Chubb Life Insurance New Zealand Limited (Chubb Life)
Private Bag 92131, Victoria Street West, Auckland 1142
Toll Free **T** 0508 464 999 **E** Getintouch.NZ@chubb.com

Dependant Leave Without Pay Benefit Registration

Details of life to be assured

Proposal number | | | | | | Date of Application DD / MM / YYYY

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐

First name(s)

Surname Date of birth DD / MM / YYYY

Dependant 1

First name(s)

Surname Date of birth DD / MM / YYYY

Relationship to life assured Living with life assured Yes ☐ No ☐

Dependant 2

First name(s)

Surname Date of birth DD / MM / YYYY

Relationship to life assured Living with life assured Yes ☐ No ☐

Dependant 3

First name(s)

Surname Date of birth DD / MM / YYYY

Relationship to life assured Living with life assured Yes ☐ No ☐

Dependant 4

First name(s)

Surname Date of birth DD / MM / YYYY

Relationship to life assured Living with life assured Yes ☐ No ☐

Dependant 5

First name(s)

Surname Date of birth DD / MM / YYYY

Relationship to life assured Living with life assured Yes ☐ No ☐

Declaration

This document collects personal information about the Life Assured and his or her Dependant(s) and forms part of the information provided by you and/or the Life Assured in the Application Form for the proposed insurance (the "Application"). The information collected in this document will be used for the same purposes, and may be disclosed to the same persons as those set out in the 'Declaration and consent' section of the Application. This information will be held by Chubb Life Insurance New Zealand Limited. Under the Privacy Act you have the right of access to, and correction of, any information provided.

Full name of life to be assured (please print)

Signature of life to be assured ✗ Date DD / MM / YYYY

Full name of Policy Owner(s) (please print)

Signature of Policy Owner(s) ✗ Date DD / MM / YYYY

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