

Smoking Update

How to fill in this form

Complete sections 1 and 2. Print and sign this form.

Return to Asteron Life by:

Email (scanned copies) to contactus@asteronlife.co.nz

Post to Asteron Life, PO Box 894, Wellington 6140, Freepost 795

1. Personal Details

Person Insured

Family name

Given name(s)

Policy Details

Policy number(s)

2. Declaration

Smoking Status

I wish to apply to change from smoker to non-smoker status on my policy and declare that:

- I have not used e-cigarettes/vaporisers (with or without nicotine), used or smoked any product containing tobacco, or used nicotine replacement therapy, in the last 12 months.
- I understand that if I provide any information in this request to change my smoking status that is substantially incorrect and material, then Asteron Life may not accept my request; or any update of my smoking status may be avoided. This will mean that any premium reduction will be unwound, and I will have to pay Asteron Life the premium reduction back to the date of the update, or Asteron Life can adjust the sum assured accordingly, at Claim time.

Privacy Act

For the purpose of the Privacy Act, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

I declare that my above smoking status is true and correct.

I have read and understood the Privacy Act section of this application.

Signature of
person insured

Sign here

Date