

Supplementary Personal Statement

Parachuting questionnaire

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 ☐ Miss ☐ Dr ☐ Other

Surname

Given name(s)

Date of birth (dd/mm/yyyy) / /

Please answer the following questions

1. How long have you been parachuting? (a) Years (b) Total jumps

2. Do you jump in competitions? ☐ Yes ☐ No

If **yes**, please give details:

3. How many jumps do you complete per annum?

4. Are you a member of a parachute club? ☐ Yes ☐ No

If **yes**, please give details:

a) Name of club:

b) Type of licence held:

5. Please give the locations where you regularly jump:

6. Please supply details of any accidents suffered while parachuting:

7. Have you ever engaged in, or do you anticipate engaging in, any record attempts, testing or any unusual activities, e.g. BASE jumping?

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 Zurich, to decide whether to extend life insurance cover to the policy owner in respect of my life.

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and Zurich's Privacy Policy, which is available at zurich.com.au/important-information/privacy or by calling Customer Care on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give Zurich personal information about someone else, I understand that Zurich requires me to show them a copy of the Product Disclosure Statement and Zurich's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by Zurich and their related entities.

Name of life insured

Signature

X

Date (dd/mm/yyyy)

/ /

