

# Supplementary Personal Statement

## Non-smoker declaration

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> / <input type="text"/> / <input type="text"/>	Date of application(s) (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <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
	<input type="checkbox"/> 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. Have you smoked cigarettes/cigars or any other substance in the last 12 months?..... ☐ Yes ☐ No

If **yes** please state type and quantity per day:

  


2. Have you any intention to resume smoking in the future?..... ☐ Yes ☐ No

3. Have you been advised by a medical practitioner or physician to give up smoking on specific medical grounds? ..... ☐ Yes ☐ No

If **yes**, give full details:

  


4. Do you have, or has a medical practitioner told you, that you have a medical condition associated with smoking? ..... ☐ Yes ☐ No

If **yes**, give full details:

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)

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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.