

# Supplementary Personal Statement

Newly self-employed

1 September 2011

## OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

## OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

## OnePath MasterFund

ABN 53 789 980 697 RSE R1001525

GPO Box 4129, Sydney NSW 2001

## Group Risk Administration

Phone 1800 199 414

Phone 02 9234 8072

Email group.riskuw@onepath.com.au

Website onepath.com.au

## Details of life insured

Plan name	<input type="text"/>	
Member number	<input type="text"/>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr         Other <input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Date of birth (dd/mm/yyyy)	<input type="text"/>	Date of application(s) (dd/mm/yyyy) <input type="text"/>
Phone	Home <input type="text"/>	Work <input type="text"/>
	Mobile <input type="text"/>	
Email	<input type="text"/>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female         Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> De facto <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower	

## Please answer the following questions

1. How long have you been self-employed? .....Years  Months

2. Did you purchase an existing business?.....☐ Yes ☐ No

If **yes**, please advise:

a) Length of time in operation.....Years  Months

b) Turnover last 12 months .....\$  ,    ,    .

c) Owner's drawings last 12 months .....\$  ,    ,    .

3. What was the purchase price of the existing business,  
or establishment cost if a new venture?.....\$  ,    ,    .

Please give details (total of stock, equipment, good will etc.):


4. Please give details of established contracts or clientele, or an indication of continuing income:


5. What is your earned income less business expenses from your venture so far? .....\$  ,    ,    .

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 the answers to the questions on this Supplementary Personal Statement are true and complete to the best of my knowledge. 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.

Name of life insured

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Signature

X
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Date (dd/mm/yyyy)

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Your duty of disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation is issued in writing. Please ensure all changes in health and circumstances since completion of the original Application Form and Personal Statement are fully advised. OnePath Life will manage this additional personal information in accordance with the Privacy Statement set out in the Product Disclosure Statement you received when applying for cover.

### Income clause

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

'Where you become totally or partially disabled within 12 months of the Policy Start Date your pre-claim earnings will be calculated based on the average of your monthly earnings for the period between the date you became disabled and the Policy Start Date.'

**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

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Signature

X
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Date (dd/mm/yyyy)

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