

Financial Hardship Declaration

To help us assess this request, Policy owner(s) must complete this application based on the policy payer's financial position.

Policy number(s)

Your full name(s)

Payer of policy

Email address

Where payer is an individual

Has the payer been made unemployed? Yes No

Has the payer's income (or the payers partner's income) reduced? Yes No

If Yes, please detail below.

Payer's current total monthly household income

Payer's current total monthly household basic regular expenses
i.e. Accommodation, groceries, transport, utilities, clothing,
other insurance (excluding Asteron Life premium)

Asteron Life monthly premium total

Where payer is a company

Is the paying company's revenue currently reduced by more than 30%?.....Yes No

If Yes, please detail below.

Current monthly business Revenue

Current monthly expenses (incl. Cost of Goods Sold
& Overheads): i.e. Goods, rent, wages, transport, utilities,
other insurance (excluding Asteron Life premium)

Asteron Life monthly premium total

Summary of your situation to support your application (required for all)

e.g. What has happened to your job/business and how long is this anticipated to last?

Premium Holiday period requested (maximum 3 months per application)

Premium and Cover Suspension period requested (maximum 12 months)

Period offered may vary depending on the information provided and policy type.

For further information please contact your adviser.

Declaration and Privacy Statement

For the purpose of the Privacy Act, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You can contact us at any time to

request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

I have read, understood and given consent to the Privacy Act section above and declare that all the information given is true. I confirm I am applying for premium relief based on the financial hardship stated in this application.

Policy owner

Full name
Date

Signature [Sign here](#)

(Joint) Policy owner

Full name
Date

Signature [Sign here](#)