

Supplementary Personal Statement

Bankruptcy Questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care Phone 133 667

Email client.onepath@zurich.com.au

Website onepath.com.au

Instructions

This form should be completed by all applicants who are in the process of being declared bankrupt or who are undischarged or discharged bankrupts.

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			
Application/Policy number(s) if known			
Title	Mr Mrs Ms Dr Other		
Surname			
Given name(s)			
Date of birth (dd/mm/yyyy)			
Please answer the following questions			
1. What date were you declared bankrupt? (dd/mm/yyyy)		/ /	
2. What date were you discharged from the above bankruptcy? (dd/mm/yyyy)		/ /	
3. Was the above bankruptcy voluntary or forced?			
4. Please provide a detailed description of the reason for and circumstances under which you were declared bankrupt on the above occasion:			

b) your business tructure, 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? 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? 9. Have you ever been declared bankrupt prior to the above bankruptcy? 10. If you answered yes to question by flease provide the date(s) you were discharged from those bankruptcies 10. If you answered yes to question by flease provide the date(s) you were discharged from those bankruptcies 10. Date 1 disconveyyyy. 11. Date 2 stationary yyyy. 12. Date 2 stationary yyyy. 13. Date 2 stationary yyyy. 14. 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. 14. Consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policy and	a) your employment sit	uation if you were employed at the time (e.g. restrictions of duties or change of profession) OR
7. Please provide a detailed description of the nature and outcome of the above proceedings:		
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8. Are any of the above legal proceedings still in progress?	6. Apart from any original	creditor's petition, were any legal proceedings instigated against you arising from your bankruptcy? Yes No
9. Have you ever been declared bankrupt prior to the above bankruptcy?	7. Please provide a detaile	ed description of the nature and outcome of the above proceedings:
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10. If you answered yes to question 9, please provide the date(s) you were discharged from those bankruptcies	8. Are any of the above le	gal proceedings still in progress?
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 lif 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 Postal address	9. Have you ever been de	clared bankrupt prior to the above bankruptcy? Yes No
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) / /		
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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	the statements and answe this form in conjunction w	rs provided in this questionnaire are true, accurate and complete. I understand that the information I provide on ith any other statements made in connection with this application for life insurance will be used by OnePath,
of the Privacy Policy and the Privacy Statement. Name of life insured Signature Date (dd/mm/yyyy) / / Postal address	Statement contained in th	e PDS (including discussing any information obtained from me and any doctors or accountants with the financial
Signature Date (dd/mm/yyyy) / / Postal address		
Postal address Date (dd/mm/yyyy) //	Name of life insured	
	Signature	
I HIMP ALL	Postal address OnePath	

Locked Bag 994 North Sydney NSW 2059