

6. Please provide full details of your experience or expertise in this occupation:

7. Please provide full details of your experience in running your own business:

8. Please attach a copy of your business plan.

9. Please attach a copy of the last 12 months' Profit and Loss statement for this business (where available).

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 insured

--

Signature

X

Date (dd/mm/yyyy)

/	/
---	---

Income clause

I hereby understand and agree that the definition of pre-claim earnings for this policy shall be as follows:

'I hereby understand and agree that the definition of 'pre-claim earnings' for the policy I have applied for means: for claims within 12 months of the policy start date, the average of monthly earnings for the period between the date the life insured becomes disabled and the policy start date; for claims between 12 and 24 months from the policy start date, the highest average of monthly earnings for any period of 12 consecutive months between the date the life insured becomes disabled and the policy start date; for claims after 24 months from the policy start date, the definition contained in the Policy Terms will apply.'

I also understand that by signing this clause, it does not guarantee automatic acceptance of an Income Cover policy and is still subject to full underwriting for my Application for insurance.

Name of life insured

--

Signature

X

Date (dd/mm/yyyy)

/	/
---	---

Postal address

OnePath
Locked Bag 994
North Sydney NSW 2059