Supplementary Personal Statement

TPD Business Questionnaire

October 2024

Zurich Australia Limited (Zurich, OnePath)
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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) / /

Occupation details

1. Occupation
2. Industry
3. When did your present duties commence? (dd/mm/yyyy) / /
4. If employed by an independent employer, when did you commence with that employer? (dd/mm/yyyy) / /
5. Describe all present duties of a **typical** working month in the table below.

Type of work	% of time (sum to total 100%)	Specific duties Please provide a description of the specific duty and location where typically performed
Desk work (e.g. Computer work, phone calls, paper work, reviewing documents)		
Meetings at your own offices (e.g. meetings, consultations, presentations, internal staff management)		
External meetings (e.g. external training, seminars, client meetings)		
Work performed at home (other than captured above)		
Travel (e.g. working away from home/office, driving, flights)		
Extended standing (e.g. in operating theatre, lecturing)		

Type of work	% of time (sum to total 100%)	Specific duties Please provide a description of the specific duty and location where typically performed
Field Supervision /Surveying (e.g. at building or mine site)		
Lifting (greater than 5kg)		
Any other duties (please specify)		
Total	100%	

Declaration – Life to be insured

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 correction 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.

Name of Life Insured

Signature ✗ Date (dd/mm/yyyy) / /

Declaration – policy owner

I acknowledge that the Business TPD benefit amount will be reduced by 'any other TPD cover' held in respect of the life insured so that the combined total of all TPD cover held in respect of the life insured at the date of disablement does not exceed $10,000,000. I understand that 'any other TPD cover' includes any TPD cover issued by OnePath and any other insurer including TPD cover that is issued through ordinary policies (non-superannuation) and any TPD cover issued through any superannuation fund, group plan or employer plan that commences after the policy commencement date. I also understand that in the event that the Business TPD cover payment is reduced, premiums paid in respect of the reduced portion of cover from the date of the last policy anniversary prior to the date of disablement will be refunded.

I acknowledge that Business TPD Cover is issued taking into consideration the life insured's occupation disclosed in this questionnaire and application for cover, and that if the life insured subsequently changes their occupation, I must notify 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 policy owner

Signature ✗ Date (dd/mm/yyyy) / /

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DDRR-022400-2024 643048 OPL 1000226-1024