

Application

5th Anniversary Special Events Increase Benefit L AD T CC TPD 5th Anniversary Special Events Conversion Benefit L T TPD

Eligibility check

1. Is the insured person aged 60 or older (Special events increase benefit) or is the insured person aged 50 or older (Special events conversion benefit)?..... Yes No
2. Have you applied for a Special events increase benefit in the last 12 months?..... Yes No
3. Has the insured person been diagnosed with a terminal illness that reduces their life expectancy to less than 12 months?.. Yes No
4. Have you been paid a claim for any trauma, cancer or TPD benefit for the insured person under any Asteron Life policy?... Yes No
5. Does the insured person qualify for a claim under any Asteron Life policy?..... Yes No
6. Does the insured person qualify for a We pay your premium benefit?..... Yes No

If you have answered “Yes” to any of the above questions, you will not be eligible for the Special Events Increase Benefit or Special Events Conversion Benefit.

Please complete and return to us by:

Email (scanned copies) to newbusiness@asteronlife.co.nz
 OR
 Post to Asteron Life, PO Box 894,
 Wellington 6140, Freepost 795

Adviser/Office use only:

Adviser number

Adviser's name

Policy number(s)

1. Insured person details

Title First name(s) Last name

2. Amount of increase being applied for

Refer to the terms and conditions or call your Adviser.

Increase amount being applied for under Life Cover <input type="text"/> \$	Increase amount being applied for under Total and Permanent Disablement Cover (TPD) <input type="text"/> \$
Increase amount being applied for under Accidental Death Cover <input type="text"/> \$	Increase amount being applied for under SmartLiving Cover <input type="text"/> \$
Increase amount being applied for under Trauma Cover <input type="text"/> \$	Increase amount being applied for under Cancer Cover <input type="text"/> \$

3. Amount of conversion being applied for

Refer to the terms and conditions for the maximum entitlement or call your Adviser.

Add amount for accelerated Trauma Cover <input type="text"/> \$	Add amount for accelerated modified TPD Cover <input type="text"/> \$
--	--

4. Terms and Conditions

Special events increase benefit – Maximum increase

- The maximum increase per event is the lesser of:
 - 75% of the sum insured for Life Cover, Accidental Death Cover, TPD Cover, Trauma Cover, Cancer Cover and SmartLiving Cover (whichever is applicable) at the commencement date;
 - \$300,000;
 - 5 times your increase in salary (if applicable); and
 - the amount of new mortgage or the amount of increase in the mortgage (if applicable).
- The total of all special events increases, including this one, cannot be more than the original sum insured at the commencement date for the relevant benefit(s).
- The above maximums apply to the total sums insured of each eligible cover on all Asteron Life policies for the insured person.

Special events conversion benefit

- The maximum cover allowed for the accelerated Trauma Cover or accelerated modified TPD Cover will be the lesser of:
 - 50% of the sum insured for Life Cover
 - \$50,000
- For the first 6 months after the added cover commences, a benefit for accelerated Trauma Cover or accelerated modified TPD Cover is only payable in the event of your injury.

Special events increase and conversion benefit

- You must apply within 180 days after the event, or 30 days either side of the policy anniversary date immediately following the event (the event must have occurred within the previous 12 months).
- You can only have one increase in any 12 month period.

5. Privacy Statement

Collection & Use of information

We confirm that we collect and use personal information about you and the insured person with Asteron Life for the following main purposes:

- To enable any application you make, or any policy you hold with Asteron Life or any other insurance office, to be processed, underwritten, reinsured and/or accepted.
- To enable any policy held with Asteron Life to be serviced and maintained, and to enable any claim you make against such a policy to be processed, including checking the validity of the policy.
- To enable Asteron Life and its authorised intermediaries to monitor and service your ongoing insurance requirements, including providing you with advice and information concerning life insurance, income protection insurance, or any other insurance products and services from us or our partners.

Privacy Act

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.

6. Acknowledgement and Signatures

- I/We have received, read and understood the terms and conditions that apply to the increased cover portion.
- 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 increase 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.

Name of Policy Owner

Signature of Policy Owner

Date

If electronically completing form, type your name here

Name of Additional Policy Owner

Signature of Additional Policy Owner

Date

If electronically completing form, type your name here

Adviser details

This section needs to be completed by the Adviser.

Advisers: If you have any questions about our Express Application Service, please call us on our freephone number 0800 805 244

Servicing adviser's report

Adviser number Adviser's name

Adviser's daytime phone number Email

Who completed this application form (i.e. whose handwriting)?

I confirm that the illustration(s) attached to this application accurately reflects the Person(s) to be Insured and the details and requirements of the Policy Owner(s) and has been verified by the Policy Owner(s) Yes No

Signature of Adviser Date
If electronically completing form, type your name here

1. Please enter your preferred FlexiRate. If Nil commission is selected then Commission by Cover is not available. The FlexiRate applies to all covers within the policy.

FlexiRate <i>If left blank Standard commission applies</i>		
	FlexiRate	Nil comm
Personal Insurance		<input type="checkbox"/>
Business Insurance		<input type="checkbox"/>

2. Please tick the appropriate box below to select the policy level commission type. Policy level commission will apply to *Needlestick, Kids Cover and We Pay Your Premium* benefits. It will also apply to any cover/s **not** listed at step 3 below.

Policy Level Commission type			
	Upfront	Spread 20	Level 30
Personal Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please fill out the table below if you want to select the commission type by specific covers within the policy (if different from the main commission type).

Commission type by Cover					
Cover	Sum insured	Stepped/Level	Upfront	Spread 20	Level 30
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note:

- Accelerated covers will be the same commission type as the main cover
- Disability & Redundancy will be the same commission type

4. **Commission split** *If left blank your default commission split will apply*

Adviser name	Adviser number	Initial commission	Service commission
		%	%
		%	%
		100 %	100 %

Asteron Life

PO Box 894, Wellington 6140, NZ

Ph: **0800 737 101** (Contact Centre hours: Mon-Fri 8.30am-5pm)

Email: newbusiness@asteronlife.co.nz Web: asteronlife.co.nz

Issuer: Asteron Life Limited