

Supplementary Personal Statement – Non permanent residency

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care

Phone 133 667 Email client.onepath@zurich.com.au

Website onepath.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 i	insured						
Application/Policy if known	number(s)						
Title	N	Mr	Mrs	Ms	Miss	Dr	Other
Surname							
Given name(s)							
Date of birth (dd/mm	n/yyyy)	/ /					
All Cover types 1. Are you applying for, or do you intend to apply for, permanent residency status in Australia?							
3. Is Australia your sole country of residence and are you living in Australia on a permanent basis?							
	Do you have immediate family or a partner residing in Australia, or are they planning to reside in Australia in the near future?						
b) A business	unt				ets in Australia?		Yes No
6. Are you intendir of less than thre	ee months)?						Yes No
	-						

Ad	ditional Questions fo	or Income Secure/Living Expenses Cover only:							
7.	Have you been living	in Australia for a minimum three months?	Yes No						
	If ' No ', how long have	you been living in Australia?							
8.	Which of the following option(s) apply to your current employment situation? 1) You are employed by an independent employer								
	p) You are self employed								
		including the name and type of business, and the length of time in o							
	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
		d an existing business							
	Please provide full details (e.g. date of purchase, type of business, etc).								
De	eclaration								
		eclare that I have read and understood my duty to take reasonable ca	are not to make a misrepresentation and that the						
sta	tements and answers	provided in this application are true, accurate and complete. I unders	tand that the information I provide in this form,						
		other statements I have made in connection with this application for issurance cover to the policy owner in respect of my life.	life insurance, will be used by OnePath, to decide						
	-								
cor	ntained in the PDS (inc	n, use, storage and disclosure of my personal information as describe :luding discussing any information obtained from me and any doctor ication). OnePath's Privacy Policy is available at onepath.com.au/abou	s or accountants with the financial adviser						
	have provided person Privacy Policy and the	al information about any identified person, I declare that I have their e Privacy Statement.	permission to do so and I have informed them of						
Na	me of life insured								
		×							
Sig	nature		Date (dd/mm/yyy) / /						

Postal address

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