

Application

Transfer to new policy – no underwriting required

Please complete and return to us by:

Email (scanned copies) to newbusiness@asteronlife.co.nz
 OR
 Post to Asteron Life New Business, PO Box 30131,
 Te Puni Mail Centre, Lower Hutt 5040, Freepost 795

Adviser/Office use only:

Adviser number
 Adviser name

Policy number

1. Insured person details

Title First name(s) Last name
 Home Address

 Postal Address
If different to home address
 Phone Number Home (0) Work (0) Mobile (0)
 Email

Is the person to be insured also a policy owner? Yes No
If yes, go to section 3. If no, please complete section 2.

2. Policy owner details

Title First name(s) Last name
 Home Address

 Postal Address
If different to home address
 Phone Number Home (0) Work (0) Mobile (0)
 Email

3. Changes to your Cover

Cover type e.g. Life Cover	Existing total	Portion to remain stepped on existing policy	Portion transferred to level (on new policy)	Portion transferred to stepped (on new policy)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Is Indexation to be applied to new policy? Yes No

4. Acknowledgement

- I/We have received, read and understood the terms and conditions that apply to the portion of cover transferred.
- 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 change 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.

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 Ratings Outlook is **Stable**. The rating scale is Standard & Poor's Long-Term Insurer Financial Strength Rating scale*:

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 rates

*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.

Policy Owner(s) 1

Full name Signature **Sign here** Date

Policy Owner(s) 2

Full name Signature **Sign here** Date

Person to be Insured

Full name Signature **Sign here** Date

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'.

Adviser details

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
- MRC-Disability & MRC-Redundancy/Bankruptcy 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 %

5. **Multiple life and Multiple policy discounts**

- a. Does a **multiple life discount** apply to this application?Yes No
If 'yes', please provide details of the other Asteron Life policy number(s).

Policy	Person insured	Relationship to insured on this application

b. Does a **multiple cover discount** apply to this application?Yes No
If yes, please list details of the Asteron Life policies.

The multiple cover discount is available if this application is accepted for both a lump sum cover AND disability income cover types. The discount is also available if the client is applying for lump sum cover and already has disability income cover OR is applying for disability income cover and already has lump sum cover. If the insured has lump sum covers on existing Asteron Life policies that you would like to be counted for a multiple cover discount, please give details below:

Policy	Person insured	Relationship to insured on this application

Adviser

Adviser signature

Sign here

Date / /