

Supplementary Personal Statement

Farmer's Questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Details of Life Insured

Application/Policy number(s) if known **Customer Care**

Phone 133 667 Email client.onepath@zurich.com.au

Website onepath.com.au

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.

Miss

Surname				
Given name(s)				
Date of birth (dd/mm/yyyy)	/ /			
Please answer the f	following questions			
1. What type of farm do yo	ou operate (e.g. wheat, cattle, sh	neep, banana)?		
2. Please describe the own	nership structure:			
3. How long have you bee	n managing/operating this farn	n?		Months
4. Do you have any agricu	ltural qualifications? If yes, pleas	se provide details (Qualification, de	egree, licence number, etc)	No
5. Is the farm currently op	erating profitably?		Yes	□ No
6. Please provide the follo please consolidate the f		last three financial years (where t	here are multiple entities involved,	
	3 years ago: 30/06/20	2 years ago: 30/06/	720 The last year: 30/06/20	
Gross turnover	\$	\$	\$	
Business expenses	\$	\$	\$	
Net profit				
Total				

Assets Farm value (inclusive of reside Stock/inventories			
Stock/inventories	ential dwellings)	\$	
	3. ,	\$	
Farm machinery and equip	oment	\$	
Other (describe)		\$	
Total assets		\$	
Liabilities			
Mortgages		\$	
Business loans		\$	
Equipment leases		\$	
Other (describe)		\$	
Total liabilities		\$	
Net Assets		\$	
Declaration the life to be insured, do atements and answers orm in conjunction with hether to extend life instance to the collection ontained in the PDS (incosociated with this application)	eclare that I have read provided in this ques any other statement: surance cover to the p n, use, storage and di cluding discussing any ication). OnePath's Pri	d and understood my duty to take reasonable care tionnaire are true, accurate and complete. I under s made in connection with this application for life policy owner in respect of my life. isclosure of my personal information as described y information obtained from me and any doctors ivacy Policy is available at onepath.com.au/about-	e not to make a misrepresentation and that the stand that the information I provide on this insurance will be used by OnePath, to decide in the Privacy Policy and the Privacy Statemen or accountants with the financial adviser -us/privacy-policy
ne Privacy Policy and the		any identified person, I declare that I have their pe	ermission to do so and I have informed them o
lame of Life Insured			
ile insured's signature	X		Date (dd/mm/yyyy)
ife Insured's signature	X		Date (dd/mm/nnn)