

Financial Hardship Withdrawal Application & Release Form



About this form

You will need to use this form if your investment is locked-in and you are experiencing severe financial hardship. This application helps us to assess your financial circumstances. Please note that this financial assessment can only be based on the members personal situation, not that of the owners.

If your application for financial hardship is accepted, we will withdraw the amount and either pay it to your nominated account or to the person/account you have asked us to. All withdrawals will be processed as of the date Asteron Life receives the request and not on the date the form is signed. Please note that the final value you receive could be more or less than previously advised, due to changing unit prices.

We will contact you if we need to discuss your application further.

Complete sections 1 to 12 (pages 1-5). Sections 3 to 8 relate to members financial situation.

Print, complete and sign this form. Return to us by: E-mail (scanned copies) to contactus@asteronlife.co.nz,
Fax 0800 808 116 or +64 4 470 8992,
Post to Asteron Life, PO Box 894, Wellington 6140, Freepost 795

Section 1 Plan Details

Plan Number

Owner Name(s)

Section 2 Preferred methods of communication

My preferred method of communication:

Please tick one

Email

Phone

Letter

Fax

Contact details for communications
(e-mail, fax, address, etc)

Section 3 Member's Occupation Details

Main Occupation

Second Occupation

Employer's Name

Employer's Address

Section 4 Member's Family Details

Name of Spouse/Partner

How many dependents do you have?

What are the ages of all your dependents?

Section 5 Member's Income

Monthly (net) income from your occupation(s)	\$ <input type="text"/>
Spouse/partner's monthly (net) income	\$ <input type="text"/>
Monthly (net) income from other sources	\$ <input type="text"/>
Total monthly (net) income	\$ <input type="text"/>

Section 6 Member's Outgoings

Monthly rent or mortgage	\$ <input type="text"/>
Monthly hire purchase payments	\$ <input type="text"/>
Other monthly loan payment	\$ <input type="text"/>
Monthly insurance premiums	\$ <input type="text"/>
Monthly living expenses (eg food, power, phone, etc)	\$ <input type="text"/>
Other monthly outgoings	\$ <input type="text"/>
Total monthly outgoings	\$ <input type="text"/>

Section 7 Member's Assets

Please provide copies of the accounts listed below:

Savings/cheque account(s) balance

Bank	<input type="text"/>	\$ <input type="text"/>
Bank	<input type="text"/>	\$ <input type="text"/>
Bank	<input type="text"/>	\$ <input type="text"/>
Bank	<input type="text"/>	\$ <input type="text"/>
Life insurance with surrender value		\$ <input type="text"/>
Investments (eg shares, bonds, ets)		\$ <input type="text"/>
Other assets		\$ <input type="text"/>
Total value of assets		\$ <input type="text"/>

Section 8 Member's Liabilities

Please provide copies of the accounts listed below:

Mortgage balance outstanding		\$
Hire purchase balance		\$
Credit Card liabilities		
Credit Card type		\$
Credit Card type		\$
Outstanding accounts		
Company		\$
Company		\$
Company		\$
Other loans		
Loan details		\$
Bank Overdraft		\$
Total liabilities		\$

Section 9 Withdrawal Details

- Please make a partial withdrawal from my plan (this will still keep your policy active)
- Please cash in the full value of my plan. (By withdrawing the full value you will be ending the Plan and releasing all claims that have been made or may be made on Asteron Life under this plan)

Complete the fields below if you wish to take a part withdrawal:

Please indicate which investment fund(s) you would like to take the withdrawal from and the amount(s) desired. If you choose not to complete this section we will withdraw the total amount requested proportionately across all of your investment funds. Please note that depending on your plan, the minimum and maximum withdrawal amount would vary.

Investment Fund	Withdrawal Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Total withdrawal amount	<input type="text"/>

If you are unsure about how much you are able to withdraw from your plan, please call us on 0800 737 101 or +64 4 495 8700.

Section 10 Additional Information

Please provide an overview of your situation or any additional information which would help us assess your situation.

Section 11 Payment Details

Please note that the final value you receive could be more or less than previously advised, due to changing unit prices.

Please pay into my nominated account (the account from which the contributions are being taken out)

Or

Please pay into the alternative account noted below

If you want us to pay into an alternative bank account, please provide the following documents for payment to be processed

- A copy of the policy owner(s) photo ID (Passport, Drivers Licence, etc), OR two other forms of ID (Bank Statement, Power Bill, etc).

Account Name

Account Number

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Section 12 Member's Declaration

Privacy Act 1993

For the purpose of the Privacy Act 1993, 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 with companies within the Suncorp Group and 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, please refer to the "Asteron Life Privacy Statement" which is specific to New Zealand law and the Suncorp Group's "Suncorp Privacy Policy". Both are available 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 and understood the Privacy Act section above and declare that all the information I have given is true.

I declare that I consider myself to be suffering financial hardship.

All plan members must sign this form for the payment to be processed

Please withdraw the amount shown in section 9 from this plan, which I understand will be based on the date Asteron Life receives my request.

Member(s) and
Owner(s) name

Signature

Date

Checklist

Before returning this form, check that you have...

- Completed all sections 1 through 12
- All plan owners have signed the form
- Attached copies of accounts to support the assets and liabilities declared in section 7 & 8

In the case of payment to another account you have

- Supplied a copy of the policy owner(s) photo ID or two other forms of ID