

# Application

## Indexation at cover level for Personal and Business Insurance

Indexation will apply at the next policy anniversary date and details will be shown on your statement.

Please complete and return to us by:	Adviser/Office use only:
Email (scanned copies) to contactus@asteronlife.co.nz OR	Adviser number
Post to Asteron Life, PO Box 894, Wellington 6140	Adviser name
Current policy/proposal number	

#### 1. Insured person details

Title		First name(s)		Last name	
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#### 2. Covers to apply the indexation

Indexation is applied at cover level and applies to any linked benefits and covers.

Cover name	Stepped or level	Amount	Indexation
		\$	
		\$	
		\$	
		\$	
		\$	

#### 3. Notes



### 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\*:

AAA Extremely Strong	CCC Very Weak	
AA Very Strong	CC Extremely Weak	
A Strong	SD Selective Default	
BBB Good	<b>D</b> 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. The full version of this rating scale can be obtained from www.asteronlife.co.nz

#### Policy Owner(s) 1

Full name				
Signature		Sign here	Date	
Policy Owner(s)	2			
Full name				
Signature		Sign here	Date	/ /