

Medical Authorisation 15 November 2010

GPO Box 4148

Sydney NSW 2001

OnePath Life Limited (OnePath Life)

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Website onepath.com.au

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Details of life insu	ıred								
Application/policy nun f known	nber(s)								
Γitle	Mr	Mr Mrs Ms Dr Other							
Surname									
First name(s)									
Date of birth	DD/MM/Y	DD/MM/YYYY Date of application(s)							
Doctor's Authoris	ation								
Го be completed and s	igned by the Life Insure	ed.							
Please sign Authoris	ation								
Го Doctor:									
		r personal medical histo milar) of this authorisation			6 or any organisation duly				
Name				Date	e of birth DD/MM/YYYY				
Address									
Suburb/Town			State	F	Postcode				
Signature	×				Date DD/MM/YYYY				
Please sign Authoris	ation								
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Name				Date	e of birth DD/MM/YYYY				
Address									
Suburb/Town			State	F	Postcode				
Signature	X				Date DD/MM/YYYY				
Head office	State offices								
Office located at 347 Kent Street Sydney NSW 2000	New South Wales Level 10 347 Kent Street Sydney NSW 2000	Western Australia Level 17 Forrest Centre 221 St. Georges Tce Perth WA 6000	Queensland Level 17 100 Edward Street Brisbane QLD 4000	South Australia Level 1 45 Pirie Street Adelaide SA 5000	Victoria Level 22 570 Bourke Street Melbourne VIC 3000				
Postal address	GPO Boy 483	PO Box 7737	GPO Rox 307	GPO Box 435	GPO Box 481				

INVESTMENT INSURANCE SUPERANNUATION 1 of 1

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Adelaide SA 5001

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