

## Supplementary Personal Statement

## Hang gliding questionnaire

## 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										
Applic	ation/Polic	y number(s)	if known							
Title	O Mr	O Mrs	O Ms	O Miss	O Dr	O Other				
Surna	me					Given na	ıme(s)			
Date of birth (dd/mm/yyyy) / /				/						
1. Are	you a mem	er the fol aber of a Han of club and	ng Gliding	uestions Club?	Yes (	) No				
	v often do	you hang gl	ide?		Day	s per annum				
3. Wh	ere do you	hang glide	?							
4. Hov	w long have	e you been ç	gliding?		Moi	nths		Years		
5. Giv	e details of	fany accide	nts suffere	ed while part	ticipating i	n hang gliding:				

6. Have you ever engaged in or do you anticipate engaging in any record attempts, testing or other unusual activities?	O Yes	O No
If <b>yes</b> , give details:		
7. Do you fly hang gliders of your own design or manufacture? O Yes No		
If <b>yes</b> , please give details:		
Declaration		
I, the life to be insured, declare that I have read and understood my duty to take reasonable care not to make a misrepresentati statements and answers provided in this questionnaire are true, accurate and complete. I understand that the information I pro in conjunction with any other statements made in connection with this application for life insurance will be used by Zurich, to d to extend life insurance cover to the policy owner in respect of my life.	vide on this	s form
I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and oth sensitive information) as described in the Product Disclosure Statement and Zurich's Privacy Policy, which is available at zurich.com.au/important-information/privacy or by calling Customer Care on 133 667.	er	
If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I of that person to do so. If I give Zurich personal information about someone else, I understand that Zurich requires me to show Product Disclosure Statement and Zurich's Privacy Policy so that they may understand the manner in which their personal info used or disclosed by Zurich and their related entities.	them a cop	y of the
Name of Life Insured		
Signature X		
Date (dd/mm/yyyy) / /		

Zurich Website: zurich.com.au GPO Box 4129, Sydney NSW 2001

