

Application

Adding Specific injury support benefit to your policy

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

Please add Specific Injury to policy number

Please select which Specific injury support benefit you are adding: Specific injury – Monthly Specific injury – Lump sum

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"/>	<i>If different to home address</i> <input type="text"/>
Contact phone number <input type="text"/>	Occupation <input type="text"/>	
Email <input type="text"/>	Industry <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"/>	<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"/>
Home Address <input type="text"/>	Postal Address <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. Acknowledgement and Signatures

- I/We have received, read and understood the terms and conditions that apply to the Benefit 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 rating scale is Standard & Poor's Long-Term Insurer Financial Strength Rating scale*:

AAA Extremely Strong	BBB Good	CCC Very Weak	D Default
AA Very Strong	BB Marginal	CC Extremely Weak	R Regulatory Supervision
A Strong	B Weak	SD Selective Default	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. The full version of this rating scale can be obtained from www.asteronlife.co.nz

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'.

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 Date / /

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
PO Box 894, Wellington 6140, NZ
Ph: **0800 737 101** (Contact Centre hours: Mon-Fri 8am-6pm)
Fax: 0800 246 067 Email: newbusiness@asteronlife.co.nz
Web: asteronlife.co.nz