

8. How has your doctor described your asthma? Mild Moderate Severe

9. Have you ever used any medication, including steroids? Yes No

If **yes**, please provide details:

Type	Date commenced (dd/mm/yyyy)	Frequency (e.g. daily, weekly, etc.)	Dosage	Date ceased (if applicable) (dd/mm/yyyy)	Reason for cessation
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	
	/ /			/ /	

10. Have you ever been hospitalised due to asthma? Yes No

If **yes**, please provide details. Date from (dd/mm/yyyy) / / Date to (dd/mm/yyyy) / /

Name and address of hospital:

11. Have you ever had lung function tests performed? Yes No

If **yes**, please provide details:

Date (dd/mm/yyyy)	Test results
/ /	
/ /	

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

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

Postal address
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