

If **yes**, please provide date of when treatment changed and the reason(s) for change:

5. Is the treating doctor different to your usual doctor? Yes No

If **yes**, please provide details:

Name

Address

Suburb/Town State Postcode

Date of last consultation / /
(dd/mm/yyyy)

6. What was the date of your last cholesterol check?.....Date (dd/mm/yyyy) / /

7. What were your cholesterol readings at that time?

Cholesterol	Triglycerides
LDL Cholesterol	HDL Cholesterol

8. How has your doctor described your cholesterol control?

Excellent Good Poor Other

If **other**, please provide details

9. When is your next cholesterol check up?.....Date (dd/mm/yyyy) / /

Declaration

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 to be insured

Signature (sign clearly within the box) X Date (dd/mm/yyyy) / /

Postal address

OnePath
Locked Bag 994
North Sydney NSW 2059