Application Form to Add or Increase Child Cover Non Super

OneCare

December 2015

OnePath Life Limited (OnePath Life)
ABN 33 009 657 176 AFSL 238341

Customer Services		**Risk Adviser Services**	
Phone	133 667	For use by advisers only	
Email	customer.risk@onepath.com.au	**Phone**	1800 222 066
Website	onepath.com.au	**Email**	risk.adviser@onepath.com.au

Before you sign this Application Form, be aware that OnePath Life or your adviser is obliged to have provided you with a Product Disclosure Statement (PDS) containing a summary of the important information about the product(s) you are applying for.
This information will help you to understand the product(s) and decide whether the product(s) is appropriate for your needs.

The policy owner's duty of disclosure

Before a policy owner enters into a life insurance contract, they have a duty to tell OnePath Life anything that they know, or could reasonably be expected to know, may affect OnePath Life's decision to provide the insurance and on what terms.

The policy owner entering into the contract has this duty until OnePath Life agrees to provide the insurance.

The policy owner entering into the contract has the same duty before they extend, vary or reinstate the contract.

The policy owner entering into the contract does not need to tell OnePath Life anything that:

• reduces the risk OnePath Life insures you for

• is of common knowledge

• OnePath Life knows or should know as an insurer, or

• OnePath Life waives your duty to tell it about.

If the life insured does not tell OnePath Life something

If the insurance is for the life of another person and that person does not tell OnePath Life something that they know, or could reasonably be expected to know, may affect OnePath Life's decision to provide the insurance and on what terms, this may be treated as a failure by the policy owner entering into the contract to tell OnePath Life something that they must tell OnePath Life.

If the policy owner entering into the contract does not tell OnePath Life something

In exercising the following rights, OnePath Life may consider whether different types of cover can constitute separate contracts of life insurance. If it does, OnePath Life may apply the following rights separately to each type of cover.

If the policy owner entering into the contract does not tell OnePath Life anything the policy owner is required to, and OnePath Life would not have provided the insurance or entered into the same contract with the policy owner if they had told OnePath Life, OnePath Life may avoid the contract within three years of entering into it.

If OnePath Life chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using aformula that takes into account the premium that would have been payable if the policy owner had told OnePath Life everything they should have. However, if the contract provides cover on death, OnePath Life may only exercise this right within three years of entering into the contract.

If OnePath Life chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time vary the contract in a way that places it in the same position it would have been in if the policy owner had told OnePath Life everything they should have. However this right does not apply if the contract provides cover on death.

If the failure to tell OnePath Life is fraudulent, OnePath Life may refuse to pay a claim and treat the contract as if it never existed.

Your duty of disclosure continues until the contract of life insurance has been accepted and the policy has been issued by OnePath Life. Please make sure you answer all applicable questions completely and truthfully.

Policy number	
Name of policy owner	
Address of policy owner	
Suburb/Town	State	Postcode
Phone Home	Work
Mobile	
Email	

1. Name of child

☐ New Policy ☐ Increase to OnePath policy

First name/surname	Male/ Female	Date of birth (dd/mm/yyyy)	Amount insured/sum insured increasing to	Relationship to life insured
1.		/ /	$ ☐☐☐,☐☐☐	
2.		/ /	$ ☐☐☐,☐☐☐	
3.		/ /	$ ☐☐☐,☐☐☐	

Child Cover

2. Do any of the children have any Life, TPD or Trauma Cover with OnePath Life or any other Insurance company?......................... ☐ Yes ☐ No

If **yes**, please provide details.

Name of child	Name of company	Type of cover	Amount insured	Date commenced (dd/mm/yyyy)	Will this policy be discontinued/ replaced?
1.			$ ☐,☐☐☐,☐☐☐	/ /	☐ Yes ☐ No
2.			$ ☐,☐☐☐,☐☐☐	/ /	☐ Yes ☐ No
3.			$ ☐,☐☐☐,☐☐☐	/ /	☐ Yes ☐ No

	Child 1 Name	Child 2 Name	Child 3 Name
3. Has this child ever had:			
• high blood pressure?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• rheumatic fever or any heart complaint?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• asthma, tuberculosis or any other lung disease?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• cancer, cyst, lesion or tumour of any kind?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• diabetes?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• indigestion, or gastric or duodenal ulcer?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Ye ☐ No
• epilepsy, fainting attacks or fits of any kind?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• a physical or neurological defect, impaired sight or hearing?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• anaemia, leukaemia, haemophilia or any other blood disorder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• kidney, liver or gall bladder problems, including hepatitis of any kind?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• or been diagnosed with, investigated for or displayed symptoms of any form of mental underdevelopment, incapacity or retardation?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Has this child ever:			
• been advised to have an operation or surgery in the future?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• been infected with the virus which causes AIDS (the Human Immunodeficiency Virus) or are they carrying antibodies to that virus?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• been injected with or used any drug not prescribed by a medical practitioner?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
• received a blood transfusion or treatment with human blood products?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Has the child's mother, father, brother or sister:			
• suffered from diabetes, heart disease, cancer, stroke, mental disorder or breakdown, kidney disorder, Huntington's disease, multiple sclerosis, muscular dystrophy, motor neurone disease or any other hereditary disease?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

For any **yes** answer for questions 3, 4, or 5, please advise the name of condition, dates of treatment, name and address of doctors or hospitals consulted and the relationship of the person who had the condition to the child.

Child 1

Child 2

Child 3

Declarations

Information about OnePath's other products and services

I/We accept that OnePath Life and other members of the ANZ group of companies may send me/us information about its other products or services from time to time. If you do not want OnePath Life or other members of the ANZ Group to send you such information, phone 133 667 to withdraw your consent.

- I/We have received the OneCare Product Disclosure Statement (PDS) which accompanies this Application Form and have read and understood the duty of disclosure on page 1 of this Application Form.

- I/We authorise my/our adviser to receive and access my/our personal information including medical and other matters, whether disclosed in this application or obtained from third parties (e.g. doctors), for the purposes of management and administration of my/our application, policy/policies and any claims. Where there is any change to this authority, or to my/our adviser, I/we will notify OnePath Life of the change.

- I/We understand that if OnePath Life is notified of a change in my/our personal information, OnePath Life will make this change on other life risk policies where I am/we are a policy owner, life insured, nominated beneficiary or nominated medical practitioner.

- I/We, whose signature(s) appears below, declare that the statements made in this Application Form are true and complete.

- As policy owner(s) I/we understand that if I/we have not fully disclosed all known circumstances relevant to the Child Cover before the policy/cover commences, then OnePath Life may elect to decline to pay the claim or to reduce the payment of any claim arising from those known circumstances.

- I/We understand that all covers issued are conditional upon the policy owner disclosing all matters known to them that are relevant to OnePath Life's decision to issue any cover. If this condition is not met, the policy and/or cover may be cancelled and/or a benefit be reduced or not paid.

- I/We understand that if this application is to replace another life insurance policy (the 'other policy'), that I/we must cancel the other policy upon acceptance of this life insurance policy. In any event, if I/we do not cancel the other policy, the benefits paid under this policy will be offset or reduced to the extent of any of the benefits the policy owner is entitled to under the other policy.

- I/We understand that the insurance I/we have applied for will not become effective until my/our application is accepted by the insurer in writing.

- I/We consent to the collection, use, storage and disclosure of my/our personal information (including health information) as described in our Privacy Policy which is available at our website onepath.com.au or by calling Customer Services on 133 667.

- If I /we have provided information about another person in this application (for example a beneficiary or life insured), I/we declare that I /we have the consent of that person to do so. I /We understand that OnePath Life requires me/us to inform the person concerned that I/we have done so and direct them to our Privacy Policy which is located at our website onepath.com.au

Signature(s) of policy owner(s)   ✗ [   ]   Date (dd/mm/yyyy) [/ /]

Signature(s) of policy owner(s)   ✗ [   ]   Date (dd/mm/yyyy) [/ /]

Head office	State offices				
Office located at	**New South Wales**	**Western Australia**	**Queensland**	**South Australia**	**Victoria**
242 Pitt Street	347 Kent Street	77 St. Georges Tce	111 Eagle Street	11 Waymouth Street	55 Collins Street
Sydney NSW 2000	Sydney NSW 2000	Perth WA 6000	Brisbane QLD 4000	Adelaide SA 5000	Melbourne VIC 3000
Postal address					
OnePath Life	GPO Box 483	PO Box 7737	PO Box 1051	GPO Box 435	GPO Box 481
GPO Box 4148	Sydney NSW 2001	Cloister Square	Brisbane QLD 4001	Adelaide SA 5001	Melbourne VIC 8060
Sydney NSW 2001		Perth WA 6850			

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