

5. Please provide a detailed description of how the bankruptcy affected or altered:

- a) your employment situation if you were employed at the time (e.g. restrictions of duties or change of profession) OR
- b) your business structure, trading operation and management thereof if you were self-employed at the time (e.g. ceased trading as a private company and started a sole trading operation; restrictions on sale of business interests by the trustee).

6. Apart from any original creditor's petition, were any legal proceedings instigated against you arising from your bankruptcy?.... Yes No

7. Please provide a detailed description of the nature and outcome of the above proceedings:

8. Are any of the above legal proceedings still in progress?..... Yes No

9. Have you ever been declared bankrupt prior to the above bankruptcy? Yes No

10. If you answered **yes** to question 9, please provide the date(s) you were discharged from those bankruptcies Date 1 (dd/mm/yyyy) / Date 2 (dd/mm/yyyy) /

Declaration and authorisation

I, the life to be insured, declare that I have read and understood my duty to take reasonable care not to make a misrepresentation and that the statements and answers provided in this questionnaire are true, accurate and complete. 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, to decide whether to extend life insurance cover to the policy owner in respect of my life.

I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policy and the Privacy Statement contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at onepath.com.au/about-us/privacy-policy

If I have provided personal information about any identified person, I declare that I have their permission to do so and I have informed them of the Privacy Policy and the Privacy Statement.

Name of life insured

Signature

Date (dd/mm/yyyy) /

Postal address

OnePath
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