



fidelity life

Mortgage protector. Application form.

November 2023



*Fidelity Life has an A- (Excellent) financial strength rating from A.M. Best. The rating scale that this rating forms part of is available for inspection at our offices. For more information please visit Fidelity Life's [financial strength page](#).

Please read these instructions before completing the application.

This application is scanned and data is input electronically. Please follow these instructions carefully so there are no delays in processing.

- Please do not write on this page or inside the perforated section of the spine, as the front page and spine are detached and discarded for processing purposes when received by Fidelity Life.
- Any notes should be included on the "Additional information" page (refer to page 9).
- If completing by hand, use a black pen where possible and print in BLOCK CAPITALS within the spaces provided, e.g.

C | H | R | I | S | | J | O | N | E | S

- Do not leave empty boxes at the start of lines containing words, but leave a space between words.
- Always attach an illustration.
- Remember to complete all questions in the required sections. Any alterations made must be initialled by the life to be insured and policy owner where applicable.

Important information.

If the sum insured or monthly benefit exceeds that shown in the table, a full application form must be completed.

Age of Life to be Insured	Sum Insured	Monthly Benefit
16 – 50	\$500,000	\$4,000
51 – 59	\$150,000	\$1,500
60 plus	\$0	N/A

1. Adviser to complete.

	Adviser name.	Adviser number.	I/C % split.	R/C% split.
1.	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
2.	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %

See attached quote.

Commencement date for direct debits only.

– monthly 1st to 28th

– fortnightly 1st to 31st

Day of week Month Year

Joint Life Applications – where the policy comprises more than one life,

do you wish the policy to be issued on acceptance of any one life? Yes No

is this application to amend an existing policy? Yes No

• If 'Yes', please give policy number and complete Alteration request form (on page 15)

Is this application dependent on completion of any other arrangement? Yes No

• If 'Yes' please give details in the Additional information section on page 9.

Adviser declaration.

- I confirm that all relevant information discussed with me by the applicant(s), at the time this application was completed, has been recorded on this application form.
- To the best of my knowledge and belief, the answers given on this application form, and any attached personal statements, are true and correct and in accordance with all the information given to me.
- I have provided the applicant(s) with verbal disclosure of their right to cancel the policy within 14 days of receipt of the policy, by contacting Fidelity Life on 0800 88 22 88.
- If pages of the application form have not been submitted, I confirm that those pages are blank pages that contain no information.

Name of Adviser

Adviser signature

Date (DD/MM/YYYY)

2. Credit card payment.

If you have requested to pay on a recurring basis by credit card your financial adviser will send you a registration link to a secure website where you can register your credit card to automatically pay for your premiums. (Please ensure that your email address is included on page 4 or 5 of this application form).

Please note:

1. It is important that you register your credit card within 7 days of receiving this email. Should you need any assistance with this link, please contact the Fidelity Life customer care team.
2. Credit card payments will be accepted for all monthly, quarterly, half-yearly and annual premiums.
3. If you have any questions about the credit card payment system, please call new business on telephone 0800 88 22 88 option 2 and then option 1.

3. Duty of disclosure. Please read before completing application.

What you need to tell us.

1. **Always tell the truth.** You must tell us everything that may affect our decision to insure you. Insurance is based on the principle of utmost good faith. Put simply you have a positive duty to provide truthful, complete and correct information about yourself, including your health and medical history. Your duty of disclosure extends to the date the contract of insurance commences. For example, you are required to tell us if you are diagnosed with a medical condition after the date of your application, but before we agree terms of cover we may offer. If we offer to cover you, you will be insured on the basis of the information you have provided.
2. **Answer questions as fully as you can.** Applying for insurance involves responding to a number of questions. Your answers need to include as much detail relating to your current and past circumstances as possible. While this may take time, it is important to ensure that we have all the information we need when we make the decision to insure you and on what terms.
3. **If in doubt, tell us.** Be aware the law does not distinguish between innocent or deliberate non-disclosure. If you are uncertain of the relevance of any information, please include it on your form because, even if you aren't sure, it may be important to us. If someone else is completing the form on your behalf, it is important that you check that the information is correct and nothing has been left out.
4. **If you don't know something, say so.** If you say that you don't know what the answer is and we think we need more information about your answer to a question so we can offer you insurance, we will need to obtain the information from somewhere else. By signing the declaration and consent, you give us your consent to get this information.
5. **Know what you're signing.** By signing the declaration on your form, you are saying that you have answered all the questions completely and to the best of your knowledge, as well as providing any other information that may influence our decision about your policy. If you are uncertain about any of your answers, ask your adviser or us before signing the declaration. By completing and signing the declaration you are agreeing to be bound to Fidelity Life's terms.
6. **How non-disclosure affects claims.** When you make a claim we may look further into your personal history. If we discover that you did not provide us material information we may avoid your policy and no claim will be payable or at our discretion amend the terms of your insurance policy. It does not matter if the new information is about a condition unrelated to your claim. If we avoid your policy from its inception, this means that you would not be able to make a claim as no policy would exist. In addition, all premiums paid may be forfeited.
7. **Help us to help you when you need to claim.** Depending on what you tell us on your claim form, we might need more information to make a decision about your claim. We may get this information by calling you, asking you to fill out another form or asking you to have a medical test. Sometimes we will need to get information from other people who may include your doctor, your employer, ACC or other government departments. By signing the consent form you give us the consent to do this.
8. **Know what are consenting to.** We can only request information that we need to assess your application for insurance or for payment of a claim. At all times, you have the right to access the information we hold about you and, if it is wrong, to ask us to correct it.
9. **Don't be afraid to ask.** If there is anything you're not sure of, don't be afraid to ask. Contact your adviser, or phone Fidelity Life on 0800 88 22 88.

4. Medscreen.

- Medscreen (a medical service company) provides a convenient way for you to supply Fidelity Life with personal medical information sometimes required for insurance cover.
- The service uses qualified nurses to conduct medical assessments and/or blood tests for Fidelity Life.
- It is available for applications which are over non-medical limits, or outside our normal build range.

Are you happy for Medscreen to contact you if we need more information? Yes No

5. Telephone underwriting.

To speed up the acceptance of this application, if we need further information we will contact you directly (e.g. via email or telephone) unless you indicate otherwise.

No - please do not contact me Yes - when is the best time? a.m / p.m

6. Lives to be insured.

Life (1)

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Residential address

Mailing address, if different from above

Gender* Male Female Date of birth (DD/MM/YYYY)

What is your – Height? cm or ft inches Weight? kg or st lbs

Has your weight changed more than 5kgs in the last year? Yes No If 'Yes', it increased by kg/lbs or decreased by kg/lbs

Please provide reason for weight change

Previous surname (if applicable)

Phone number Email

Occupation Industry

Average Gross Annual Earnings (net of expenses) \$

Duties Hours worked per week

What percentage of these duties require manual or physical work? (i.e. non-clerical or desk-based work)

Major Duty	%	Major Duty	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you self employed? Yes No Gross Annual Earnings (net of expenses) \$

Is life to be insured to be a policy owner?.....Yes No

*Fidelity Life recognises that gender is diverse. This question refers to assigned sex at birth which is used for underwriting purposes. If you have any questions, or require further information please discuss with your Adviser.

6. Lives to be insured (continued).

Life (2)

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Residential address

Mailing address, if different from above

Gender* Male Female Date of birth (DD/MM/YYYY)

What is your – Height? cm or ft inches Weight? kg or st lbs

Has your weight changed more than 5kgs in the last year? Yes No If 'Yes', it increased by kg/lbs or decreased by kg/lbs

Please provide reason for weight change

Previous surname (if applicable)

Phone number Email

Occupation Industry

Average Gross Annual Earnings (net of expenses) \$

Duties Hours worked per week

What percentage of these duties require manual or physical work? (i.e. non-clerical or desk-based work)

Major Duty	%	Major Duty	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you self employed? Yes No Gross Annual Earnings (net of expenses) \$

Is life to be insured to be a policy owner?.....Yes No

*Fidelity Life recognises that gender is diverse. This question refers to assigned sex at birth which is used for underwriting purposes. If you have any questions, or require further information please discuss with your Adviser.

We'll always communicate with you via email. If you prefer your policy documents sent by post, let us know.

Select email address to be used – Life (1) if policy owner Life (2) if policy owner

7. Other insurance arrangements.

- a. Are you currently applying to any other company?..... Life (1) Yes No Life (2) Yes No
- b. Do you have any life or trauma/critical illness or disability insurance? Life (1) Yes No Life (2) Yes No
- If 'yes' to questions a. or b. please give details.

Life (#)	Company	Year issued	Type	Sum insured	Status (applied for / in force / cancelled)

- c. Is this application replacing an existing policy, or a policy discontinued within the last 6 months, with Fidelity Life or any other company? Yes No Yes No

8. Policy/mortgage information.

Please complete which Basis of Cover is applicable and complete relevant details:

- 115% of mortgage repayment** (investment or residential property)

Principal \$ Repayment \$ per month Term of Mortgage | years

Financial requirements for all levels of cover – copy of loan document or bank statements showing 2 consecutive mortgage repayments.

- 45% of income**

In all cases financial requirements are a copy of payslip (employee) or 2 years accounts/tax returns (self employed). Additional financial requirements for cover over \$5,000 per month are a copy of loan document or bank statements showing 2 consecutive mortgage repayments.

If the level of Monthly Mortgage Repayment cover plus top-up Indemnity Income Protection cover exceeds \$10,000 per month, then proof of income is also required.

If top-up Agreed Value Income Protection cover is applied for, then proof of income is also required.

Notes

- a. If the monthly benefit is over \$5,000, confirmation of whether any rent is received will be required.
- b. If the total monthly disability benefit is over \$15,000, a Confidential financial questionnaire is required.

9. Residence and travel.

Residency Status (please tick one)

- Life (1) Life (2) Citizen or Permanent Resident of New Zealand
- Life (1) Life (2) Other (please provide details)
- Applied for Permanent Residency
- Work Visa/valid for more than 12 months

- b. Do you intend to travel to (other than on holidays) or live in another country? If 'Yes', please give details..... Yes No

Life (#)	Country	City/Province	Purpose	Duration

10. Hazardous pursuits and activities.

If the answer to any of these questions is 'Yes', please complete the Hazardous occupation or pursuits questionnaire for each pursuit/activity (If more than two pursuits or activities please use the notes pages also).

Do you participate or intend to participate in any of the following: Life (1) Yes No Life (2) Yes No

- Aviation (other than as a fare-paying passenger)
- Hang-gliding/kiting
- Motor sport – any form, including off-road activities or power boat racing
- Scuba diving
- Mountaineering, rock climbing, abseiling or caving
- Parachuting
- Any other hazardous sports/pastimes/activities (e.g. martial arts, competitive horse riding, hunting, etc.)

11. Medical records.

Life (1) Doctor's details

a. Please give details of your usual doctor below

Name	
Medical practice	
	City

b. How long have you been with your usual doctor? Years Months

c. Are your medical records held under the same doctor's name as shown in Section 11.a. above? Yes No
 If 'No', please give details of the doctor who holds your records (i.e. if different from above)

Life (2) Doctor's details

a. Please give details of your usual doctor below

Name	
Medical practice	
	City

b. How long have you been with your usual doctor? Years Months

c. Are your medical records held under the same doctor's name as shown in Section 11.a. above? Yes No
 If 'No', please give details of the doctor who holds your records (i.e. if different from above)

12. Personal statement.

- | | Life (1) | Life (2) |
|--|--|--|
| a. Do you currently, or have you in the last 12 months smoked tobacco, or used nicotine replacement (incl. vaping with nicotine)?..... | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| If yes, what? <input style="width: 150px;" type="text"/> How many per day? <input style="width: 50px;" type="text"/> | | |
| b. If you haven't smoked in the last 12 months, have you ever smoked?..... | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| If yes, date last smoked (DD/MM/YYYY) <input style="width: 150px;" type="text"/> | | |
| c. Have you used marijuana, heroin, cocaine, narcotics, barbiturates, recreational or psychoactive drugs, or any other non-prescription drugs other than in accordance with manufacturers instructions? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| If yes, please give details below | | |
| | | |
| d. Do you drink alcohol (including Kava)?..... | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| If yes, number of standard drinks* per day <input style="width: 50px;" type="text"/> week <input style="width: 50px;" type="text"/> month <input style="width: 50px;" type="text"/> *a standard drink = 1 nip of spirits or 1 glass of wine or 1 glass of beer | | |
| e. Have you ever been advised by a medical practitioner to reduce or stop your alcohol consumption or have you ever had a consultation or been treated for addiction to, or abuse of, alcohol and/or drugs? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| If 'Yes', please give details below | | |
| | | |
| f. Are you now under medical observation or undergoing treatment? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| g. Have you been advised to have any tests, treatment or operation?..... | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| h. Have you had any medical exam, tests, X-rays or surgery in the last five years? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| i. Have you been prescribed medication on a regular basis? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| j. Are you considering seeking advice or treatment for your health?..... | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| k. Have you ever received, or are you expecting to receive any medical treatment, advice or blood tests connected with HIV, AIDS or any AIDS related condition?..... | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| l. Have you had hepatitis B, C, or any sexually transmitted disease?..... | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| m. Have you had a blood transfusion, treatment with blood products or received an organ transplant? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| n. Have you ever had or experienced symptoms of asthma, lung disorder, COVID-19, any heart complaint, high blood pressure, high cholesterol, epilepsy, mental or nervous disorder, depression, kidney disease, liver or bowel disorder, diabetes, cancer, back, muscle or joint disorder, or counselling for health related issues?..... | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| o. Is your health impaired in any way (by disease or defect, congenital or otherwise)? e.g. deafness | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| p. Are you currently able to engage fully in your normal occupation or activities? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| q. Have you ever received sickness, accident or ACC benefits? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| r. Have you ever been declared bankrupt, or are you pending bankruptcy? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| s. Are you currently under investigation for, or have you ever been charged with or convicted of, a criminal offence? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| If you have answered 'Yes' to any of these questions, please give details here: | | |

Life (#)	Question	Date	Conditions/Details

13. Your family history.

- | | Life (1) | Life (2) |
|--|--|--|
| Has any blood-related immediate family member (father, mother, brother, sister) had or been diagnosed with: | | |
| a. Diabetes, high blood pressure, heart disease, stroke, high cholesterol, kidney disease, mental health condition (including depression), breast, cervical, ovarian, colon or other cancer? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| b. Multiple Sclerosis, muscular dystrophy, motor neurone disease, cystic fibrosis, familial polyposis, haemochromatosis, Huntington's chorea or any familial disease or inherited disorder? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| If 'Yes', to either 'a' or 'b' above, please complete the table below | | |

Relation	Life (1)	Age at diagnosis		Life (2)	Age at diagnosis		Age at death	
	List ALL conditions and cause of death if applicable If cancer, please give type and site.	Current age	OR	Age at death	List ALL conditions and cause of death if applicable If cancer, please give type and site.	Current age	OR	Age at death
Mother								
Father								
Brother								
Sister								

Additional information.

Question Number	Applicant's/Child's name	

Declaration.

Your Duty of disclosure for the life to be insured and policy owner(s).

Before you enter a contract of insurance you have a duty to disclose to Fidelity Life every matter that is relevant to Fidelity Life's decision whether to accept the risk of insurance and if so on what terms. You have the same duty to disclose those matters to Fidelity Life that occur after signing this application and before your contract of insurance commences. You also have the same duty to disclose those matters to Fidelity Life before you apply to increase or reinstate your insurance. If you fail to comply with your duty of disclosure, Fidelity Life may cancel your policy from inception, or at its discretion, alter the amounts and terms of the insurance or decline to consider any claim/s. If Fidelity Life cancels your policy from inception, all premiums paid may be forfeited.

Privacy Act 2020 and The Health Information Privacy Code 2020.

- This application collects personal information about you, the **life to be insured and the policy owner(s)**. You have the right of access to, and correction of, your information.
- The personal information and any additional information obtained, (including medical and financial information) will be used by Fidelity Life, its subsidiaries, its officers, its advisers, reinsurers and other companies for processing on Fidelity Life's behalf, to calculate and administer the insurance you apply for and for the purposes and promotion of insurance and investment services to you. The information may also be used for statistical purposes provided you are not identified.
- Your personal information is held at Fidelity Life's Auckland office, or by one of Fidelity Life's storage providers and through cloud-based services in New Zealand and Australia who store information on our behalf.
- The information may be disclosed outside of the Fidelity Life group of companies where the disclosure is necessary for one or more purposes for which the personal information was collected, to the adviser named on this application (or allocated to your business), where required by law, to the policy owner or with your consent.
- If blood tests are required in connection to this application, results will be provided to your general practitioner named in this application.

Declaration and authority by life to be insured and policy owner(s).

- I/We have read the notice explaining my/our duty of disclosure and have had an opportunity to discuss it with my/our adviser. I/ We understand the contents in the Duty of disclosure and wish to proceed with my/our application with that understanding. I/We have completed the sections in this application required to be completed. If I/we have not done this, I/we declare that I/we have read the completed application and the information given (including any personal statement) is true, accurate and complete.
I/we have not withheld or misstated any material fact.
- No statement affecting this insurance has been made to any representative of Fidelity Life that is not recorded in this application.
- I/We acknowledge that the information I/we have provided and the information provided by anyone else on my/our behalf in this application will form the basis of the contract of insurance between me/us and Fidelity Life.
- I/We understand if additional information is required to process my/our application for insurance, I/we may be telephoned by an underwriter. The information that I/we provide to the underwriter will form part of my/our application for insurance.

- I/We will immediately notify Fidelity Life of any circumstances affecting the risk that may occur after signing this application and before the contract of insurance commences.
- I/We understand that the contract of insurance with Fidelity Life will not commence until this application has been accepted by Fidelity Life, acceptance terms have been agreed to by the policy owner(s) and received by Fidelity Life and until payment of the premium is received, or receipt of a valid direct debit to operate within 30 days.
- If I/we have provided my/our email address in this application, or if I/we provide it at some stage in the future, I/we consent to receive emails from Fidelity Life in respect of Fidelity Life and any further services.
- I/We have read and understand the sections in this application headed Privacy Act 2020 and The Health Information Privacy Code 2020, and Statement of Consent by Life to be Insured. I/we authorise Fidelity Life to disclose any personal information that it holds about me, to any person where the disclosure is necessary for one or more purposes for which the personal information was collected.

Statement of consent by life to be insured.

- I/We authorise Fidelity Life to obtain any information about me from any person and/or entity including, but not limited to, any and all health treatment providers (i.e. medical practitioner, specialist, hospital, clinic, counsellor, psychologist, therapist, dentist, alternative health practitioner), insurers, Accident Compensation Corporation, or any similar organisation, employers (whether current or not), accountants, consultants, financial advisers, banks, financial institutions, any credit rating agencies and public authorities.
- I/We authorise any person and/or entity, including any of those listed above, to give any information about me to Fidelity Life, or to other companies for collection on Fidelity Life's behalf.
- I/We agree that a photocopy of this statement of consent shall be as valid as an original and is sufficient evidence of my consent and authority to the disclosure of my information.

Acceptance of Fidelity Life's Policy terms.

- I/We understand that Fidelity Life decides whether to accept my/our application and, if so, on what terms. Subject to the 14-day free look period described below, I/we agree in advance to always accept Fidelity Life's terms including but not limited to the premium, any exclusions and any other variations to the standard terms. If my/our application is acceptable on terms that differ from those originally requested by me/us, my/our adviser/broker will contact me/us for approval of any changes.

14-day free look.

- I/We understand that my/our contract of insurance can be cancelled during the 14-day free look period and all premiums refunded to me/us.

Fidelity Life has an A- (Excellent) financial strength rating given by A.M. Best.

A- Excellent	Secure	Vulnerable	
	A++, A+ (Superior) A, A- (Excellent) B++, B+ (Good)	B, B- (Fair) C++, C+ (Marginal) C, C- (Weak) D (Poor)	E (Under Regulatory Supervision) F (In Liquidation) S (Suspended)

The A.M. Best financial strength rating relates to Fidelity Life's insurance and investment business. For the latest ratings, visit www.ambest.com. AM Best have not provided this rating as a recommendation. The scale of which this rating forms part of is available from Fidelity Life.

Signature of life to be insured (1)

Date (DD/MM/YYYY)

Signature of life to be insured (2)

Date (DD/MM/YYYY)

Signature of parent/guardian/employer for person under age 18

Date (DD/MM/YYYY)

Signature of policy owner(s)

(If company-owned, authorised signatory must sign and indicate they are signing on behalf of the Company and their position in the Company.)

1.

Date (DD/MM/YYYY)

2.

Date (DD/MM/YYYY)

3.

Date (DD/MM/YYYY)



Replacement form.

This form must be completed when existing insurance cover is intended to be replaced. There are 4 sections to complete – this should be done together with your adviser.

Replacement means an existing cover, policy or contract is cancelled and replaced with a new one.

There can be risks involved with replacement. It's important your adviser provides you with a detailed comparison before the replacement takes place. The comparison and explanation must include:

1. The differences between the existing cover or policy and the proposed cover with Fidelity Life (including the policy wording and definitions).

2. The advantages and disadvantages of replacing the cover or policy.
3. Any impact the personal circumstances of the life insured could have (including health, occupation, participation in hazardous pursuits).
4. Cost.

Important Information.

It's important to give full information to Fidelity Life so that an accurate and complete assessment can be made. This relates to all information about the insured person's individual situation.

1. Details of existing insurance (cover being replaced).

Insured person	Insurance company	Cover type	Sum insured	Date cover started	Special terms or conditions

What are the reasons the existing cover is being replaced? Please provide full detail.

1.
2.
3.
4.

2. Details of proposed replacement cover (new cover).

Insured person	Cover type	Sum insured

Why has this cover been recommended? Please provide full detail.

1.
2.
3.
4.

3. Identified risks.

What are the risks or disadvantages of going ahead with this replacement? (i.e. what is not covered in the new policy but was covered by the existing cover, change in personal circumstances / health, stand-down periods of benefits etc.)

1.

2.

3.

4.

4. Declarations.

Policy owner to complete.

I confirm that my adviser has provided a detailed comparison between the existing policy and the proposed replacement policy. I have had a full explanation of the benefits and risks of proceeding with this replacement and I want to proceed with my application for this new policy.

Full name of policy owner

Signature

Date (DD/MM/YYYY)

Full name of policy owner

Signature

Date (DD/MM/YYYY)

Adviser to complete.

I confirm I have provided a full comparison between the existing policy and the proposed replacement policy to the policy owner and an explanation of the risks and benefits of changing. I understand that until the terms and conditions of the proposed replacement business are known, the policy owner won't be able to make a fully informed decision.

Adviser name (please print)

Adviser signature

Date (DD/MM/YYYY)

The original of this form should be kept by you as the policy owner(s) and your adviser must keep a record on your customer file(s).

Please complete and return:

- **By email:** scan and send to customerservice@fidelitylife.co.nz
- **By post:** Fidelity Life, PO Box 37–275 Parnell, Auckland 1151

STB <input type="text"/>	Policy number(s) <input type="text"/>	Contact phone number (<input type="text"/>) <input type="text"/>
Office use only		
I would like to pay: <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half-yearly <input type="radio"/> Annually		

Direct debit authority.

Direct debit authority.

Name on my account to be debited (acceptor): <input type="text"/>	Initiator's authorisation code 0 6 0 4 9 0 2 Approved <hr/> 490 04/20
Name of my bank: <input type="text"/>	
My bank account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Bank Branch Account Suffix <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debits from **Fidelity Life Assurance Company Limited** with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Please include the following information on my bank statement:

Authorised signature(s):

Date (DD/MM/YYYY)

Specific conditions relating to notices and disputes.

- For scheduled payments the initiator is required to give you a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series.
The notice is to include:
 - The dates of the debits, and
 - The amount of each direct debit.
 - If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 30 calendar days before the change, or
 For variable payments the initiator is required to give you a written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit, or
 For customer-initiated payments the initiator may only send a direct debit if you have:
 - Asked the initiator to send it, and
 - Agreed the amount of the direct debit, and
 The initiator is required to give you a written notice of the amount and date of each direct debit no less than the date of the debit.
- I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
 - I don't receive a written notice of the amount and date of each direct debit from the initiator, or
 - I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
- If the bank dishonours a direct debit but the initiator sends the direct debit again once within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.



Alteration request.

Policy number

Insured person(s).

Last name

First name

Date of birth (DD/MM/YYYY)

Email address

Phone number

Last name

First name

Date of birth (DD/MM/YYYY)

Email address

Phone number

Policy owner(s).

Last name

First name

Date of birth (DD/MM/YYYY)

Email address

Phone number

Last name

First name

Date of birth (DD/MM/YYYY)

Email address

Phone number

I/We request that the policy be altered as follows (please tick which action is required)

- Increase/addition*
- Decrease
- Other

*Requests for increases in cover or new covers may be subject to underwriting criteria and if accepted may be issued on different terms

Cover	Change from	To



Alteration request.

With effect from (DD/MM/YYYY) New total premium \$

Payable Monthly Half yearly Annual Other

Paying by direct debit Existing New (attached)

Declaration.

I understand and agree that:

- this form, together with the application will be the basis of the contract for the altered insurance.
- any endorsement, and/or special terms and conditions on the current covers will also apply to any change in those covers unless advised otherwise by Fidelity Life.

Insured person (please print)	Insured person signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Policy owner (please print)	Policy owner signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Policy owner (please print)	Policy owner signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Policy owner (please print)	Policy owner signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Privacy.

This form collects personal information that will be used to update your policy. The way we collect, use, disclose and store your personal information is set out in our privacy statement, available at fidelitylife.co.nz.

Please return your completed form and any accompanying documents to:

@ admin.services@fidelitylife.co.nz ✉ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any queries please contact us on 0800 88 22 88.

Certificate of Free temporary cover.

Fidelity Life provides Free temporary cover on the life to be insured named in a completed application while the application is being assessed. The life to be insured is covered if he or she dies, or is diagnosed with one of the Trauma conditions below, as a result of accidental injury, sickness, or illness, before this Free temporary cover ends.

Free temporary cover starts.

The Free temporary cover starts from the date the application is signed and is valid for 60 days, provided the first premium being paid or a valid payment instruction being received by Fidelity Life.

Free temporary cover ends.

The Free temporary cover ends on the earliest of the following happening:

- The expiry of 60 days since the Free temporary cover started;
- Fidelity Life is in receipt of a request to cancel the application;
- The date on which Fidelity Life seeks facultative reinsurance in respect of the cover applied for in order to secure better terms for the life to be insured;
- The date the policy owner is advised that the application has been accepted or refused.

When there is no Free temporary cover.

There is no Free temporary cover if:

- The life to be insured is under the age of 10;
- The life to be insured is over the age of 65;
- The life to be insured has had an insurance application refused, deferred or assessed as non-standard by any life insurer or life insurance company;
- The life to be insured has in the past had an insurance policy avoided due to non-disclosure;
- If the cover(s) being applied for in the application for the life to be insured would have been refused, deferred, or assessed as non-standard in anyway;
- The life to be insured has non-disclosed any material information on the application;
- If a similar application has been accepted and a policy issued by another company since this application was completed.

Trauma conditions covered.

Blindness, Coma, Deafness, Severe burns, Major Head Trauma, Paralysis and Total and permanent loss of use of two limbs, as defined in Fidelity Life's Platinum Plus Trauma cover wording.

The amount of Free temporary cover.

Irrespective of the number of Certificates issued for any one life to be insured, the amount of Free Temporary cover is the sum insured being applied for in the application, but limited to the following:

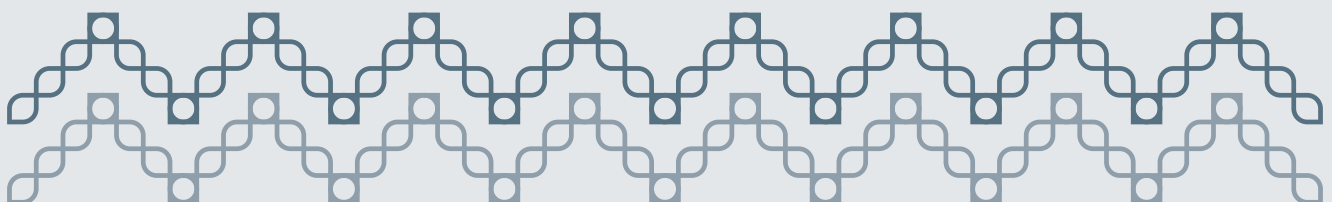
- A maximum of \$500,000 for Death;
- A maximum of \$250,000 for Trauma conditions covered;
- A maximum of \$5,000 where the cover being applied for does not include Life cover or Trauma cover.
- A maximum combined amount payable on a life to be insured of \$500,000.

In terms of this Certificate and other concurrent Certificates, no Free Temporary cover is payable if any proposed covers becomes payable.

Exclusions.

Accidental injury, sickness, or illness excludes death or trauma caused by or resulting from:

- A self-inflicted act, whether sane or insane;
- Taking drugs, alcohol or any intoxicating substance;
- Participation in a criminal activity;
- Aviation other than as a fare paying passenger on a recognised airline;
- Taking part in risks or occupation which would exclude the life to be insured from insurance cover for death or trauma;
- Any accident, sickness or illness which occurred on or before the date of the application; and
- Any sickness or illness that arose from a pre-existing condition or symptom before the date of application.
- Accident means external or internal bodily injury caused solely and directly by violent, accidental, external or visible means. The injury must be unintended and unexpected.
- Application means the completed application form for the cover(s) being applied for by the persons named in the application form.
- Pre-existing condition means any sickness that the policy owner or the life to be insured were aware of, or the life to be insured had sought advice or medical treatment or surgery, or a reasonable person in the same position should have been aware of, before the Free temporary cover starts.





Why choose Fidelity Life?

Since 1973, we've helped people live with more certainty, knowing that tomorrow's taken care of. Important to us, is our ability to stay relevant to you throughout your life. We'll be here as you change and grow, to celebrate your successes and support you when life doesn't quite go to plan.



Protecting your New Zealand way of life.

It's our promise to you. We love our place in the world and exist to look after New Zealanders like you.



Here when you need us.

Life doesn't always go to plan. Rest assured we want to pay your claim.



Like you, we're local.

Our friendly New Zealand based customer care team are here for you come rain or shine.



You're in safe hands.

Chances are we've helped a New Zealander near you. You can rely on us to be here for you when it matters most.



Our financial strength rating.

Issued by A.M. Best, our A- (Excellent) financial strength rating indicates our ability to pay claims.



Doing right by New Zealanders.

Every day we work to protect our environment, make a real difference to people, act responsibly and operate with transparency.

*Fidelity Life has an A- (Excellent) financial strength rating from A.M. Best. The rating scale that this rating forms part of is available for inspection at our offices. For more information please visit Fidelity Life's [financial strength page](#).



Piha
Tāmaki Makaurau
Aotearoa New Zealand