

# Application

## Conversion of portion of Trauma Cover to Major Trauma Benefit

**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

Current policy number

### 1. Insured person details

Title	<input type="text"/>	First name(s)	<input type="text"/>	Last name	<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"/> (0 )		Work phone number	<input type="text"/> (0 )	
Mobile phone number	<input type="text"/> (0 )		Email	<input type="text"/>	

### 2. Policy owner details (if other than the life insured)

**Policy Owner(s) 1**

Title	<input type="text"/>	First name(s)	<input type="text"/>	Last name	<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"/> (0 )		Work phone number	<input type="text"/> (0 )	
Mobile phone number	<input type="text"/> (0 )		Email	<input type="text"/>	

**Policy Owner(s) 2**

Title	<input type="text"/>	First name(s)	<input type="text"/>	Last name	<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"/> (0 )		Work phone number	<input type="text"/> (0 )	
Mobile phone number	<input type="text"/> (0 )		Email	<input type="text"/>	

### 3. Amount of Trauma Cover to be converted to Major Trauma Benefit

Existing total Trauma Cover	Portion to remain Trauma Cover	Portion to be changed to Major Trauma Benefit
\$	\$	\$

### 4. Acknowledgement and Signatures

- I/We have received, read and understood the terms and conditions that apply to the Covers applied for.
- 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\*:

<b>AAA</b> Extremely Strong	<b>CCC</b> Very Weak
<b>AA</b> Very Strong	<b>CC</b> Extremely Weak
<b>A</b> Strong	<b>SD</b> Selective Default
<b>BBB</b> Good	<b>D</b> Default
<b>BB</b> Marginal	<b>R</b> Regulatory Supervision
<b>B</b> Weak	<b>NR</b> 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. The full version of this rating scale can be obtained from [www.asteronlife.co.nz](http://www.asteronlife.co.nz)


#### Person to be Insured

Full name

Signature   Date


#### Policy Owner(s) 1

Full name

Signature   Date

#### Policy Owner(s) 2

Full name

Signature   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

Adviser to complete in all cases.

## Servicing Adviser's report

Adviser number     Adviser's name

Adviser's daytime phone number (0 )  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  Date  /  /

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
Major Trauma Benefit		<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
Major Trauma Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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>

**Disclaimer:** The material in the adviser section has been prepared by Asteron Life Limited ("Asteron Life") as a briefing for Advisers only and is not for clients' use. Terms, conditions, exclusions and limits apply. It is the adviser's responsibility to make the client aware of the full detail contained in the policy document, the fact that availability of insurance cover is subject to the acceptance and approval of a complete application, and the fact that any payment is subject to a claim being accepted. Asteron Life disclaims all liability in this regard.

**Asteron Life Ltd**

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