

6. Please provide details of all people you have consulted for this condition in the table below:

Name and address of doctor/ health professional	Type (e.g. doctor, chiropractor, physiotherapist etc.)	Date last consulted (dd/mm/yyyy)	Treatment prescribed (e.g. steroids, anti-inflammatory drugs, surgery, acupuncture, etc.)
		/ /	
		/ /	
		/ /	

7. Have you had any time off work due to this condition? Yes No

If **yes**, please provide the dates and duration:

8. Do you have any residual pain, limitation of movement or restriction of any kind? Yes No

If **yes**, please provide details:

9. Are your work duties or activities limited/affected by the condition?..... Yes No

If **yes**, please provide details:

10. Are you still undergoing treatment? Yes No

If **yes**, please provide details:

11. Overall do you feel that your condition is:..... Resolved Improving Stable Deteriorating

12. What was the date of your last symptoms? 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) Date (dd/mm/yyyy)

Postal address
 OnePath
 Locked Bag 994
 North Sydney NSW 2059