



Gold and Disability Income Cover Application

Attach quote here

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- the Fidelity Group which includes Fidelity Life Assurance Company Limited (“Fidelity Life”) and its related companies, for the purposes and in accordance with Fidelity Life’s Privacy Statement (as amended from time to time) which is available at fidelitylife.co.nz/westpac.

If you choose not to provide the personal information we request then we may not be able to provide products or services to you.

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Westpac use only

Staff member name Salary ID

Quote number(s) Application/Policy number(s)

Type of application New Increase Business Future Insurability Increase

Is this application intended to replace an existing Life Insurance Policy Yes No

If ‘Yes’ please complete Section P. (If a Westpac life insurance policy, also complete Section O)

Instructions for use

- A current quote must be attached to this application for it to be valid
- Complete sections A–C and F–L for all applications
- If applying for Total and Permanent Disability Cover, also complete section D
- If applying for Disability Income Cover, also complete section D and E
- Email your completed application form to westpac.underwriting_support@fidelitylife.co.nz

If the policy is owned by a business, the company director(s) needs to complete this section. If the policy is to be owned by trustees of a family trust, then all trustees MUST sign section L and complete section M.

“Policy Owner 1” will be the main contact and will receive the policy documents, as well as all future communications.

A. Who will own the policy(ies)

If additional owners required, please photocopy this page.

Policy Owner 1 (main contact)

Person insured, or full name of Policy Owner 1 _____

Date of birth DD / MM / YYYY CRS number

or Business/Trust name Contact name(s)

Postal address NUMBER & STREET SUBURB

TOWN/CITY POSTCODE

Policy Owner 1 email

Policy Owner 1 mobile Best daytime phone (0)

Policy Owner 2

Full name

Date of birth DD / MM / YYYY CRS number

Policy Owner 3

Full name

Date of birth DD / MM / YYYY CRS number

Policy Owner 4

Full name

Date of birth DD / MM / YYYY CRS number

B. How I’d like to pay

I would like to pay Yearly Monthly Preferred date Fortnightly Preferred day

- Method of payment (tick one only)
- Direct debit (Please complete authority form on page 12)
 - Credit card (Please complete payments form on page 12)
 - Internet banking (Yearly only - an invoice will be sent on acceptance)

The information you provide in this insurance application allows us to assess the application for insurance cover.

We/us are Fidelity Life and **you** are the person whose life is to be insured. You need to:

- Tell us about your mental and physical health including any disabilities you have, or have experienced.
- Tell us about any material facts including those concerning your medical history and lifestyle which may affect the application for insurance, whether or not we ask specific questions about a topic in this insurance application. Please use the extra page at the back if required to provide the information.
- Provide us with full and accurate information so we can assess the application. It's important you give us all the relevant information as it can affect whether a claim is paid or lead to termination of the insurance policy.
- Sign that the information provided is true, correct and complete at the end of this form.

C. My details
(person to
be insured)

First name(s) _____

Surname _____

Date of birth DD / MM / YYYY _____

Your gender Male Female

Address NUMBER & STREET _____ SUBURB _____

TOWN/CITY _____ POSTCODE _____

Mobile _____ Best daytime phone (0) _____

Email _____

How can we contact you about this application? (please tick all that apply)

Phone Yes No Text Yes No Email Yes No

Are you a citizen or permanent resident (with no travel conditions) of (please tick one)

New Zealand Australia Other (please specify) _____

If you ticked 'Other', please attach a copy of your current passport and visa/permit.

Do you have definite plans to travel, live or work outside of New Zealand in the next 12 months? Yes No

If 'Yes', please give details _____

Where to _____ How long for _____

Reason _____

What is your occupation? _____

Are you in the Defence Force, or the Defence Reserves or Territorial Army? Yes No

D. My occupation and income (person to be insured) for Total and Permanent Disability Cover and Disability Income Cover only

1. Are you self-employed, in a business partnership, a trustee of a trading trust, or employed by your own company (in which you have greater than a 15% shareholding)?

Yes No If 'Yes', please provide details below

Business name _____

Business address NUMBER & STREET _____

SUBURB _____

TOWN/CITY _____

POSTCODE _____

Number of full-time employees _____

Number of part-time employees _____

If you are a business owner, what share of the business do you own? _____ %

Approximately how long would it be before the level of net profit would be significantly affected (reduced) in the event of your disablement? _____

years

months

2. Please provide details of your work history over the last five years (including periods of unemployment)

Date from	Date to	Occupation	Name of employer or business	Self-employed (S) or employee (E)
	Present			<input type="radio"/> S <input type="radio"/> E
				<input type="radio"/> S <input type="radio"/> E
				<input type="radio"/> S <input type="radio"/> E

3. Are you currently in permanent employment?

Yes No If 'Yes', please provide details _____

4. If you are an employee, what's your current annual salary before tax?

(include KiwiSaver employer contribution but don't include overtime or bonuses) \$ _____

5. Do you have any Trade/tertiary qualifications?

Yes No If 'Yes', please provide details _____

6. Do you work less than 30 hours per week?

Yes No If 'Yes', please provide details _____

7. Are you employed for less than 52 weeks a year?

Yes No If 'Yes', please provide details _____

8. What are the main duties of your job and approximate percentage of time spent on each duty?

		List duties performed
Office/deskbound work	%	
Light manual work/sales	%	
Heavy manual work	%	
Supervising manual workers	%	
Other (including hazardous duties e.g. working at heights over 15 metres, with explosives, dangerous substances or bio hazards, working underground or offshore)	%	
Total duties	100%	

9. Do you have a second occupation?

Yes No If 'Yes', please provide details _____

Nature of work and duties _____

How many hours per week do you work in this second occupation? _____

What is the annual income (before tax) you earn from this occupation? \$ _____

per annum

D. My occupation and income (person to be insured) for Total and Permanent Disability Cover and Disability Income Cover only
(continued)

10. Have you ever been declared bankrupt or do you know of any circumstances that may lead to your redundancy or bankruptcy, or if you answered 'yes' to question 1, do you know of any circumstances which may lead to the insolvency, liquidation, or receivership of your business?

Yes No If 'Yes', please provide details _____

11. Do you have definite plans to change your main occupation in the immediate future?

Yes No If 'Yes', please provide details (when you anticipate the change and type of new occupation)

12. If you receive a benefit (e.g. Job Seeker, NZ Super, Disability Allowance, Sole Parent, ACC)

Please say which benefit

E. Additional income details (person to be insured) for Disability Income Cover only

1. If you are self-employed, or a PAYE employee of a company where you have a 15% shareholding or more, then for your business please fill in this table disclosing funds paid by the business to you and any associated person such as a family trust.

	Last full tax year	Full tax year before
Gross income for business	\$	\$
Expenses (exclude shareholder or owner/operator salary paid to you or associated person)	\$	\$
Shareholder (or owner/operator) salary paid to you or associated person	\$	\$
Net profit before tax	\$	\$

2. Do you receive any other income? (such as income from another business you have any ownership of, but don't work in; or any rental income from any investment property and/or dividends etc)

Yes No If 'Yes', what is the annual amount after the deduction of expenses? \$ _____

3. If you become disabled, would you be entitled to receive any other benefits apart from ACC or Workplace Accident Insurance (e.g. other insurance policies, employer superannuation benefits or pensions)?

Yes No If 'Yes', please provide details _____

If this information about other insurance is not correct it may affect whether a claim is paid or lead to a termination of the insurance policy.

F. My other insurance (person to be insured)

1. Have you ever had an application for insurance turned down, cancelled or accepted with special terms (such as an exclusion or a premium loading)?

Yes No

2. In respect of your mental or physical health, have you ever applied for payment of, or been paid a claim by an insurer, ACC, or through social welfare (such as WINZ disability) for any illness, injury, accident, syndrome or disability?

Yes No

3. Are you applying for any other Westpac life insurance?

Yes No

4. Including this application, will you have more than \$1 million in total of insurance cover by way of life, crisis/trauma/critical illness, total and permanent disability insurance across all insurance providers? This includes a policy owned by a business or someone other than yourself. If 'Yes', please give details

Yes No

Insurer	Cover type	Sum insured	Reason for cover

5. Do you have any other Disability or Income Protection Insurance cover on your life with Fidelity Life or another insurer? This includes a policy owned by a business or someone other than yourself. If 'Yes', please give details

Yes No

Insurer	Cover type	Sum insured	Wait period	Benefit period

6. If you do have other Disability or Income Protection insurance, do you plan to replace that insurance with this Gold or Disability Income Cover policy?

Yes No

The questions asked below are to help us get the information we need to assess the application for insurance. You are required to disclose material information to us which may affect the application, even if we do not specifically ask a question about that relevant topic. Please use the extra page at the back to let us know any relevant information including about your mental or physical health, medical history or lifestyle.

Tick 'Yes' if you are not sure about any question and we will call you to discuss.

We will keep your information safe and confidential in accordance with our Privacy Statement set out in Section K.

G. My lifestyle, health and medical details (person to be insured)

1. What's your height?

What's your weight?

Has your weight changed by 10kgs or more in the last 12 months?

Yes No

If 'Yes', please give the reason for the weight change

2. Have you smoked any of the following in the last 12 months, or used any Nicotine Replacement Therapy (NRT)? If 'Yes', please tick all that apply:

Yes No

Cigarettes E-cigarettes Vape Marijuana Hookah/shisha Cigars Other

Please specify if 'Other'

How often do you smoke?

How many/how much do you smoke?

3. Do you drink more than five standard drinks in a single session, or any kava?

Yes No

One standard drink is: 1 small glass of wine, 1 can of 4% beer, half a small RTD or 1x 30ml nip of spirits.

If 'Yes', what do you drink?

How many?

How often?

4. Has a doctor or medical professional ever talked to you about drinking less alcohol or kava, or have you ever had treatment or counselling for your drinking?

Yes No

If 'Yes', when was this?

5. Do you take part in, or plan to take part in, any risky sport, activity or hobbies?

Yes No

Please tick all that apply

- Off-piste or competitive skiing or snow-boarding Paragliding or hang-gliding
 Hunting Rock climbing or mountaineering
 Bungy jumping Aviation (except as a paying passenger on commercial flights)
 Parachuting or skydiving Boxing
 Any kind of underwater diving Any kind of motor sport
 Caving Other

If 'Other', please tell us what?

If you are not sure if an event, issue, symptom, concern or condition is relevant for the application please tell us about it, even if you have recovered. Be sure to disclose material information in this application even if you have previously disclosed it to Fidelity Insurance Limited, Fidelity Life or Westpac. It's important that you do this or it may affect a claim or the policy.

G. My lifestyle, health and medical details (person to be insured)
(continued)

6. Have you ever had symptoms of or been told you have, or might have, any mental or physical health or lifestyle issues?
For example:
- a. Diabetes, pre-diabetes, higher than normal blood sugar levels, sugar disease Yes No
 - b. High blood pressure and/or high cholesterol Yes No
 - c. Heart attack, heart murmur, rheumatic fever, stroke, TIA/mini-stroke, angina, chest pain, coronary artery disease, irregular heartbeat, palpitations or any other disease, disorder or condition relating to the heart or circulatory system which includes the valves, arteries, veins and capillaries Yes No
 - d. Any disorder of the blood including, but not limited to, anaemia (low iron and/or low B12), high or low platelets, leukaemia, haemochromatosis/iron overload, or any clotting episodes or disorders Yes No
 - e. Depression, anxiety, panic attacks, stress, insomnia, schizophrenia, bipolar disorder, eating disorder, ADHD, autism spectrum disorder or any other types of mental health conditions or impairment Yes No
 - f. Any disorder of the kidney, bladder or genitourinary system including urinary tract infections, kidney stones, blood or protein in the urine, prostate disorder, any abnormal smear, any cervix, ovary, or uterus conditions or abnormal vaginal bleeding Yes No
 - g. Any disorder of the digestive system (liver, oesophagus, stomach, gall bladder, pancreas or bowel) including reflux, hernia, ulcers, colitis, diverticulitis, irritable bowel disease, bleeding from the bowel or Crohn's disease Yes No
 - h. Asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, tuberculosis, sleep apnoea or any other breathing disorder or lung disease Yes No
 - i. Eczema, dermatitis, psoriasis or any other skin condition Yes No
 - j. Cancer, tumours (benign or malignant), breast lumps, abnormal breast ultrasound or mammogram, skin lesions/moles, melanoma, growths, or cysts of any kind Yes No
 - k. Epilepsy, seizures/fits of any kind, recurrent or persistent headaches, migraines, dizziness, dementia, or any other neurological condition or cognitive impairment Yes No
 - l. Multiple sclerosis (MS), Parkinson's, or any numbness, tingling, altered sensation, tremor, fainting attacks, problems with balance or co-ordination, or any autoimmune condition such as (but not limited to) lupus/SLE, sarcoidosis Yes No
 - m. Any disorder of speech, ears or hearing, eyes or eyesight (except glasses/contact lenses or laser eye surgery to correct short or long eyesight) Yes No
 - n. Any paraplegia or paralysis of any type, or loss of limb Yes No
 - o. Rheumatoid arthritis or any other forms of arthritis, osteoporosis, or gout Yes No
 - p. Any form of hepatitis (exclude hepatitis A if fully recovered) Yes No
 - q. Any thyroid, parathyroid, or other glandular disease or disorder Yes No
 - r. HIV, AIDS, any AIDS related condition, or are you taking (or have you taken) any prophylactic/preventative treatment against HIV, or have you suffered from any other sexually transmitted disease or infection Yes No
 - s. Any joint (e.g. wrist, elbow, shoulder, ankle, knee, hip) or bone pain or disorder including RSI (Repetitive Strain Injury), OOS (Occupational Overuse Syndrome), chronic pain syndrome, tendinitis, fibromyalgia, chronic fatigue syndrome; or any other disorder of, or pain with ligaments, muscles, cartilage or limbs Yes No
 - t. Back pain or neck pain, sciatica, any other disorder of, or pain in, the spine, neck or disc. Yes No
7. Have you had any other mental or physical health concerns, events, issues, symptoms, tests, sickness, injury, conditions, or any procedure or syndrome, whether or not you have talked to your doctor about them (other than flu, colds, pregnancy or contraception)? Yes No
8. Are you getting or considering medical advice, treatment, or tests (other than flu, colds or contraception)? This includes pregnancy, physiotherapy and other musculo-skeletal treatment (such as for muscles, tendons, nerves, discs), and any alternative treatments. Yes No
9. In the past five years have you had any other mental or physical health concerns, events, issues, symptoms or conditions which needed medical advice, treatment, tests or hospitalisation (other than flu, colds or contraception)? This could include specialist investigations, pregnancy complications, abnormal blood tests and/or x-rays or other imaging. Yes No
10. Do you regularly take any medication, tablets, injections, pills, prescribed or over the counter or homeopathic remedies (other than contraception)? Yes No
11. Have you ever injected, smoked or used any recreational or non-prescribed drug, taken any prescribed or pharmacy medicine other than as medically directed, or had medical advice, counselling or treatment for the use of drugs or for gambling? Yes No

G. My lifestyle, health and medical details (person to be insured)
(continued)

12. Have your biological parents, brothers or sisters, before the age of 60, had any of these conditions? Yes No
- Diabetes
 - Motor neurone disease (MND)
 - Huntington's Chorea/disease
 - Parkinson's disease
 - Muscular dystrophy
 - Cardiomyopathy or other heart disease
 - Any type of cancer including breast, ovarian, bowel or prostate cancers, or familial adenomatous polyposis (FAP)
 - Mental illness
 - Multiple sclerosis (MS)
 - Stroke
 - Alzheimer's disease or other dementia
 - Polycystic kidney disease or other kidney issues
 - Any neurological or other inherited disease

If 'Yes', please give details in the box below.

Please say if parent, brother or sister	Condition/illness	Age at diagnosis

13. Have you ever had, or are you waiting for, a result of a genetic test or genetic counselling, or are you considering, or have already consented to have, or have you discussed having, a genetic test or genetic counselling, because of your health or your family's health? Yes No

If 'Yes', please give the reason and, if you know, the result

H. Your medical information (person to be insured)

We may need to ask your health practitioners for information they hold about your health, medical history or lifestyle. By signing the declaration in this application you consent for us to give and obtain your personal information, including medical records, to and from health practitioners. Whether or not we seek information from your health practitioners you still have a responsibility to disclose all material information to us.

We will ask for your consent to contact your health practitioners when a claim is made regarding you or when changes are sought to be made to the policy regarding you.

Sometimes health practitioners give us more information than we ask for. If we are provided with information which is relevant to the application, insurance policy or a claim, we may use it and may ask your health practitioner for further details. If you do not agree that we can ask for information from your health practitioners we may not be able to offer life insurance to the Policy Owner.

I. Your doctor (person to be insured)

What's the name of your medical centre or practice? _____

What's the name of your usual doctor? _____

Address NUMBER & STREET _____ SUBURB _____

TOWN/CITY _____ POSTCODE _____

Does this doctor/medical centre have your current and past medical records? Yes No

If not, who does hold these records? _____

J. COVID-19

1. Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19)? Yes No
If 'Yes', please provide details: _____
2. Have you ever been tested for the novel coronavirus (SARS-CoV-2/COVID-19)? Yes No
If 'Yes', was the test positive or negative, and what was the date of the test? _____
3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARS-CoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)? Yes No
If 'Yes', please give the dates and the reason for the test: _____
4. Have you experienced any of the following symptoms within the last 30 days?
- Any fever
 - Shortness of breath
 - Rhinorrhoea (mucus discharge from the nose)
 - Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea
 - Cough
 - Malaise (flu-like tiredness)
 - Sore throat
 - None/No symptoms
- If yes to any of these, please indicate which and provide full information: _____

J. COVID-19
(continued)

5. Travel Declaration – please provide your travel patterns over the past 30 days:

Country	City	Date arrived	Date departed

K. Your privacy
(person to be insured and Policy Owner(s))

We collect personal information about you in connection with the insurance cover which is sought, including the insurance policy if the application for cover is accepted, and any claims made under the insurance policy. The intended recipients of the information are Westpac and other members of the Westpac Group (as set out in Westpac’s Privacy Policy), Fidelity Life and their related companies. Your personal information (including the person to be insured’s medical information) will be handled in accordance with the Privacy Act 2020. It will be used for any matter related to the application for insurance cover and any insurance policy provided by us including for the assessment of a claim.

We will protect your information with physical, electronic and other security measures as detailed in our Privacy Statement (as amended from time to time) (“Privacy Statement”), which you can see on our website fidelitylife.co.nz/westpac.

You can ask to see your information and to correct any details that are wrong at any time, subject to the terms of the Privacy Act 2020. There are some situations where we may disclose your personal medical information (including medical information for the person to be insured) to a third party who may include:

- Westpac, Fidelity Life and their related companies
- reinsurers, who may be located overseas – this would mean your personal information may be sent overseas
- your health practitioners
- a Medical Officer or other health professional engaged by us
- anyone who is an owner of this policy, now or in the future
- other insurers (with your consent)
- third party service providers via contractual agreements with us which will protect the confidentiality of your information
- regulators, government agencies, and as required by law.

Whether or not we seek information from third parties, you still have a responsibility to disclose all material information to us.

L. Your privacy
consent and agreement
(person to be insured and Policy Owner(s) as indicated)

Please read carefully before you sign

We rely on the information you give us to make important decisions about the application for insurance cover, the insurance policy if the application is accepted, and any claim.

Even if we have sought information from a third party, you must still give us full, true and complete information about your mental and physical health and lifestyle whether we have asked a question about a topic or not.

I, the person to be insured:

- a. agree that you can obtain personal information about my health, lifestyle, or other insurance, including my medical records, from third parties, including health practitioners. Yes No
- b. agree you can share my personal information as described in this application and in the Privacy Statement and in Westpac’s Privacy Policy. Yes No
- c. acknowledge that if I do not agree to the giving and obtaining of personal information as sought by you then you may not progress the application for insurance cover. Yes No

I/We, the person to be insured and the Policy Owner(s):

- d. confirm that the information provided is complete, true and correct. If it is not, we know the Policy Owner might not be covered for a claim later, or the policy may be terminated including being treated as never having existed and the premiums paid may not be refunded. Yes No
- e. will tell you if anything changes regarding the information we have provided in this application or otherwise provided to you from after we sign this application up until the application for the insurance cover is accepted, including any new mental or physical health or lifestyle event which may affect the offer of insurance cover. Yes No
- f. agree that any information disclosed verbally or in writing to Fidelity Life will form part of the application or any subsequent application to reinstate a lapsed policy and may be recorded by Fidelity Life for the purposes of assessing my application, any subsequent reinstatement application and any subsequent claims. Yes No
- g. have read and understood and personally completed this application and have recorded all material information. Yes No
- h. understand and agree that Policy Owner 1, who is noted as the main contact on page 1 of this application, will receive the policy documents as well as all future communications on behalf of all Policy Owners. Yes No
- i. acknowledge that Fidelity Life provides free Interim Accidental Death Cover when applying for Gold Term Cover, for 60 days from the date of application while the application is being assessed. The amount of Interim Accidental Death Cover matches the Death Benefit applied for up to a maximum of \$300,000. For Terms and Conditions, please refer to section N (page 9). Yes No
- j. agree that a photocopy, photograph or scanned copy of this agreement will be as valid as the original so long as it can be read clearly. Yes No
- k. apply to Fidelity Life for Gold Term Cover and/or Gold Disability Income Cover and/or Disability Income Cover and agree that this application, the attached quote, and any other relevant declarations will form the basis of any policy issued. Yes No
- l. understand that Gold Term Cover and/or Gold Disability Income Cover and/or Disability Income Cover are subject to terms, conditions and certain claims exclusions which can be found in the Policy Document, together with any special conditions noted on my Policy Schedule. Yes No
- m. acknowledge and accept that Gold Term Cover and/or Gold Disability Income Cover and/or Disability Income Cover are arranged by Westpac New Zealand Limited (“Westpac”) and underwritten by Fidelity Life Assurance Company Limited (“Fidelity Life”). None of Westpac Banking Corporation ABN 33 007 457 141 (incorporated in Australia), Westpac, or any member of the Westpac group of companies guarantee the obligations of, or any products issued by, Fidelity Life or any member of the Fidelity Group of companies. I/We acknowledge that Westpac will receive commission payments as a result of the arrangement of Fidelity Life policies. Yes No

Insurer Financial Strength Rating

Fidelity Life Assurance Company Limited has an A- (Excellent) financial strength rating given by A.M. Best Company Inc. A summary of the rating scale is: A++, A+ Superior | A, A- Excellent | B++, B+ Good | B, B- Fair | C++, C+ Marginal | C, C- Weak | D Poor | E Under Regulatory Supervision | F In Liquidation | S Suspended. A full description of the rating scale is available from Fidelity Life at their offices, at fidelitylife.co.nz/westpac or by visiting www.ambest.com.

Agreed to by the person to be insured

Full name _____ Date of birth DD / MM / YYYY

Signature _____ Date DD / MM / YYYY

Agreed to by the Policy Owner(s)

Policy Owner 1 name _____

Signature _____ Date DD / MM / YYYY

Policy Owner 2 name _____

Signature _____ Date DD / MM / YYYY

Policy Owner 3 name _____

Signature _____ Date DD / MM / YYYY

Policy Owner 4 name _____

Signature _____ Date DD / MM / YYYY

This declaration is to be completed when the Policy Owners intend to hold the policy applied for in this Application Form in their capacity as trustees of a trust.

M. Trustee declaration

Policy Owners First trustee _____

Second trustee _____

Third trustee _____

Fourth trustee _____

As trustees of _____

We confirm that as trustees of the trust named in Section A:

- 1. We shall be jointly and severally liable under any contract of insurance resulting from this application.
- 2. We have the power and authority under the trust deed governing the said trust to apply for and effect the policy applied for and to pay premiums due under the said policy.
- 3. We shall inform Fidelity Life of:
 - a. Any future changes to the trustees of the trust; and
 - b. Any future changes to the name and address for the key contact person (see Section A) relating to the policy.

First trustee signature _____ Date DD / MM / YYYY

Second trustee signature _____ Date DD / MM / YYYY

Third trustee signature _____ Date DD / MM / YYYY

Fourth trustee signature _____ Date DD / MM / YYYY

N. Terms and conditions of Interim Accidental Death Cover

for Gold Term Cover **only**

Fidelity Life provides free Interim Accidental Death Cover for 60 days from the date of application, while your application is being assessed. The amount of Interim Accidental Death Cover matches the Death Benefit applied for up to a maximum of \$300,000.

We will pay the Accidental Death Cover to the proposed Policy Owner(s) named in this application, if the Person Insured dies within the 60 day period commencing on the date of application (date signed), directly as a result of an Accidental Injury sustained after the date of application, and there are no other contributing causes.

Definition of "Accidental Injury"; a bodily injury caused solely and directly by involuntary violent external and visible means, other than self-inflicted injuries and injuries resulting from unlawful acts or participation in hazardous pursuits or pastimes.

The Interim Accidental Death Cover will immediately cease if your proposal is cancelled or deferred or when the proposed policy is issued.

O. Existing Westpac life insurance policy replacement / cancellation

Only complete this section if this application replaces in part or full an existing Westpac life insurance Policy (not applicable for other Insurers' policies).

Please note: Fidelity Life will not action this cancellation until the new policy has been issued.

Please remove benefit(s) from, or cancel my/our existing Westpac life insurance Policy/ies on the date my new policy/ies start:

Policy number(s) _____

Please tick Cancel policy/ies Remove benefit(s), please detail: _____

Name of person insured _____

Signature(s) of existing Policy Owner(s)

Full name _____

Signature _____ Date DD / MM / YYYY

Full name _____

Signature _____ Date DD / MM / YYYY

Full name _____

Signature _____ Date DD / MM / YYYY

Full name _____

Signature _____ Date DD / MM / YYYY

All existing Policy Owners must sign this request or a written request to cancel. If there are more than four owners, please photocopy or complete an additional cancellation form.

P. Policy Replacement

Complete this section if this application replaces in part or full an existing life policy (with Fidelity Life or another provider).

Applicant acknowledgment

I/We acknowledge that:

- Any information provided to me in connection with replacing the existing policy with the new policy is limited in nature. In particular, the existing policy has not been compared with the new policy.
- There may be adverse consequences in replacing an existing policy, such as:
 - Changes in health, pastimes or the occupation of the person insured may affect insurability. The new policy may contain exclusions and limitations which may result in a reduction in cover and/or be more costly.
 - In a new policy, stand down period(s) based on the terms and conditions and benefit(s) selected may recommence.
 - Conditions or benefits may be more (or less) favourable under the existing policy than those under the new policy – for example, the policy duration, wording and/or benefit definitions may differ.
 - Fees may be charged to cancel the policy.
- The above information was provided and explained before I/we signed the application of the new policy.
- Cancellation of another company's life insurance policy in my/our name(s) is my/our responsibility.
- I/We understand that I/we should not cancel any existing life cover until my/our new policy has been issued or, as the case may require, my/our proposal has been assessed and I/we are happy with both the cover provided and the premium charged.
- I/We may withdraw this application in writing within the "free look" period of 30 days from the date the new policy is issued. In this event Fidelity Life will refund any premium paid in respect of the proposed replacement policy.

Signing authority

Full name of Person Insured PLEASE PRINT _____

Signature of Person Insured _____ Date DD / MM / YYYY

Full name of Policy Owner(s) PLEASE PRINT _____

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

Full name of Policy Owner(s) PLEASE PRINT _____

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

Full name of Policy Owner(s) PLEASE PRINT _____

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

Full name of Policy Owner(s) PLEASE PRINT _____

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

Additional information.

Please add any further explanation, details or notes on this page if there is not enough room in the sections above.

Important note: This page MUST be submitted, even if blank.

Westpac use only

To avoid delays in processing, please check that the following has been completed or provided before submitting this application:

- All owners identified and loaded into Sales & Customer
- Final quotation attached – as agreed with Policy Owner(s)
- Sections C to L completed by the Person Insured
- Payment details provided (page 12)
- Section L (Your privacy consent and agreement) has been signed by all Policy Owners and the Person Insured
- If applicable, Section M completed and signed by all trustees
- If applicable, Section P Policy Replacement is completed
- Financial evidence has been provided for applications exceeding Fidelity Life Financial Underwriting Limits
 - Lump sum benefits exceeding \$1.5M
 - Monthly Benefits exceeding \$7,500

Please note: Financial evidence may be required for self-employed or people on commissions/bonuses below this limit.

We are Fidelity Life. You can contact us at PO Box 27031, Marion Square, Wellington 6141, New Zealand. Phone **0800 738 641**.

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