OnePath

Supplementary Personal Statement

Business expenses questionnaire

August 2022

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

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) / /

Business Expense Cover Only

1. What percentage of:

a. business income is derived from your personal exertion? ☐☐☐ %

b. total business expenses are you responsible for? ☐☐☐ %

c. business income can be attributed to other income-producing employees? ☐☐☐ %

2. Please state the number of employees and briefly describe their duties.

3. If working in a partnership, please specify

a. how many partners you have

b. their percentage interest in the business ☐☐☐ %

4. In the event of your total disability, will the business continue to operate? ☐ Yes ☐ No

If **yes**, please give an estimate of the ongoing trading capacity. ☐☐☐ %

5. Eligible expenses – please provide details in the table below of any average monthly expenses which you are responsible for and which will continue during your absence.

	Annual amount
If income splitting exists, please indicate the annual amount paid to your spouse (please do not include this amount in the expenses below).	$ ☐☐☐,☐☐☐,☐☐☐
Details of expenses (excluding recoverable GST)	Monthly amount
accounting and audit fees	$ ☐☐☐,☐☐☐,☐☐☐
bank fees and charges	$ ☐☐☐,☐☐☐,☐☐☐
office cleaning costs	$ ☐☐☐,☐☐☐,☐☐☐
electricity, gas, water and property rates	$ ☐☐☐,☐☐☐,☐☐☐

equipment hire and motor vehicle leases ..... $ ☐,☐☐☐,☐☐☐

business related insurance premiums (not including premiums for this Business Expense Cover) ..... $ ☐,☐☐☐,☐☐☐

minimum monthly loan repayments, as per the relevant loan agreement, on:

- business loans (short term and long term bank debt that relates to the operations and capitalisation of the business) including mortgage repayments on the business premises ..... $ ☐,☐☐☐,☐☐☐
- finance lease payments relating to plant and equipment loans ..... $ ☐,☐☐☐,☐☐☐

Office rent or leasing fees ..... $ ☐,☐☐☐,☐☐☐

Salaries and superannuation contributions for employees not directly involved in the generation of revenue ..... $ ☐,☐☐☐,☐☐☐

Payroll tax for the above salaries ..... $ ☐,☐☐☐,☐☐☐

Regular advertising costs ..... $ ☐,☐☐☐,☐☐☐

Telephone costs ..... $ ☐,☐☐☐,☐☐☐

Subscriptions/fees/dues to professional associations ..... $ ☐,☐☐☐,☐☐☐

Net cost of a locum (a person from outside your business who is a direct replacement for you in your business), less any business earnings generated by the locum ..... $ ☐,☐☐☐,☐☐☐

Other expenses* ..... $ ☐,☐☐☐,☐☐☐

Total ..... $ ☐,☐☐☐,☐☐☐

* Other expenses cannot include personal remuneration, salary, fees or drawings, payments to related entities or businesses also owned or controlled by you or an immediate family member, cost of goods or merchandise, cost of implements to the life insured's profession, salaries and superannuation contributions for employees directly involved in the generation of income, depreciation and the purchase cost of any assets, tools or other capital items.

Please fully describe any other expenses.

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. 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.

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 ✗

Date (dd/mm/yyyy) / /

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