

3. Residence

a) Are you a citizen or permanent resident of New Zealand? Yes No If 'No', please give details

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

Destination	Purpose	Duration

4. Personal information

a) Are you ceasing employment due to sickness or injury? Yes No

b) Have you been diagnosed with any illness or disease that is expected to cause death within 12 months? Yes No

If 'Yes' to either question a) or b), please provide details below

5. Occupation/Income details

To be completed by the Life to be Insured if applying for **Income Protection** or **Total & Permanent Disablement** benefits.

a) What is your new occupation title and in which industry will you work in your principal occupation?

b) How many hours per week and weeks per year will you spend working in your principal occupation? Hours per week Weeks per year

c) Please provide your new annual income details (from personal exertion in your principal occupation only)

(i) Employed

Annual Salary or Wages (before tax)	\$	Please specify	
Plus Fringe Benefits (e.g. car)	\$		
	\$		
	\$		
	\$		
Plus bonus/commission	\$		
Total insurable income	\$		

(ii) Self employed or a Shareholder employee

a. Total gross income of the business	\$
b. Less total expenses	\$
c. Net profit	\$
d. Your share of net profit	\$
e. Plus your shareholder salary/wages	\$
Total insurable income (d + e)	\$

d) In your principal occupation, what percentage of time do you spend performing the following types of duties:

Describe specific duties performed:

- Sedentary / administrative		%	
- Supervise manual work		%	
- Manual work		%	
- Other — (including hazardous duties, e.g. handling dangerous substances, working at heights)		%	
TOTAL DUTIES	100	%	

e) Do you have a second occupation or financial interest in any other business entity? If 'Yes', please give full details, including specific duties, below

Yes No

Please complete and return:

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

STB <input type="checkbox"/> <small>Office use only</small>	Policy number(s) <input type="text"/>	Contact phone number (<input type="text"/>) <input type="text"/>
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

Name on my account to be debited (acceptor): <input type="text"/> 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"/> <small>Bank Branch Account Suffix</small>	Initiator's authorisation code <table border="1"> <tr> <td>0</td><td>6</td><td>0</td><td>4</td><td>9</td><td>0</td><td>2</td> </tr> </table> Approved <hr/> <table> <tr> <td>490</td> <td>08/15</td> </tr> </table>	0	6	0	4	9	0	2	490	08/15
0	6	0	4	9	0	2				
490	08/15									

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:

<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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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.