

Supplementary Personal Statement

Hang gliding questionnaire

November 2021

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

Customer Services

Phone 133 667

Email client.onepath@zurich.com.au

Website onepathinsurance.com.au

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)

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Please answer the following questions

1. Are you a member of a Hang Gliding Club? Yes No

If **yes**, state name of club and location:

2. How often do you hang glide?.....Days per annum

3. Where do you hang glide?

4. How long have you been gliding?.....Months Years

5. Give details of any accidents suffered while participating in hang gliding:

6. Have you ever engaged in or do you anticipate engaging in any record attempts, testing or other unusual activities? Yes No

If **yes**, give details:

7. Do you fly hang gliders of your own design or manufacture?..... Yes No

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 Life, to decide whether to extend life insurance cover to the policy owner in respect of my life.

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and OnePath Life's Privacy Policy, which is available at onepathinsurance.com.au/about-us/privacy-policy or by calling Customer Services on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give OnePath Life personal information about someone else, I understand that OnePath Life requires me to show them a copy of the Product Disclosure Statement and OnePath Life's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath Life and their related entities.

Name of Life Insured

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Signature (sign clearly within the box)

X

Date (dd/mm/yyyy)

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Postal address

OnePath Life
Locked Bag 994
North Sydney NSW 2059