



## Doctor's authorisation

To be completed and signed by the Life Insured.

### Please sign Authorisation

To Doctor

I hereby authorise you to release details of my personal medical history to OnePath Life or any organisation duly appointed by OnePath Life. A photostat (or similar) of this authorisation shall be held as valid as the original.

Name of life insured  Date of birth (dd/mm/yyyy)  /  /

Address

Suburb/Town  State  Postcode

Signature  X Date (dd/mm/yyyy)  /  /

## Doctor's authorisation

To be completed and signed by the Life Insured.

### Please sign Authorisation

To Doctor

I hereby authorise you to release details of my personal medical history to OnePath Life or any organisation duly appointed by OnePath Life. A photostat (or similar) of this authorisation shall be held valid as the original.

Name of life insured  Date of birth (dd/mm/yyyy)  /  /

Address

Suburb/Town  State  Postcode

Signature  X Date (dd/mm/yyyy)  /  /

## 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

Signature  X Date (dd/mm/yyyy)  /  /

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.