acknowledge it forms part of my/our OneCare Express application without the need to provide a written signature to OnePath 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).

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. I understand that OnePath Life requires me to inform the person concerned that I have done so and direct them to the Privacy Policy.

Name of Life Insured

Signature

Date (dd/mm/yyyy)

If I/we attach and submit this questionnaire electronically via OneCare Express, I/we acknowledge it forms part of my/our OneCare Express application without the need to provide a written signature to OnePath Life.