



6. Please provide full details of your experience or expertise in this occupation:

Four empty text boxes for providing details of experience or expertise.

7. Please provide full details of your experience in running your own business:

Four empty text boxes for providing details of experience in running a business.

8. Please attach a copy of your business plan.

9. Please attach a copy of the last 12 months' Profit and Loss statement for this business (where available).

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

Empty text box for name of life insured.

Signature

Text box containing an 'X' for signature.

Date (dd/mm/yyyy)

Text box for date with slashes for day, month, and year.

Income clause

I hereby understand and agree that the definition of pre-claim earnings for this policy shall be as follows:

'I hereby understand and agree that the definition of 'pre-claim earnings' for the policy I have applied for means: for claims within 12 months of the policy start date, the average of monthly earnings for the period between the date the life insured becomes disabled and the policy start date; for claims between 12 and 24 months from the policy start date, the highest average of monthly earnings for any period of 12 consecutive months between the date the life insured becomes disabled and the policy start date; for claims after 24 months from the policy start date, the definition contained in the Policy Terms will apply.'

**I also understand that by signing this clause, it does not guarantee automatic acceptance of an Income Cover policy and is still subject to full underwriting for my Application for insurance.**

Name of life insured

Empty text box for name of life insured.

Signature

Text box containing an 'X' for signature.

Date (dd/mm/yyyy)

Text box for date with slashes for day, month, and year.

Postal address

OnePath Life
Locked Bag 994
North Sydney NSW 2059