



5. Please provide a detailed description of how the bankruptcy affected or altered:

- a) your employment situation if you were employed at the time (e.g. restrictions of duties or change of profession) OR
- b) your business structure, trading operation and management thereof if you were self-employed at the time (e.g. ceased trading as a private company and started a sole trading operation; restrictions on sale of business interests by the trustee).

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6. Apart from any original creditor's petition, were any legal proceedings instigated against you arising from your bankruptcy?....  Yes  No

7. Please provide a detailed description of the nature and outcome of the above proceedings:

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8. Are any of the above legal proceedings still in progress?.....  Yes  No

9. Have you ever been declared bankrupt prior to the above bankruptcy?.....  Yes  No

10. If you answered **yes** to question 9, please provide the date(s) you were discharged from those bankruptcies ..... Date 1 (dd/mm/yyyy)  /  Date 2 (dd/mm/yyyy)  /

### Declaration and authorisation

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](http://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

Signature

Date (dd/mm/yyyy)  /

#### Postal address

OnePath Life  
Locked Bag 994  
North Sydney NSW 2059