

# Supplementary Personal Statement

## Financial Questionnaire

June 2019

### OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341  
GPO Box 4129, Sydney NSW 2001

### Group Risk Administration

Phone 1800 199 414  
Email group.riskuw@onepath.com.au  
Web onepath.com.au

### Details of life insured

Plan name

Title  Mr  Mrs  Ms  Miss  Dr Other

Surname  First name

Date of birth (dd/mm/yyyy)  /  /

Type(s) of cover

Sum(s) insured \$  ,    ,    Date of application(s) (dd/mm/yyyy)  /  /

Member number

Phone Home  Work

Mobile

Email

Gender  Male  Female

Marital status  Single  De facto  Married  Widow/Widower

Smoker .....  Yes  No

### Type of cover

Personal/Family Protection	Sections A, B and G	Key Person/Business	Sections A, C, E and G
Loan/Business	Sections A, C, D and G	Share Purchase/Partnership, Buy/Sell and Business	Sections A, C, F and G

### Section A – Income Details

1. Please state the life insured's total remuneration package from all sources for the last three financial years.

	3 years ago 30/06/20	2 years ago 30/06/20	last year 30/06/20
Salary	\$ <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"/> <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"/> <input type="text"/>
Salary Sacrifice	\$ <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"/> <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"/> <input type="text"/>
Bonus	\$ <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"/> <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"/> <input type="text"/>
Directors' 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"/> <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"/> <input type="text"/>
Profit Share	\$ <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"/> <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"/> <input type="text"/>
<b>Total remuneration value</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"/> <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"/> <input type="text"/>

2. Please state details for the following:

Assets		Liabilities	
Dwelling/Property	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Mortgages	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Motor/Vehicles	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Personal Loans	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Investments (incl. rental)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Investment Loans	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Shares	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Other Liabilities	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other	\$ <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"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<b>Total Assets</b>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<b>Total Liabilities</b>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

## Section A – Income Details – continued

3. Have you ever been, or are you currently in the process of being declared bankrupt or insolvent? .....  Yes  No

If **yes**, please provide details.

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

Date discharged (dd/mm/yyyy)  /  /

Circumstances of bankruptcy:


## Section B – Personal/Family Protection Cover

1. How many dependants does the life insured have? .....

2. How has cover been calculated?

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3. What is the purpose of the cover? Go to Section G (Declaration).


## Section C – Business, Loan, Keyperson, Share Purchase, Partnership and Buy/Sell

1. What is the company or partnership name?

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2. What is the nature of the business including industry?

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3. Number of employees and total payroll?        (excluding you and your spouse)

Full-time

Part-time

**Total payroll** \$

4. How long has the business been operating for?

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5. Years of service by the life insured? .....

6. What percentage of the business does the life insured own? .....    %

7. Is the life insured a shareholder in the company? .....  Yes  No

If **yes**, please advise percentage of shares and current value.

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8. What is the current value of the business and how was this calculated?

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9. Please advise financial results for the last three years.

	3 years ago <input type="text"/> 30/06/20	2 years ago <input type="text"/> 30/06/20	last year <input type="text"/> 30/06/20
Trade Turnover	\$ <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"/> <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"/> <input type="text"/>
Gross Profit	\$ <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"/> <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"/> <input type="text"/>
Net Profit (before tax)	\$ <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"/> <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"/> <input type="text"/>
Gross Assets	\$ <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"/> <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"/> <input type="text"/>
Gross Liabilities	\$ <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"/> <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"/> <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"/> <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"/> <input type="text"/>

Please go to

Loan Cover Go to Section D

Key Person Go to Section E

Share Purchase, Partnership, Buy/Sell Cover? Go to Section F

Section D – Loan Cover

1. Please provide loan details.

Lender

Amount \$ ,,

Duration

Interest rate  %

2. How is the loan being repaid?  Capital  Interest

(please provide a copy of signed loan agreement when sum insured is in excess of \$2,000,000)

3. Is lender effecting this policy? .....  Yes  No

If **yes**, to whom?

Section E – Key Person Cover

1. What proportion of the firm's net profit is attributed to the life insured?.....  %

2. What qualifications, knowledge or expertise does the life insured have and why is the company so dependent on them?

3. How many other key persons are in the business and what are their roles?

4. Is insurance being effected on these key persons?.....  Yes  No

If **yes**, please provide details.

5. Has the board of directors authorised this insurance? .....  Yes  No

If **no**, what authorisation has been given?

6. What would be the revenue impact in the event of the insured's death and how has this been calculated?

## Section E – Key Person Cover – continued

7. Is there a service agreement in place for the life insured? .....  Yes  No

If **yes**, please provide a copy.

## Section F – Share Purchase, Partnership Or Buy/Sell Cover

1. Are policies being effected on other partners? .....  Yes  No

If **yes**, please provide details.

  

2. Is there a share purchase or buy/sell agreement? .....  Yes  No

If **yes**, please provide details.

  

3. What was the life insured's share of profits for the last three financial years?

3 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	<input type="text" value="30/06/20"/>
2 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	<input type="text" value="30/06/20"/>
Last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	<input type="text" value="30/06/20"/>

## Section G – Declaration

I, the life to be insured, declare that the answers to the questions on this Supplementary Personal Statement are true and complete to the best of my knowledge. 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.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation is issued in writing. Please ensure all changes in health and circumstances since completion of the original Application Form and Personal Statement are fully advised.

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 OnePath Life's website [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/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 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. I acknowledge that OnePath Life needs to collect my personal information in order to manage and administer my claim/policy and that OnePath Life will be unable to process my claim or administer my policy without this consent.

Name of life insured

**Signature**

(sign clearly within box)

Date (dd/mm/yyyy)

Name of accountant  
signed when sum insured  
exceeds \$2,000,000

**Signature**

(sign clearly within box)

Date (dd/mm/yyyy)

Address

Suburb/Town

State

Postcode

Phone

### Head office

**Office located at**  
347 Kent Street  
Sydney NSW 2000

**Postal address**  
OnePath Life  
GPO Box 4129  
Sydney NSW 2001