

# Application

## Conversion of Kids Cover to Asteron Life Personal Insurance

Please note: "Kids Cover" from Personal Insurance and "Kids SmartLiving" from the SmartLife series are the same cover. You may use this form for conversion of either to adult cover. Kids SmartLiving policy holders are only required to complete sections 1, 2, 5 and 6.

### Please complete and return to us by:

Email (scanned copies) to [newbusiness@asteronlife.co.nz](mailto: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

## Privacy statement

Asteron Life Limited ("Asteron Life") and the wider Suncorp Group complies with the Privacy Act when dealing with personal information.

### Collection and use of information

We confirm that we collect and use personal information about you and the insured person with Asteron Life for the following main purposes:

- To enable any application you make, or any policy you hold with Asteron Life or any other insurance office, to be processed, underwritten, reinsured and/or accepted.
- To enable any policy held with Asteron Life to be serviced and maintained, and to enable any claim you make against such a policy to be processed, including checking the validity of the policy.
- To enable Asteron Life and its authorised intermediaries to monitor and service your ongoing insurance requirements, including providing you with advice and information concerning life insurance, income protection insurance, or any other insurance products and services from us or our partners.

### Disclosure of information

We 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. This may include where we have introduced you to a new Adviser whom you appoint.

### Storage, access and correction

Your personal information is stored securely with Asteron Life or other companies within the wider Suncorp Group. Your information may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You have a right to request access to, and correction of, your personal information by contacting the Asteron Life Customer Service team on 0800 737 101, email them at [contactus@asteronlife.co.nz](mailto:contactus@asteronlife.co.nz) or writing to PO Box 894, Wellington.

For further information about how we deal with your personal information, please refer to the "Asteron Life Privacy Statement". It is available at [www.asteronlife.co.nz](http://www.asteronlife.co.nz), by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

## 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.

Current policy number

Internal use  
Client number

## 1. Insured person details

Title	<input type="text"/>	First name(s)	<input type="text"/>	
Last name	<input type="text"/>	Date of birth	<input type="text"/>	
Home address	<input type="text"/>	Postal address	<input type="text"/>	
	<input type="text"/>	<i>If different to home address</i>	<input type="text"/>	
Home phone number	<input type="text"/>	Work phone number	<input type="text"/>	
Mobile phone number	<input type="text"/>	Email	<input type="text"/>	

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

## 2. Policy owner details

(If other than the life insured)

Internal use Client number	<input type="text"/>
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### Policy owner(s) 1

Title	<input type="text"/>	First name(s)	<input type="text"/>	
Last name	<input type="text"/>	Date of birth	<input type="text"/>	
Home address	<input type="text"/>	Postal address	<input type="text"/>	
	<input type="text"/>	<i>If different to home address</i>	<input type="text"/>	
Home phone number	<input type="text"/>	Work phone number	<input type="text"/>	
Mobile phone number	<input type="text"/>	Email	<input type="text"/>	

### Policy owner(s) 2

Title	<input type="text"/>	First name(s)	<input type="text"/>	
Last name	<input type="text"/>	Date of birth	<input type="text"/>	
Home address	<input type="text"/>	Postal address	<input type="text"/>	
	<input type="text"/>	<i>If different to home address</i>	<input type="text"/>	
Home phone number	<input type="text"/>	Work phone number	<input type="text"/>	
Mobile phone number	<input type="text"/>	Email	<input type="text"/>	

## 3. Occupation (Not required for Kids SmartLiving policy holders)

What is your current occupation?

## 4. Your smoking status (Not required for Kids SmartLiving policy holders)

Within the last 12 months have you used e-cigarettes/vaporisers (with or without nicotine), used or smoked any product containing tobacco, or used nicotine replacement therapy?.....Yes  No

## 5. Declarations (Must be completed)

### Consent

I, 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 understand that Asteron Life can only obtain information about me for the purpose of assessing or re-assessing an application for cover, an application to alter or reinstate cover, or a claim; 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. I 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 and "Your duty of disclosure" on page 1, 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 correct 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 attaches when any application is made to extend, vary or reinstate the policy, or an 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.

### 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 scale is Standard & Poor's Long-Term Insurer Financial Strength Rating scale\*:

<b>AAA</b> Extremely Strong	<b>B</b> Weak
<b>AA</b> Very Strong	<b>CCC</b> Very Weak
<b>A</b> Strong	<b>CC</b> Extremely Weak
<b>BBB</b> Good	<b>SD</b> Selective Default
<b>BB</b> Marginal	<b>D</b> Default

\*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](http://www.asteronlife.co.nz) Guide to filling in the Kids Cover Conversion form.

**Person to be insured**

Full name

Signature  **Sign here** Date

**Policy owner(s) 1**

Full name

Signature  **Sign here** Date

**Policy owner(s) 2**

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'.*

## Guide to filling in the Kids Cover Conversion form

1. This completed application and the new premium for new adult cover under the Kids Cover Conversion benefit must be received by Asteron Life within 30 days of the Kids Cover ending.
2. Maximum sums insured and cover options available:

Existing Kids Cover sums insured	Cover options available for conversion
Less than or equal to \$100,000	<ul style="list-style-type: none"><li>i. Up to \$100,000 Life Cover with up to \$100,000 accelerated Trauma Recovery Cover, or</li><li>ii. Up to \$100,000 Life Cover with up to \$100,000 accelerated Modified TPD Cover, or</li><li>iii. Up to \$100,000 Trauma Recovery Cover only, or</li><li>iv. Up to \$100,000 Modified TPD Cover only.</li></ul>
Greater than \$100,000	<p>Maximum sums insured will be the same as when the Kids Cover ends. You can choose from the following covers (or their closest equivalents):</p> <ul style="list-style-type: none"><li>• Life Cover, or</li><li>• Life Cover and accelerated Modified TPD Cover, or</li><li>• Life Cover and accelerated Trauma Recovery Cover, or</li><li>• Modified TPD Cover, or</li><li>• Trauma Recovery Cover.</li></ul>

- 3. See the relevant section of your policy document for situations when Kids Cover conversion will not apply.**
4. Any other special terms for the insured child that applied under Kids Cover immediately before conversion will also apply under the new policy.
5. Premiums will be calculated:
  - i. using the rates that are current at the time of applying for the new adult cover
  - ii. increased by any loading factors that applied under this policy immediately before the Kids Cover expired.
  - iii. applying any other special terms in place for the insured child under their Kids Cover policy immediately before conversion
6. The new cover will begin once we have received this application form and first premium. We will send the policy owner a new Policy Document.
7. Remember to include an AsteronConnect illustration with this form.
8. Normal underwriting criteria will apply to any disclosures made.

## 6. Setting up your payments

You can select either to pay via Direct Debit or Credit card – simply phone us on **0800 737 101** and we can arrange payment of your annual premium over the phone, or set up your installment payments to come directly from your credit/debit/charge card.

If paying by bank account, you can complete the Direct Debit section below and return it to us by email or Freepost.

### 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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	2012	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# 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.
  - d. 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.

# Adviser details

Adviser to complete in all cases.

## Servicing adviser's report

Adviser number     Adviser's name

Adviser's daytime phone number  Email

Who completed this application form (i.e. whose handwriting)?

I confirm that the illustration(s) attached to this application accurately reflects the person(s) to be insured and the details and requirements of the policy owner(s) and has been verified by the policy owner(s).....Yes  No

Signature of Adviser  [Sign here](#) Date

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
Personal Insurance	<input type="checkbox"/>

1. 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"/>

2. 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"/>

**Please note:**

- Accelerated covers will be the same commission type as the main cover
- Disability and Redundancy will be the same commission type

3. **Commission split** *If left blank your default commission split will apply*

	Adviser name	Adviser number	Initial commission	Service commission
			%	%
			%	%
			<b>100 %</b>	<b>100 %</b>

**Asteron Life**

PO Box 894, Wellington 6140, NZ

Ph: **0800 737 101** (Contact Centre hours: Mon-Fri 8.30am-5pm)

Email: [newbusiness@asteronlife.co.nz](mailto:newbusiness@asteronlife.co.nz) Web: [asteronlife.co.nz](http://asteronlife.co.nz)

Issuer: Asteron Life Limited