

Fidelity Life Life & Accelerated Benefits Short-form Application

Fidelity Life Assurance Company Limited

IMPORTANT INFORMATION REGARDING THIS APPLICATION FORM

- ▶ Applicants must be aged 17 next birthday to age 60 next birthday.
- ▶ The maximum Life Cover sum assured for use of the application form is \$1,000,000 and for Accelerated Trauma/Critical illness, Life Care, TPD is \$750,000.
- ▶ **Please attach an illustration** to this application detailing the benefits and levels of cover being applied for and a direct debit form if appropriate.

LIFE TO BE INSURED

Title	Mr <input type="radio"/>	Mrs <input type="radio"/>	Miss <input type="radio"/>	Ms <input type="radio"/>	Dr <input type="radio"/>
Surname					
First name(s)					
Residential address					
					<i>Postcode</i>
Mailing address, if different from above					
					<i>Postcode</i>
Marital status	<input type="text"/>			Male <input type="radio"/>	Female <input type="radio"/>
				Date of birth	
				Day	Month Year
Previous surname (if applicable)					
Telephone numbers	Home – Daytime <input type="radio"/> After hours <input type="radio"/>		Work – Daytime <input type="radio"/> After hours <input type="radio"/>		Mobile – Daytime <input type="radio"/> After hours <input type="radio"/>
Do you wish to be sent mail by Post <input type="radio"/> Email <input type="radio"/> or to both <input type="radio"/>	Email				
Occupation	<input type="text"/>		Industry	<input type="text"/>	
Average Gross Annual earnings (net of expenses) \$			Is Life to be Insured a Policy Owner? Yes <input type="radio"/> No <input type="radio"/>		

POLICY OWNER

Policy Owner (if other than Life to be Insured)

Title	Mr <input type="radio"/>	Mrs <input type="radio"/>	Miss <input type="radio"/>	Ms <input type="radio"/>	Dr <input type="radio"/>
Surname					
First name(s)					
Residential address					
					Postcode
Mailing address, if different from above					
					Postcode
Relationship to Life to be Insured			Male <input type="radio"/>	Female <input type="radio"/>	Date of birth
					Day Month Year
Previous surname (if applicable)					
Telephone numbers	Home – Daytime <input type="radio"/>		After hours <input type="radio"/>		Work – Daytime <input type="radio"/>
					After hours <input type="radio"/>
					Mobile – Daytime <input type="radio"/>
					After hours <input type="radio"/>
Do you wish to be sent mail by Post <input type="radio"/> Email <input type="radio"/> or to both <input type="radio"/> Email					

Select mailing address to be used – Life to be Insured if Policy Owner ☐ Policy Owner ☐

1. OTHER INSURANCE ARRANGEMENTS

Note: Please complete an Advice on Replacement Business form from the full Fidelity Life Risk Application if this application replaces any of the insurances listed here, or any insurance cancelled within the last 6 months.

- a. Are you currently proposing to any other company? Yes ☐ No ☐
- b. Has an application ever been declined, deferred, withdrawn or loaded or had an exclusion? Yes ☐ No ☐
- c. Do you have any life or trauma/critical illness insurance? Yes ☐ No ☐
- d. Is this application replacing an existing policy, or a policy discontinued within the last 6 months, with Fidelity Life of any other company? Yes ☐ No ☐
- If 'Yes' to questions a. to d., please give details

[illegible]

2. YOUR PERSONAL DETAILS

a. What is your –	Height	cms, or	ft	inches	Weight	kgs, or	st	lbs
b. What is your nationality?					Are you a permanent resident of New Zealand? Yes <input type="radio"/> No <input type="radio"/>			
c. Do you intend to travel to or live in another country?	Yes <input type="radio"/>	No <input type="radio"/>	If 'Yes', please give details of destination, purpose and duration					
d. Have you smoked in the last 12 months?	Yes <input type="radio"/>	No <input type="radio"/>	If 'Yes', what have you smoked?		Quantity smoked per day			
e. Do you consume alcohol?	Yes <input type="radio"/>	No <input type="radio"/>	If 'Yes', what type of alcohol e.g wine or beer?					
And number of standard* drinks per day								
* a standard drink = 1 nip of spirits or 1 glass of wine or 1 glass of beer								
f. Do you engage or intend to engage in any hazardous pursuit or pastime (e.g. aviation, hang gliding, motor racing, scuba diving)?					Yes <input type="radio"/> No <input type="radio"/>			
If 'Yes', please complete the appropriate questionnaire from the full Risk Application form.								

3. MEDICAL DETAILS

a. Has any application for life or disability insurance on your life ever been declined, loaded, deferred or modified in any way, or have you ever made a claim?	Yes <input type="radio"/>	No <input type="radio"/>
b. Have you ever suffered from or had symptoms of:		
Heart disorder, chest pain?	Yes <input type="radio"/>	No <input type="radio"/>
High blood pressure?	Yes <input type="radio"/>	No <input type="radio"/>
Tumours or cancer?	Yes <input type="radio"/>	No <input type="radio"/>
Diabetes?	Yes <input type="radio"/>	No <input type="radio"/>
Musculoskeletal disorders, injury or disease of the back, joints, muscles or bones?	Yes <input type="radio"/>	No <input type="radio"/>
Asthma or any other respiratory disease?	Yes <input type="radio"/>	No <input type="radio"/>
Arthritis or rheumatism?	Yes <input type="radio"/>	No <input type="radio"/>
Impaired speech, hearing, vision?	Yes <input type="radio"/>	No <input type="radio"/>
Kidney, bladder or bowel disorders?	Yes <input type="radio"/>	No <input type="radio"/>
Gastric or duodenal ulcers?	Yes <input type="radio"/>	No <input type="radio"/>
Mental or nervous disorders?	Yes <input type="radio"/>	No <input type="radio"/>
Liver disorders, e.g. Hepatitis?	Yes <input type="radio"/>	No <input type="radio"/>
Skin disorders, gout, allergies?	Yes <input type="radio"/>	No <input type="radio"/>
Stroke, paralysis or any other neurological disorders including epilepsy?	Yes <input type="radio"/>	No <input type="radio"/>
For conditions shown in bold please complete the appropriate questionnaire from the full Risk Application form		
c. Have you had any illness, injury, medical examination, advice or treatment not mentioned above?	Yes <input type="radio"/>	No <input type="radio"/>
If you have answered 'Yes' to any of the questions in a, b, or c above, please provide full details in the box below:		

Q number	Date symptoms Commenced	Details

d. Please give the name and address of your usual doctor			
When did you last consult him/her?		Please give the reason for consulting your doctor below	
Are you happy for Lifetest (a medical service company) to contact you if further medical requirements are needed?			
Yes <input type="radio"/> No <input type="radio"/>			
e. Questions relating to AIDS			
i) Have you ever received, or are you expecting any medical treatment, advice or blood test connected with AIDS or any AIDS related condition?	Yes <input type="radio"/> No <input type="radio"/>		
ii) Have you ever injected yourself with any drug not prescribed by a Medical Practitioner?	Yes <input type="radio"/> No <input type="radio"/>		
iii) Have you received a blood transfusion or treatment with human blood products since 1983?	Yes <input type="radio"/> No <input type="radio"/>		
If 'Yes' to questions i), ii) and/or iii), please give details			
Q Number	Details		
f. Family History			
i) Please give details regarding your natural birth family's health (If adopted or not known, please indicate)			
Relation	List ALL conditions and cause of death (if applicable) (If cancer, please give type and site)	Age at diagnosis	Current age OR Age at death
Father			
Mother			
Brother			
Brother			
Sister			
Sister			
ii) Is there any history of inherited or familial disease, heart disease, stroke, high blood pressure, diabetes, kidney disease, cancer (specify type and site), mental illness, haemophilia, Huntington's Chorea, muscular dystrophy, cystic fibrosis, or motor neurone disease in your natural family? If 'Yes', please give details	Yes <input type="radio"/> No <input type="radio"/>		

ADVISOR TO COMPLETE

	Adviser number	I/C % split	R/C % split
Adviser 1			
Adviser 2			

Amount collected for first premium \$

Commencement date for Direct Debits only –

Monthly – 1st to 28th or Fortnightly – 1st to 31st Day of week Month Year

For Spread Commission - as per attached quote

DECLARATION

Your Duty of Disclosure for the Life to be Insured and Policy Owner

Before you enter a contract of insurance you have a duty to disclose to Fidelity Life every matter that you know or could reasonably be expected to know is relevant to Fidelity Life's decision whether to accept the risk of insurance and if so on what terms. You have the same duty to disclose those matters to Fidelity Life that occur after signing this application and before your contract of insurance commences. You also have the same duty to disclose those matters to Fidelity Life before you apply to increase or re-instate your insurance. If you fail to comply with your duty of disclosure, **Fidelity Life may cancel your policy from inception**, alter the amounts and terms of the insurance or decline to consider any claim/s. If Fidelity Life cancels your policy from inception, all premiums paid may be forfeited.

Privacy Act 1993 and The Health Information Privacy Code 1994

- ▶ This application collects personal information about you, **the Life to be Insured and Policy Owner**. You have the right of access to, and correction of, this information.
- ▶ The personal information and any additional information obtained, (including medical and financial information) will be used by Fidelity Life, its subsidiaries, its officers, its advisers, reinsurers and other companies for processing on Fidelity Life's behalf, to calculate and administer the insurance you apply for and for the purposes and promotion of insurance and investment services to you. The information may also be used for statistical purposes provided you are not identified.
- ▶ The information is securely held by Fidelity Life Assurance Company Limited at 81 Carlton Gore Road, Newmarket, Auckland.
- ▶ The information may be disclosed outside of Fidelity Life group of companies where the disclosure is necessary for one or more purposes for which the personal information was collected, to the adviser named on this application (or allocated to your business), where required by law, to the policy owner and with your consent.
- ▶ If blood tests are required in connection to this application, results will be provided to your general practitioner named in this application.

Declaration and Authority by Life to be Insured and Policy Owner

- ▶ I/we have read the notice explaining my/our duty of disclosure. I/we have completed the sections in this application required to be completed. If I/we have not done this, I/we declare that I/we have read the completed application and the information given (including any personal statement) is true, accurate and complete. I/we have not withheld or misstated any material fact.
- ▶ No statement affecting this insurance has been made to any representative of Fidelity Life that is not recorded in this application.
- ▶ I/we acknowledge that the information I/we have provided and the information provided by anyone else on my/our behalf in this application will form the basis of the contract of insurance between me/us and Fidelity Life.
- ▶ I/we understand if additional information is required to process my/our application for insurance, I/we may be telephoned by an underwriter. The information that I/we provide to the underwriter will form part of my/our application for insurance.
- ▶ I/we will immediately notify Fidelity Life of any circumstances affecting the risk that may occur after signing this application and before the contract of insurance commences.
- ▶ I/we understand that the contract of insurance with Fidelity Life will not commence until this application has been accepted by Fidelity Life, acceptance terms have been agreed to by the policy owner and received by Fidelity Life and until payment of the premium is received, or receipt of a valid direct debit to operate within 30 days.
- ▶ I/we shall be bound by the standard terms and conditions in the policy to be issued to me by Fidelity Life.
- ▶ If I/we have provided my/our email address in this application, or if I/we provide it at some stage in the future, I/we consent to receive emails from Fidelity Life in respect of Fidelity Life and any further services.
- ▶ I/we have read and understand the sections in this application headed Privacy Act 1993 and The Health Information Privacy Code 1994, and Statement of Consent by life to be insured. I/we authorise Fidelity Life to disclose any personal information that it holds about me, to any person where the disclosure is necessary for one or more purposes for which the personal information was collected.

Statement of Consent by Life to be Insured

- ▶ I/we authorise Fidelity Life to obtain any information about me from any person and/or entity including, but not limited to, any and all health treatment providers (i.e. medical practitioner, specialist, hospital, clinic, counsellor, psychologist, therapist, dentist), insurers, Accident Compensation Corporation, employers (whether current or not), accountants, consultants, financial advisers, banks, financial institutions, any credit rating agencies and public authorities.
- ▶ I/we authorise any person and/or entity, including any of those listed above, to give any information about me to Fidelity Life.
- ▶ I/we agree that a photocopy of this statement of consent shall be as valid as an original and is sufficient evidence of my consent and authority to the disclosure of my information.

14-day Free Look

I/we understand that my/our contract of insurance can be cancelled during the 14-day Free Look period and all premiums refunded to me/us.

Signature of Life to be Insured

Signature of parent/guardian/employer for person under age 18

Day Month Year

Day Month Year

Signature of Policy Owner, if not the Life to be Insured

(If company-owned, authorised signatory must sign and indicate they are signing on behalf of the Company and their position in the Company.)

Date

Day Month Year