

Supplementary Personal Statement

Financial questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

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Customer Care

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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)

Type of cover

Life, Total and Permanent Disability (TPD) and Trauma Cover

Reasons for cover (Tick applicable boxes and complete relevant sections)	Complete sections
☐ Personal/Family protection – employees with no ownership interest in the business	A, C, D and I
☐ Personal/Family protection – self-employed, partner in a partnership, owner/shareholder of business*	B, C, D, E (Q's 1–6) and I
☐ Loan/Business*	B, C, E, F and I
☐ Key person/Business*	B, C, E, G and I
☐ Share purchase/Partnership, buy/sell and business	B, C, E, H and I

* If loan or key person cover is required for an employee with no ownership interest in the business, then Section A must also be completed in addition to the listed sections.

* Section E (Q's 1–6) to be completed only when applying for Life, TPD and Trauma Covers when concurrent income protection benefits have not been applied for.

Income Secure Cover

Reasons for cover (Tick applicable boxes and complete relevant sections)	Complete sections
☐ For Guaranteed Cover with monthly amounts insured from \$15,001–\$40,000 only and Indemnity Cover with monthly amounts insured from \$20,001–\$40,000 only – for both employees with no ownership interest in the business and self-employed, partner in a partnership, owner/shareholder of business	C and I
☐ For all Guaranteed and Indemnity Cover with monthly amounts insured >\$40,000 – employees with no ownership interest in the business	A, C and I
☐ For all Guaranteed and Indemnity Cover with monthly amounts insured >\$40,000 – self-employed, partner in partnership, owner/shareholder of business	B, C and I

Section A – Income details (employees with no ownership interest in the business)

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

	3 years ago 30/6/20____ \$	2 years ago 30/6/20____ \$	Last year 30/6/20____ \$
Salary			
Superannuation			
Overtime			
Bonus			
Allowances/Salary sacrifice (please specify)			
Total remuneration value			

Section B – Income details (self-employed, partner in a partnership, owner/shareholder of business)

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

Business results (consolidated for all associated business entities)	3 years ago 30/6/20____ \$	2 years ago 30/6/20____ \$	Last year 30/6/20____ \$
Business turnover/Fees			
Gross profit (after cost of goods sold)			
Business expenses			
Net profit/Loss – before tax			
Gross 'business' assets			
Gross 'business' liabilities			
Personal exertion earnings	3 years ago 30/6/20____ \$	2 years ago 30/6/20____ \$	Last year 30/6/20____ \$
(1) Your share of net profits/loss – before tax			
(2) Wage/Salary paid to self (excluding profit share)			
(3) Superannuation paid on your behalf			
(4) Bonuses			
(5) Wage/Salary paid to spouse (only include if spouse does not work in the business)			
(6) Superannuation paid on behalf of your spouse (only include if spouse does not work in the business)			
(7) Other add backs (please provide your share only of discretionary or personal expenses listed as business expenses in the P&L accounts – e.g. depreciation)			
Total personal exertion income = [(1)+(2)+(3)+(4)+(5)+(6)+(7)]			

Section C – Other financial information

1. Please state details of personal assets and liabilities only.

Assets (current value)	\$	Liabilities (current value)	\$
Residential dwelling/Home		Mortgages	
Motor vehicles		Personal loans	
Investment properties		Investment loans	
Shares		Other liabilities (please specify)	
Superannuation (including all assets held in self-managed superannuation funds).			
Other assets (please specify)			
Total assets		Total liabilities	

2. Please provide details of the current value of your annualised investment income. (Please note that this refers to net investment income after associated expenses have been deducted).

Annualised investment income	\$ Value
Rental income (net)	
Interest	
Dividends from shares	
Other investment income (please specify type)	
1.	1.
2.	2.
3.	3.
Total investment income	

3. Have you or any entities owned or controlled by you ever been or are currently in the process of being declared bankrupt or insolvent? ☐ Yes ☐ No

If **yes**, please provide date, circumstances and date of discharge (if applicable) and complete a Bankruptcy Questionnaire available through Illustrator.

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

Date discharged (dd/mm/yyyy) / /

Circumstances of bankruptcy

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Section D – Personal/Family protection cover

1. How many dependants does the life insured have?

2. Please provide details of how cover has been calculated (we may require a copy of the Statement of Advice or cover calculations in some instances).

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Section E – Business loan, key person, buy/sell and personal cover

1. What is the business 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 value (excluding you and your spouse)?

Full time

Part time

Total payroll value \$

4. How many years has this business been operating for?

5. Years of service by the life insured?

6. What percentage of the business does the life insured own/control directly or indirectly? %

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

If **yes**, please advise the percentage of shares owned and estimated current market value of your shareholding.

8. If the business structure is complex (i.e. consists of more than two business entities), please provide details of the group structure including:

- each entity that forms part of the group (company/partnership/trust/sole trader)
- the flow of funds between entities
- an explanation of the role and purpose of each entity/business group
- the applicant's level of involvement and shareholding in each entity.

Section F – Loan cover

Where the Business Guarantee Option is required a copy of the loan documentation will be required.

1. Please provide full details including lender, loan amount, loan term, current balance owing and interest rate.

Lender		Loan amount	\$
Loan term	Years	Interest rate	%
		Current balance owing	\$

2. In whose name is the loan and who are the guarantors (if any)?

3. How is the loan being repaid?..... ☐ Capital and interest ☐ Interest only

4. Is the lender effecting this policy? ☐ Yes ☐ No

If **yes**, to whom?

Section G – Key person cover

Where the Business Guarantee Option is required, a copy of the most recent year's financial statements (i.e. balance sheets and profit & loss accounts) will be required.

1. What qualifications, knowledge or expertise does the life insured have and why are they considered key to the business results?

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

3. What is the estimated impact on the business turnover/gross profit in the absence of the life insured?

4. What is the estimated impact on the business expenses in the absence of the life insured?

5. Does the business have a succession plan in place? ☐ Yes ☐ No

Section H – Share purchase, partnership or buy/sell cover

Where the Business Guarantee Option is required, a copy of the recent business valuation will be required.

If this is not available, the most recent year's financial statements (i.e. balance sheets and profit & loss accounts) will be required.

1. Has there been a recent independent business valuation? ☐ Yes ☐ No

If **yes**, please provide details regarding who performed the valuation, the date it was completed, the value given to the business and the method of calculation.

If **no**, what is the estimated current value of the business and how has this been calculated?

Section I – 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, to decide whether to extend life insurance cover to the policy owner in respect of my life. I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.

I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policy and the Privacy Statement contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at onepath.com.au/about-us/privacy-policy

If I have provided personal information about any identified person, I declare that I have their permission to do so and I have informed them of the Privacy Policy and the Privacy Statement.

Name of life insured

Signature

X

Date (dd/mm/yyyy)

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Please ensure all changes in health and circumstances since completion of the original Application Form and Personal Statement are fully advised.

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.

Postal address

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