Non-smoker declaration form

9 November 2022

Zurich Australia Limited (Zurich, OnePath)
ABN 92 000 010 195 AFSL 232510

Customer Care
Phone 133 667
Email client.onepath@zurich.com.au
Website onepath.com.au

Please note: The request to alter a policy to non-smoker rates is subject to underwriting. OnePath will advise you, in writing, of our decision with respect to this request and whether non-smoker rates can be offered.

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.

Your Details

Policy number

Title ☐ Mr ☐ Ms ☐ Miss ☐ Dr Other

Surname

Given names(s)

Mobile

Email

Date of birth (dd/mm/yyyy) / / ☐ Male ☐ Female

Please answer the following questions

1. During the last 12 months, have you smoked tobacco or any other substance, or used any form of electronic cigarette? ☐ Yes ☐ No

   If **yes,** please state **type** and **quantity** per day:

2. During the last three months, have you used nicotine replacement therapy (e.g. nicotine gum, patches, etc) or anti-smoking medication (e.g. Zyban, Chantix, etc.)? ☐ Yes ☐ No

   If **yes,** please state the **type(s)** used and **length of time** you have been using this.

3. Have you any intention to resume smoking in the future? ☐ Yes ☐ No

4. Have you been advised by a medical practitioner or physician to give up smoking on specific medical grounds? ☐ Yes ☐ No

   If **yes**, give full details:

5. Do you have, or has a medical practitioner told you, that you have a medical condition associated with smoking? ☐ Yes ☐ No

If **yes,** give full details:

Declaration

I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete. I understand my duty to take reasonable care to not make a misrepresentation and that the information I provide on this form in conjunction with any other statements made in connection with the original application will be used by OnePath, to decide whether to vary my policy to use non-smoker premium rates, and on what terms.

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

Name of life insured

Signature ✗

Date (dd/mm/yyy) / /

Postal address

OnePath
Locked Bag 994
North Sydney NSW 2059

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