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Special Events Increase Benefit Application

Including Increasing Income Benefit, Increasing Mortgage Benefit, Mortgage Restructure Benefit, Increasing Interest Rate Benefit

1.0 Lives to be assured

Life assured 1 (LA1)

Mr First name

Mrs Middle name(s)

Miss Surname

Other Male Female Date of birth

Title First name(s)

Or company name

Street address

Town/City Postcode

Email address

Contact number

Alternative contact number

Life assured 2 (LA2)

Mr First name

Mrs Middle name(s)

Miss Surname

Other Male Female Date of birth

Title First name(s)

Or company name

Street address

Town/City Postcode

Email address

Contact number

Alternative contact number

2.0 Policy owners (if different from lives assured)

First owner

Mr First name

Mrs Middle name(s)

Miss Surname

Other Male Female Date of birth

Title First name(s)

Or company name

Street address

Town/City Postcode

Email address

Contact number

Alternative contact number

Second owner

Mr First name

Mrs Middle name(s)

Miss Surname

Other Male Female Date of birth

Title First name(s)

Or company name

Street address

Town/City Postcode

Email address

Contact number

Alternative contact number

3.0 Special events increase reason

- | | | |
|---|--|--|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Every 5th Policy Anniversary | <input type="checkbox"/> Purchasing a new residential investment property |
| <input type="checkbox"/> Civil Union | <input type="checkbox"/> Birth or legal Adoption of a child | <input type="checkbox"/> Purchasing a bare block of land zoned as residential |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Increasing in existing residential mortgage | <input type="checkbox"/> Purchasing a holiday home |
| <input type="checkbox"/> Legal separation | <input type="checkbox"/> Purchasing a new home | <input type="checkbox"/> An increase in annual salary |
| <input type="checkbox"/> Death or terminal illness of a spouse or de facto partner or Civil Union partner | <input type="checkbox"/> Taking on Full Time Care (for the first time) of a dependent relative | <input type="checkbox"/> Commencement of full-time Tertiary Education by a Dependent Child |
| <input type="checkbox"/> Increase in Household Expenses | <input type="checkbox"/> Increase in Mortgage Repayments | <input type="checkbox"/> An increase in net business profits |
| | | <input type="checkbox"/> Increase in Interest Rate |

Please attach certified copies of evidence in support of the increase as detailed on the back of this application.

4.0 Cover to increase

Please provide details below of the amount you wish to increase your sum insured by and how much you would like to increase the sum insured to. Please note:

- Life Cover, Total and Permanent Disability Cover, Severe Trauma Cover, Moderate Trauma Cover and Trauma Cover
 - Under the Special Events Increase Benefit, the sum insured can be increased by the lesser of the increased mortgage or 5 times the increase in annual salary (for employees) or the net business profits (for self-employed) or \$300,000, provided the total of all increases do not exceed 100% of the aggregated sum insured.
- Terminal Illness Cover
 - Under the Special Events Increase Benefit, the sum insured can be increased by the lesser of the increased mortgage or 25% of the aggregated sum insured or 5x the annual increase in salary (for employees) or the net business profits (for self-employed) or \$300,000, provided the total increase does not exceed 100% of the aggregated sum insured.
- Life Income Cover
 - Under the Special Events Benefit, the sum insured can be increased by the lesser of \$1,000 per month or the increase in mortgage repayments or 40% of the annual increase in salary (for employees) or net business profits (for self-employed), provided the total of all increases do not exceed 100% of the aggregated sum insured.
- Income Cover, Income and Expenses Cover and Specific Condition Cover*
 - Under the Increasing Income Benefit the sum insured can be increased by the amount of your salary increase (for employees) or increased net business profits (for self-employed) until the sum insured reaches \$12,000 per month provided the total of all increases do not exceed 100% of the aggregated sum insured.
- Mortgage Repayment Cover
 - Under the Mortgage Restructure Benefit the Mortgage Repayment Cover sum insured can be increased by the amount that the mortgage repayments increased as a result of the mortgage being restructured.
 - Under the Increasing Mortgage Benefit the Mortgage Repayment Cover sum insured can be increased by the amount that the mortgage repayments increased as a result of the increase in mortgage debt.
 - Under the Increasing Interest Rate Benefit the Mortgage Repayment Cover sum insured can be increased by the amount that the mortgage repayments increased as a result of the interest rate increasing (OCR must have increased by at least 1 % in 12 months).
 - Under the Increasing Income Benefit the Mortgage Repayment Cover sum insured can be increased by the amount of your salary increase until the sum insured reaches \$12,000 per month provided the total of all increases do not exceed 100% of the aggregated sum insured.

Each increase under the Mortgage Restructure Benefit, the Increasing Mortgage Benefit and the Increasing Interest Rate Benefit is limited to \$1,500 per month and the option for these non-underwritten increases will cease when the sum insured reaches \$12,000 per month.

- Household Expenses Cover
 - Under the Increasing Expenses Benefit, the sum insured can be increased by the lesser of the amount the actual increase in expenses or \$1,500 per month until the sum insured reaches \$12,000 per month provided the total of all increases do not exceed 100% of the aggregated sum insured.

Protection benefit	Increase sum insured by	New sum insured amount
<input type="checkbox"/> Life Cover	\$	\$
<input type="checkbox"/> Life Income Cover	\$	\$
<input type="checkbox"/> Terminal Illness Cover	\$	\$
<input type="checkbox"/> Total and Permanent Disability Cover	\$	\$
<input type="checkbox"/> Severe Trauma Cover	\$	\$
<input type="checkbox"/> Moderate Trauma Cover	\$	\$
<input type="checkbox"/> Trauma Cover	\$	\$
<input type="checkbox"/> Specific Condition Cover	\$	\$
<input type="checkbox"/> Income Cover	\$	\$
<input type="checkbox"/> Income and Expenses Cover	\$	\$
<input type="checkbox"/> Mortgage Repayment Cover	\$	\$
<input type="checkbox"/> Household Expenses Cover	\$	\$

5.0 Supporting evidence Below we have set out what you can provide in support of your special events increase.

Special Event

Marriage
Civil Union
Divorce
Legal Separation
Death of a spouse or partner
Terminal Illness of a spouse or partner
Every 5th Policy Anniversary
Taking on Full Time Care of a dependent relative
Birth or legal Adoption of a child
Increasing in existing residential mortgage
Purchasing a new home
Purchasing a new residential investment property
Purchasing a holiday home
Purchasing a bare block of land zoned as residential
Commencement of Tertiary Education by a Dependent Child
An increase in annual salary
An increase in net business profits
Increase in expenses
Increase in mortgage repayments/interest rate

Evidenced by

Marriage certificate
Civil union certificate
Order of dissolution of marriage or civil union
Separation agreement
Death certificate
Letter from appropriate medical practitioner
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Statutory Declaration or court papers
Birth certificate for the child or adoption papers
Settlement statement, loan statement, or summary of loan details
Change of title
Change of title
Change of title
Change of title
Confirmation of enrolment and payment of fees
Written statement from the employer
Finalised annual accounts
Proof of additional/increase in monthly household expenses
Lender correspondence

*In the event of a claim within the 90days following the effective date of the increase, the increase will be limited to 10% of the pre-increase sum insured.

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*** Please attach an illustration setting out the sum insured to be applied for and the applicable premiums to be paid.**
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6.0 Declaration and Consent

Duty of disclosure

Before you enter this contract of insurance you have a duty to disclose to Partners Life Limited every matter that you know (or could reasonably be expected to know) is relevant to Partners Life Limited's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to Partners Life Limited when you apply to vary or reinstate the insurance. If you fail to comply with your duty of disclosure to Partners Life Limited, Partners Life Limited will enact the remedies available to it under the terms and conditions contained within the policy document.

The below named lives to be assured and policy owner(s) declare and agree that:

1. The information provided in this application whether in my/our handwriting or not is true and complete and I/we have not withheld or misstated any material fact; and
2. I/we understand that the insurance proposed in this application shall not commence until this application has been accepted by Partners Life Limited and the increased has been received by Partners Life Limited; and
3. I/we understand that Partners Life Limited will draw money from my/our chosen payment method where applicable (bank account, credit card or debit card) on the date specified by me/us in my/our original application, or on the nearest corresponding date thereafter (and on-going in accordance with my/our specified payment frequency). I/we understand that, and give consent to, the first billing may be within 10 days of Partners Life Limited sending confirmation that my/our chosen account will be debited.
4. I/we will be bound by the standard conditions applicable to the proposed insurance upon Partners Life Limited acceptance of this application; and
5. I/we authorise Partners Life Limited, its related companies, reinsurers or its appointed financial advisers to use information contained herein and any other information (including but not limited to full medical history) obtained from any of the organisations listed in clause 6 below to enable Partners Life Limited, its related companies, reinsurers or appointed financial advisers to manage the proposed offer of insurance or to enforce, maintain and manage any resulting insurance contract or to market other products and services or in such manner as is required to meet legal and regulatory obligations; and
6. I/we consent and give authority to Partners Life Limited to seek from the following, including their officers and employees, any information (including full medical history) Partners Life Limited requires for the purposes of assessing this application or any claim arising from this application. I/we consent for the following to disclose full information to Partners Life Limited for this purpose:
 - Any and all health treatment providers; and
 - Any and all medical information providers; and
 - Insurers; and
 - Accident Compensation Corporation; and
 - Employers (whether current or not); and
 - Government organisations and enterprises; and
 - Accountants and other financial advisers; and
 - Banks and financial institutions; and
 - Any credit rating agencies.
7. I/we acknowledge that the illustration attached to this application (or any subsequently signed illustrations which are to amend the original illustration) forms part of the application and sets out the cover and sum(s) insured I/we are applying for; and
8. I/we accept that any exclusions or loadings listed on the policy schedule will be applied to the increased benefits included under this policy; and
9. I/we agree that a photocopy, scan or fax copy of this application form, declaration and consent will be as valid as the original.
10. I/we confirm that the life to be assured is not eligible to make or have already made a claim under any of the Protection Benefits I/we are applying to increase.

I/We understand that I/we will not be eligible for the increased sum insured if I am/we are entitled or intending to make a claim for the life to be assured, under any of the Protection Benefit(s) we are increasing, at the time or any time prior to the increase.

Name of first life to be assured	
Signature of first life to be assured	
Date	

Name of second life to be assured	
Signature of second life to be assured	
Date	

Name of first policy owner (if different from above)	
Signature of first policy owner	
Date	

Name of second policy owner (if different from above)	
Signature of second policy owner	
Date	

Office use only

Registered stamp

Adviser code	
Date	