

Supplementary Personal Statement

Parachuting questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care Phone 133 667

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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 Dr Other
Surname	
Given name(s)	
Date of birth (dd/mm/yyyy)	
Please answer the fol	
	parachuting?(a) Years (b) Total jumps
	ons?
If yes , please give details:	
3. How many jumps do you o	
	rachute club?
If yes , please give details:	
a) Name of club:	
b) Type of licence held:	
5. Please give the locations w	here you regularly jump:
6. Please supply details of an	y accidents suffered while parachuting:

7. Have you ever engaged in, or	do you anticipate engaging in, any record attempts, testing or any u	nusual activities, e.g. BASE jumping?
Declaration		
the statements and answers prothis form in conjunction with an	hat I have read and understood my duty to take reasonable care not vided in this questionnaire are true, accurate and complete. I unders y other statements made in connection with this application for life insurance cover to the policy owner in respect of my life.	tand that the information I provide on
contained in the PDS (including	ttorage and disclosure of my personal information as described in th discussing any information obtained from me and any doctors or ac . OnePath's Privacy Policy is available at onepath.com.au/about-us/p	countants with the financial adviser
If I have provided personal inform of the Privacy Policy and the Priv	mation about any identified person, I declare that I have their permis vacy Statement.	ssion to do so and I have informed them
Name of life insured		
Signature	X	Date (dd/mm/yyyy) / /

Postal address

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