

## Supplementary Personal Statement

## Occupational questionnaire

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](http://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"/>	<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"/>										First name(s)		<input type="text"/>													
Date of birth (dd/mm/yyyy)	<input type="text"/>		<input type="text"/>								Date of application(s) (dd/mm/yyyy)		<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								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													

## Occupational details

**1a.** Occupation

**1b.** Industry

**2a.** When did your present job/employment situation commence?  /  /

**2b.** Years in industry

**3.** What is your current annual income net of business expenses before tax? .....\$ , ,

**4.** Describe all present duties, in the table below (please complete both percentage of time and specific duties in all cases):

Type of work	% of time	Please describe your specific duties and where they are performed. Please note – the examples below are to be used as a guide only.
Sedentary/Administration		(e.g. filing, computer work, answering telephone, reception duties, etc)
Supervising Manual Work		(specify where e.g. factory, building/construction site, etc)
Light Manual Work		(e.g. driving, warehousing, surveying, lifting under 5kgs, etc)
Heavy Manual Work		(e.g. bricklaying, lifting, painting, carpentry, mechanic, etc)
Site visits/Inspections		(e.g. real estate sales, building industry supervisor, contractor, underground, etc)
Other (please specify)		
<b>Total</b>	<b>100%</b>	

5. Are any of your duties hazardous (e.g. working from heights, working underground, handling dangerous substances/explosives/chemicals)?..... ☐ Yes ☐ No

If **yes**, please provide details as applicable below:

### Working from heights/at depths

Maximum height/depth	Average height/depth	Approximate hours per week at maximum height/depth

**Working with dangerous substances/explosives/chemicals**

Type of substance/explosive/chemicals	Approximate hours per week

Other hazardous duties, please provide details

6. Do you possess any trade or tertiary qualifications relevant to your occupation? ..... ☐ Yes ☐ No

If **yes**, please provide details:

Qualifications, degree, licence number etc.

When and where was the qualification received?

7. How many hours do you work in total in your principal occupation (include any hours worked at home)?.....Hours per week ☐ ☐

7a. Do you have a second occupation?..... ☐ Yes ☐ No

If **yes**, please provide details:

7b. Please provide details of duties and earnings of second occupation. ....Earnings (Annual) \$ ☐ , ☐ ☐ ☐ , ☐ ☐ ☐

Duties

Hours per week

8. Do you contemplate a change in your current occupation, employment situation or duties? ..... ☐ Yes ☐ No

If **yes**, please provide details (e.g. 'concluding contract in [number of days/weeks/months]'; 'moving to new, permanent job in [number of days/weeks/months]'; 'retiring permanently from the workforce in [number of days/weeks/months]').

**Additional occupation details**

The following section to be completed by life insured for Income Protection or Business Expenses.

Employer's name or name of business practice

Business address no. and street

Suburb/Town

State

Postcode

1. ☐ Employed by a family company ☐ Sole Trader ☐ Working Director of a Pty Ltd Company or Partner in a Partnership  
☐ Employed by an independent employer ☐ Employed under terms of a contract

2. How many people do you employ other than you and your spouse? Full time ☐ Part time ☐

3a. What percentage of the business do you own? ☐ ☐ ☐ % 3b. What percentage of the business does your spouse own? ☐ ☐ ☐ %

4. Is any of your occupation performed at home? ..... ☐ Yes ☐ No

If **yes**, advise how many hours you work at home and describe duties performed at home:

5. Please give details of your previous employment situation:

Previous employment situation

Industry

Number of years in Industry

6. If your present employment situation commenced within the past 12 months, please describe the circumstances under which you changed to your current occupation e.g. promotion, commenced/ceased self-employment or work as a contractor, started a new business/practice or purchased an established business/practice, etc.

7. What was your annual income, through personal exertion from your principal occupation, net of business expenses but before tax for the two previous financial years?

Period	30/6/____	30/6/____
Annual Income		

If greater than 30% variance please advise reason(s) for variance:

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8. Have you ever been, or are you currently in the process of being declared bankrupt or insolvent? ..... ☐ Yes ☐ No

If **yes**, please provide date, circumstances and date of discharge (if applicable).

Circumstances of bankruptcy:

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Date declared bankrupt (dd/mm/yyyy)  /  /

Date discharged (dd/mm/yyyy)  /  /

9. In the event of your total disability, will the business continue to operate?..... ☐ Yes ☐ No

If **yes**, give an estimate of the ongoing trading capacity.....    %

10. Is any of your income likely to continue if you become disabled? e.g. sick pay, investment income, company profit share, income generated by your business if you are unable to work?..... ☐ Yes ☐ No

If **yes**, length of time income will continue and amount of income that will be received:

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What is the source of this income?

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11. Please complete the following for all work situations other than 'Employed by an independent employer'.

Is your business currently trading profitably? ..... ☐ Yes ☐ No

If **no**, please give full details:

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## 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.