

5. Do you always use authorised landing areas? ☐ Yes ☐ No

If **no**, please give details:

6. Are you contemplating any change in your flying activities? ☐ Yes ☐ No

(e.g. learning to fly, reviving a lapsed licence, changing the scope of your present licence)

If **yes**, please give details:

7. a) Have you ever had an accident as a pilot? ☐ Yes ☐ No

If **yes**, please give details:

b) Have you ever been charged with a contravention of aviation regulations of any authority? ☐ Yes ☐ No

If **yes**, please give details:

8. Have you engaged in or do you intend to engage in any special or unusual aviation activities? ☐ Yes ☐ No

(e.g. aerobatics, crop dusting)

If **yes**, please give details:

9. Do you intend to engage in any form of aviation other than the categories stated in Question 4? ☐ Yes ☐ No

(e.g. ballooning, parachuting, paragliding or other)

If **yes**, please give 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, to decide whether to extend life insurance cover to the policy owner in respect of my life.

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 to be insured

Signature (sign clearly within the box)

X

Date (dd/mm/yyyy)

/

/

Postal address

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