

Duty of disclosure

Before you enter this contract of insurance (including the Interim Cover detailed in the quote) you have a duty to disclose to Partners Life Limited every matter that you know (or could reasonably be expected to know) is relevant to Partners Life Limited's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to Partners Life Limited when you apply to vary or reinstate the insurance.

If you fail to comply with your duty of disclosure to Partners Life Limited, Partners Life Limited will enact the remedies available to it under the terms and conditions contained within the policy document. (Also applies to the Interim Cover).

The below named lives to be assured and policy owner(s) declare and agree that:

- The information provided in this application whether in my/our handwriting or not is true and complete and I/we have not withheld or misstated any material fact; and
- Should the lives to be assured or any children to be assured undergo any alteration in mental or physical health or have a change of occupation or change in financial circumstances between the date of this application and the issue of the insurance, I/we agree to notify Partners Life Limited immediately, as I/we acknowledge this information is relevant to Partners Life Limited's decision to accept this application; and
- I/we understand that statements made in this application, any statements made by me/us to any medical examiner or made by any medical examiner on my/our behalf and any statements made to Partners Life Limited by phone or in writing form the basis of the insurance contract between me/us and Partners Life Limited; and
- I/we acknowledge that any additional information on my/our behalf, including but not limited to copies of other companies' application forms, will form part of this application and will be used to form the basis of the insurance contract between me/us and Partners Life Limited; and
- I/we understand that the insurance proposed in this application shall not commence until this application has been accepted by Partners Life Limited and the initial premium or a completed direct debit or credit card authority has been received by Partners Life Limited; and
- I/we understand that Partners Life Limited will draw money from my/our chosen payment method where applicable (bank account, credit card or debit card) on the date specified by me/us in my/our application, or on the nearest corresponding date thereafter (and ongoing in accordance with my/our specified payment frequency). I/we understand that, and give consent to, the first billing may be within 10 days of you sending me/us confirmation that my/our chosen account will be debited.
- I/we will be bound by the standard conditions applicable to the proposed insurance upon Partners Life Limited's acceptance of this application; and
- I/we have been advised a specimen policy document is available to me/us on request from Partners Life Limited's head office; and

- I/we agree you will hold my/our personal information and use it to provide the products and services I/we have requested, including for the assessment, management, and administration of this application and any subsequent insurance contract or claims that I/we make. I/we understand and agree that my/our personal information (including but not limited to full medical history):
  - Is made up of information I/we provide you, you collect from third parties that I/we authorise you to contact, or third parties authorised to disclose information to you;
  - May be used by you to tell us about other products and services that may be of interest to me/us, unless I/we tell you otherwise;
  - May be disclosed to third parties who assist you in providing the products and services I/we have requested or where you are required by law to disclose such information to regulatory or government agencies; and
  - May be transferred overseas for information storage or reinsurance purposes.
- I/we consent and give authority to you to seek any information (including full medical history) you require for the purposes set out above from:
  - Health treatment and/or medical providers;
  - Other insurers who you have previously had dealings with;
  - Previous and/or current employers;
  - Regulatory or government agencies;
  - Financial advisers;
  - Banks and financial institutions; and
  - Credit reference and fraud prevention agencies.
- I/we understand that your Privacy Policy is set out in full on the Partners Life website or that I/we can request a copy from you.
- I/we acknowledge that the illustration related to the quote number as specified at the top of page 1 of this application (or any subsequently provided illustrations which are to amend the original illustration) forms part of the application and sets out the insured benefits I/we are applying for; and
- I/we accept any pre-assessment exclusions listed in section 12 of this application form will be applied to the benefits included under this policy; and
- I/we agree that a photocopy, facsimile digital reproduction or scan of this application form, declaration and consent will be as valid as the original.
- I/we agree that the adviser who has submitted this application to Partners Life Limited on my/our behalf is to be my/our servicing adviser for all Partners Life policies I/we hold from this date onwards until instructed otherwise by me/us.
- I hereby confirm that prior to completing this application for insurance I/we had either:
  - Invited the Adviser detailed in Section 15.0 of this application form to discuss and agree to this application for insurance with me/us; or
  - If the discussion was uninvited by me/us, I/we have been verbally notified by the Adviser detailed in Section 15.0 of this application form of my/our right to cancel the contract within 5 working days of receipt of the policy document.

Name of first life to be assured

Signature of first life to be assured

Date

D D M M Y Y

Name of second life to be assured

Signature of second life to be assured

Date

D D M M Y Y

First policy owner's name/company details (if different from life to be assured)

Signature/authorised signature of first policy owner

Date

D D M M Y Y

Second policy owner's name/company details (if different from life to be assured)

Signature/authorised signature of second policy owner

Date

D D M M Y Y

Parent or guardian if life to be assured is under the age of 16.

Name of parent or guardian

Signature of parent or guardian

Date

D D M M Y Y

As of 15 December 2022, Partners Life has an A (Excellent) financial strength rating from A.M. Best, an approved RBNZ rating agency. For the latest rating or further details around the latest rating, please visit [www.ambest.com](http://www.ambest.com).

Superior		Excellent		Good		Fair		Marginal		Weak		Poor
A++	A+	A	A-	B++	B+	B	B-	C++	C+	C	C-	D