

Application

Funeral Conversion Benefit

Please complete and return to us by:

Email contactus@asteronlife.co.nz

OR

Post to Asteron Life New Business, PO Box 894,
Wellington 6140, New Zealand

Policy number

Adviser/Office use only:

Adviser number

Adviser name

1. Insured person details

Title First name(s)

Last name

2. Policy owner(s) details

Policy owner(s) 1

Title First name(s)

Last name

Home address

Postal address

If different to home address

Home phone number

Work phone number

Mobile phone number

Additional policy owner details

Title First name(s)

Last name

Home address

Postal address

If different to home address

Home phone number

Work phone number

Mobile phone number

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3. Amount of Sum Insured to be converted to Funeral Benefit

(Refer to the terms and conditions in Section 4 below, for the maximum entitlement, or call your Adviser.)

Amount converted to Funeral Benefit

Is any Life Cover to remain on this policy? Yes No

If yes, how much Life Cover is to remain?

Life Cover must reduce by at least the amount converted to Funeral Benefit.

4. Terms and Conditions

Funeral Conversion Benefit

The maximum cover allowed for the Funeral Benefit is \$30,000

You can convert up to \$30,000 of your Life Cover sum insured to a level premium Funeral benefit at any time following either:

- the expiry of your level premium term for the Life Cover
- the latest date of:
 - 10 years after the commencement date of the Life Cover, and
 - the insured person reaches age 65.

The Funeral Benefit cannot exceed the original Life Cover sum insured.

5. Acknowledgement and Signatures

- I/We have received, read and understood the terms and conditions that apply to the portion of cover converted.
- I/We agree that this application will form the basis of the alteration to the contract of insurance and understand that premiums will be altered to reflect the change in cover.
- I/We understand that the insurance benefit I/we have applied for will not become effective until my/our application is accepted by the insurer in writing.
- I/We have read and understood the information about the insurance I/we have applied for in the relevant Asteron Life Insurance Policy Document.

Policy owner

Full name

Signature Date

Additional policy owner

Full name

Signature Date