

4. Have you ever sought medical treatment because of drug usage or detoxification? Yes No

If **yes**, please state dates, names and addresses of doctors and institutions consulted:

Name of Dr.	<input type="text"/>	Date consulted (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<input type="text"/>		
Suburb/Town	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Name of Dr.	<input type="text"/>	Date consulted (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<input type="text"/>		
Suburb/Town	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>

5. Have you ever been treated on a methadone programme? Yes No

If **yes**, please provide dates, and do you still participate?

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. Have you ceased taking drugs? Yes No

If **yes**, date ceased taking drugs (dd/mm/yyyy) / /

7. Please state any further relevant particulars which may have bearing on any past or present use of drugs:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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 Insured	<input type="text"/>
Signature	<input type="text" value="X"/>
Date (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>

Postal address
 OnePath
 Locked Bag 994
 North Sydney NSW 2059