

Application for Continuation Option

This application form is to be completed by the member when continuing cover from an Employee Insurance Plan to an Asteron Life Personal Insurance policy. Any exclusions and/or loadings associated with your underwritten acceptance terms under the Employee Insurance plan will apply to the Asteron Life Personal Insurance policy.

If you qualify for a benefit or have lodged or been paid a benefit under your Employee Insurance plan, you might not be eligible to continue some or all of your cover. Please refer to your Employee Insurance plan policy document for further details.

If you are applying for an increase in insurance cover and/or additional products/benefits, DO NOT complete this form. Please complete the Asteron Life Application for Life Insurance form. Any increases to cover and additional products/benefits incur underwriting.

Please complete all sections of the form as requested – an incomplete form could delay the application.

Step 1 – Complete the form

Fill in then print the form, sign it at the bottom, scan and email it, or send by post.

Step 2 – Include the following attachments

A copy of the Asteron Life Personal Insurance Illustration issued by your adviser.

Step 3 – Send the form and attachments

Email (recommended): employeeinsurance@asteronlife.co.nz, or

Post: Freepost 198921, PO Box 894, Wellington 6140

If you have any questions, we're happy to help – just call us on 0800 808 101, or talk to your adviser.

Important: Insurer Financial Strength Rating

The Insurance (Prudential Supervision) Act 2010 requires all licensed insurers to have a current financial strength rating that is given by an approved rating agency. **Asteron Life Limited** has been given an **A+** Insurer Financial Strength Rating by Standard & Poor's. The rating outlook is **Stable**. The rating scale is:

AAA Extremely Strong	CCC Very Weak
AA Very Strong	CC Extremely Weak
A Strong	SD Selective Default
BBB Good	D Default
BB Marginal	R Regulatory Supervision
B Weak	NR Not rated

Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

The rating scale above is in summary form. The full version of this rating scale can be obtained from www.asteronlife.co.nz.

Your duty of disclosure Please read carefully

Make sure you tell us everything that might be relevant to this application.

This application for insurance cover forms part of the proposed insurance contract. The person to be insured and the policy owner(s) must answer all questions asked of them completely and correctly, and disclose to Asteron Life all material information, whether the information is asked for or not. Material information is information that might influence our decision to insure you and, if so, on what terms and/or premium. If you have any doubt as to whether a fact is material then it must be disclosed. This is important even if you have separately discussed something with your adviser. After we have been provided with this application, the person insured and the policy owner(s) must also tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the contract of insurance is formed. The duty of disclosure

also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.

If the information provided to us is substantially incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may decide not to accept a claim. We may also exercise any legal rights we have to avoid the policy from inception. This means that your policy would be deemed never to have existed and any claims already paid may have to be paid back.

So, please ensure both the policy owner(s) and the person to be insured take care when answering our questions. If you are unsure whether to mention something, always include it, or call our Customer Service Team on 0800 737 101 to check.

Benefit applied for under this continuation option:

Life

TPD

Trauma

Income Protection (per month)

Salary at exit from plan

Adviser details:

Adviser name

Agency name

Agency number

Email address

Work telephone / mobile

Plan details

Plan number Plan name

Name of Employer

Details of person to be insured

Full name Gender

Home phone number Date of birth

Work phone / mobile Email address

Address

Is the person to be insured a policy owner?Yes No

If applicable, please provide details of other policy owner below:

Full name Gender

Home phone number Date of birth

Work phone / mobile Email address

Address

Section A

Please complete if you are applying to continue any of the following benefits: Life, Trauma, TPD or Income Protection

1. What date was (or if applicable, will be) your last day of work with the employer providing your Employee Insurance plan?

2. Are you currently performing all of the normal and usual duties of your paid employment?..... Yes No
If "no" please give full details

3. Are you a New Zealand citizen or a New Zealand Permanent Resident? Yes No
If "No", please state the type of VISA you have and it's date of expiry

4. In the next 12 months, do you have definite plans to travel, work or reside overseas? Yes No
If 'yes', please provide details below.

Countries to be visited	Purpose of the trip	Length of visit	Frequency

5. Within the last 12 months, have you used e-cigarettes or smoked any product containing tobacco or are on nicotine replacement therapy?..... Yes No

6. a) Do you currently participate in, or plan to take part in, any organised **sport**? (for example, rugby, football, boxing, wrestling, professional sports, ocean racing, martial arts, etc)?..... Yes No

b) Do you currently, or do you plan to participate in any **hazardous activity**, such as parachuting, hang gliding, motor sports, diving, rock climbing, caving, mountaineering, bungy jumping, aviation other than as a fare-paying passenger (e.g. Air New Zealand)? Yes No

If "yes" to either of the above, please complete an activities questionnaire available from your adviser.

7. What is your new job/occupation and what industry is it in?

8. Does your new job/occupation involve any of the following:

a. Using or handling dangerous substances, chemicals or explosives? Yes No

b. Working at heights above 10 metres, working offshore, working underground or working underwater?..... Yes No

c. Any other hazardous duties not listed? Yes No

If 'yes', please provide details to any of the above questions

9. Will you claim any benefit under the employee insurance plan under which you have insurance cover?
If "yes" please provide full details

Section B

Please complete if you are applying to continue any of the following benefits: TPD (any or own occupation) or Income Protection.

1. Have you commenced working in your new job/occupation? Yes No

If 'no' please state commencement date.

2. Name and address of new employer or name and address of your business if self-employed

3. Are you working (or if applicable, will you work), on average, between 15 and 55 hours per week in your new job/occupation? Yes No

If 'no', please give full details.

4. Do you perform any manual work or physical labour in your new job/occupation (e.g. lifting, packing, driving etc)? Yes No

If 'yes', are these duties normally associated with the occupation description/quoted? Yes No

If 'no', please provide details.

5. Are you, or if applicable will you be, self-employed in your new job/occupation? Yes No

If 'no', are you employed on a temporary/fixed term contract? Yes No

If 'yes', please provide details including contract duration.

6. What is your annual taxable income in your new job/occupation? \$ / year

7. Will you continue to receive income if you are disabled? Yes No

If 'yes', please complete the following:

- a. How long would you continue to receive this?

Duration

Amount

- b. What would be the source of the income (e.g. share dividends, retainers, ongoing profit, entitlements, other insurance policies)?

Asteron Life Privacy Statement

Asteron Life Limited and the wider Suncorp Group takes your privacy seriously and complies with the Privacy Act 1993 when dealing with personal information.

For the purposes 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 providing our services to you 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 access and update your personal information.

For further information, please refer to our "Privacy Statement" under New Zealand law and the Suncorp Group's "Suncorp Privacy Policy", which are both available on our website at www.asteronlife.co.nz or can be requested by phoning **0800 808 101** or writing to Asteron Life Limited, PO Box 894, Wellington 6140.

Consent




I/we, the person to be insured, authorise Asteron Life to obtain at any time from any employer, doctor, hospital, health agency, insurance office, Government department or agency, or any other person or entity, any and all information Asteron Life may require. I/we understand that Asteron Life can only obtain information about me or any child to be insured for the purpose of assessing or re-assessing an application for cover; an application to alter or reinstate cover; a claim; reviewing observance of obligations including disclosure; or administering the policy. A photocopy of this authorisation shall be read as the original and any relevant person or entity is directed by me to release to Asteron Life any personal information they hold concerning me or any child to be insured. I/we understand that a third party may also be used to process this information for Asteron Life.

Acknowledgement, Authorisations and Declaration

Please read carefully before signing.

Parts 2 and 3 apply to the Person to be Insured only.

1. I/we the proposed **policy owner(s)**:
 - a. have read and understood the Asteron Life Privacy Statement on as above, "Your duty of disclosure" on the first page, as well as this Acknowledgement, Authorisations and Declaration, and Consent sections.
 - b. agree that this application, declaration and any personal statements will form part of the proposed insurance contract between me/us and Asteron Life.
 - c. understand that if I/we do not provide any information that is material to this application, or if any information provided by me/us is substantially incorrect and material, then Asteron Life may not be able to accept this application; and any policy issued may be avoided from inception. Any claims already paid may have to be paid back.
 - d. confirm that the information provided in this application is either in my/our own handwriting or has been checked and approved by me/us as being accurate and complete.
2. I, **the person to be insured**, understand that:
 - a. this application will form part of the basis of the proposed contract for insurance.
 - b. I am required to advise Asteron Life of any change that is material to this application up until the contract of insurance is formed. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.
3. I, **the person to be insured**, declare that:
 - a. All the answers provided in this application are complete and correct.
 - b. In addition, I confirm that I have advised Asteron Life of all additional information that may affect its decision to provide insurance cover on the terms and conditions applied for.
 - c. I acknowledge it is my responsibility to ensure I have provided all information that may affect Asteron Life's decision to provide insurance cover, whether the information is specifically requested in the application or not.
 - d. I am not currently claiming benefits and will not claim any benefits under the Group Policy(s) under which I have insurance cover.

	Full name	Signature	Date	
Person to be Insured (must sign)			/ /	
Policy Owner(s) 1			/ /	
Policy Owner(s) 2			/ /	

The person to be insured **MUST SIGN** on the 'Person to be Insured' line. If the Person to be Insured is also a Policy Owner, that person need only sign once in the box marked 'Person to be Insured'.

What payment options would you like?

If you are selecting one product only, or more than one product but the same method of payment, please tick the appropriate box.

If you are selecting different products with different methods of payment, please write the product name in the appropriate box.

Please note direct debit or first credit card payment will begin on date of policy issue. If paying by a frequency other than monthly please pay the first instalment by credit card

	Yearly	Monthly	Fortnightly
Direct debit			
Credit card			

Credit card authority

I authorise Asteron Life Limited to charge my:

Please tick one Visa MasterCard

Cardholder's name

First payment All payments

Card number

Expiry date

Cardholder's signature

[Sign here](#)

Date

Direct debit authority

Payer's details

Title

Family name

Given name(s)

To the manager

Bank name

Address/PO Box

Town/City

Authorisation code

Date

Authority to accept Direct Debits

(Not to operate as an assignment or agreement)

Name and address of account holder

Customer (Acceptor) to complete bank/branch number and account number and suffix of account to be debited. (If your suffix is only two numbers, insert a zero first)

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

I/We authorise you until further notice in writing to debit my/our account with all amounts which: Asteron Life Limited (herein after referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by direct debit. I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Authorised signatures

[Sign here](#)

For bank use only

Approved	Date received	Recorded by	Checked by	Bank stamp
0040				
05 2012				

Conditions of the Authority to accept Direct Debit

1. The Initiator:
 - a. undertakes to give written confirmation to the Acceptor of the commencement date, frequency and amount of the Direct Debit. In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give written advance notice at least 30 days before the change comes into effect.
 - b. may, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
 - c. may, upon receiving an “authority transfer form” (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority for the account identified in the authority transfer form.
2. The Customer may:
 - a. at any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
 - b. stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
 - c. where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator’s Bank; provided such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.
3. The Customer acknowledges that:
 - a. this Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
 - b. in any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
 - c. any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other dispute lies between me/us and the Initiator.
 - d. the Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on Bank Statements.
 - e. the Bank is not responsible for, or under any liability in respect of:
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
 - the Initiator’s failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
 - f. notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.
4. The Bank may:
 - a. in its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
 - b. at any time terminate this Authority as to future payments by notice in writing to me/us.
 - c. charge its current fees for this service in force from time to time.
 - d. upon receipt of an “authority to transfer form” signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.