SOVEREIGN

life insurance - home loans - investments

application

Health Insurance

Please indicate how you would like us to refer to this policy in future correspondence (e.g. John's Protection Plan)

Would you like this policy to be grouped with another Sovereign policy for correspondence purposes?

☐ Yes ☐ No

If YES, please list policy numbers

(NB: Not all policies can be grouped. Contact your Operations Team for details).

For adviser use only - special instructions

		Second adviser (if applicable)
Credit this case to Sovereign adviser code		
Percentage split		
Adviser's company		
Adviser name		

SOVEREIGN
life insurance - home loans - investments

1 Life to be assured (1)

Mr/Mrs/Miss/Ms Last name | First names

Home address

Mailing address (if different)

Contact details Home phone ( ) | Business phone ( ) | Email

Date of birth / / | Place of birth | Male | Female

Previous name (if changed)

What is your height and weight? Height cms/feet & inches | Weight kgs/lbs

Life to be assured (2)

Mr/Mrs/Miss/Ms Last name | First names

Home address

Mailing address (if different)

Contact details Home phone ( ) | Business phone ( ) | Email

Date of birth / / | Place of birth | Male | Female

Previous name (if changed)

What is your height and weight? Height cms/feet & inches | Weight kgs/lbs

Children to be assured **(please note child cover is not available for Key Health)**

Child 1 Last name | First names

Male | Female | Date of birth / / | Place of birth

Child 2 Last name | First names

Male | Female | Date of birth / / | Place of birth

Child 3 Last name | First names

Male | Female | Date of birth / / | Place of birth

Child 4 Last name | First names

Male | Female | Date of birth / / | Place of birth

SOVEREIGN
life insurance · home loans · investments

2 Policy owner(s)

Please specify policy ownership

☐ Life to be assured (1) ☐ Life to be assured (2) ☐ Both lives to be assured

3 Payment details

Premium amount $

Deposit enclosed $

Payment frequency

☐ Monthly ☐ Annually ☐ Fortnightly (for direct debit payments only)

Please specify date of first payment e.g. 17th

Payment method

☐ Direct debit **or** (please complete the attached Sovereign Direct Debit Authority)

☐ Use existing Sovereign direct debit authority

Policy number

Account name

Bank account number

☐ MasterCard ☐ Visa

Account No.

Name on card

Expiry Date / /

Please specify date of first payment e.g. 17th / /

Payment amount $

☐ Annual cheque

Please make cheques payable to **Sovereign Services Limited**. Cheques should be marked 'not transferable' or 'account payee only'.

☐ Group deduction

Group name

(Please complete and attach a Group Deduction Authority if applicable)

4 Benefit Details (please attach an illustration setting out the benefits applied for)

SOVEREIGN
life insurance · home loans · investments

5 Personal Statement

We understand that the medical questions we ask in this section may be sensitive, but it is important that you give us all the information that may affect your application for insurance. If you prefer, you can complete this form in private and post it directly to Sovereign at Private Bag Sovereign, Auckland Mail Centre 1020.

If you answer 'YES' to any of the following questions, please provide the details in the space provided. If more space is required please use a separate sheet of paper and attach it to this application. Please give as much detail as possible including details of any medical condition, treatment, dates of treatment and results, and be sure to indicate who the information relates to.

Health Information

Please provide the name and address of your usual doctor and any other doctor holding your records if different.
Indicate the name of the medical professional or clinic holding your records with an asterisk *.

	Doctor's name	Doctor's address	Patient since
Life Assured (1)			
Life Assured (2)			
Child (1)			
Child (2)			
Child (3)			
Child (4)			

A)
Have you had a medical exam, test, x-rays or advice, treatment or surgery from a health professional in the last five years? Please ✓ Yes or No.

Life Assured (1)	Life Assured (2)	Child (1)	Child (2)	Child (3)	Child (4)
☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

B)
Are you currently receiving treatment, tests or observation from a health professional?
Please ✓ Yes or No.

Life Assured (1)	Life Assured (2)	Child (1)	Child (2)	Child (3)	Child (4)
☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

C)
Are you considering seeking advice, treatment, tests or surgery for your health?
Please ✓ Yes or No.

Life Assured (1)	Life Assured (2)	Child (1)	Child (2)	Child (3)	Child (4)
☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

D)
Do you suffer, or have you ever suffered from, or have you ever had treatment or surgery or medical tests or prescribed medication for any of the following? Please ✓ yes or no.

	Life Assured (1)	Life Assured (2)	Child (1)	Child (2)	Child (3)	Child (4)
Ears, eyes, nose, throat:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Oral surgery, wisdom teeth problems:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Heart complaint, chest pain, high blood pressure, high cholesterol:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Breathing problems including asthma, bronchitis, respiratory disease:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Brain or neurological disorder such as epilepsy, stroke, multiple sclerosis:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Kidney disease, kidney stones, kidney infections:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Liver disease or disorder:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

Health Information (continued)

E)

Do you suffer, or have you ever suffered from, or have you ever had treatment or surgery or medical tests or prescribed medication for any of the following? Please ✓ yes or no.

	Life Assured (1)	Life Assured (2)	Child (1)	Child (2)	Child (3)	Child (4)
Diabetes, gout, thyroid disorder:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Bladder, urinary or prostate condition:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Gastro-intestinal problems including bowel complaints, ulcers or colitis:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Cancer, tumour or cyst:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Disease, disorder or injury to bones, muscles, joints, including arthritis and rheumatism:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Reproductive organs, gynaecological disorders, abnormal cervical smears:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Breast lumps, lesions or cysts:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Varicose veins:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Blood disorder including anaemia and clotting disorders:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Irregular, heavy or painful menstrual bleeding, ovarian or hormonal problems, abortion or miscarriage:	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

F)

Is your health impaired in any way? Please ✓ Yes or No.	Life Assured (1)	Life Assured (2)	Child (1)	Child (2)	Child (3)	Child (4)
	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

G)

Do you suffer from, or have you ever suffered from, any other illness, sickness, disease or injury or medical condition? Please ✓ Yes or No.	Life Assured (1)	Life Assured (2)	Child (1)	Child (2)	Child (3)	Child (4)
	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

If you answered 'Yes' to any of the questions, please give full details below, including the name of life or child to be assured, medical condition, treatment received and dates of treatment:

SOVEREIGN
life insurance - home loans - investments

Supplementary Information

H)

Does any life, or child, to be assured currently smoke?
If 'Yes', please provide the names of those who smoke and details.

☐ Yes ☐ No (please ✓ one)

	Cigarettes (quantity per day)	Cigars (quantity per day)	Tobacco (quantity per day)	Other (please specify)
Name				
Name				

Has any life, or child, to be assured ever smoked?
(Please ✓ one).

Name	☐ Yes	☐ No	When?	For how long?
Name	☐ Yes	☐ No	When?	For how long?

I)

Do all lives, or children, to be assured have Permanent Residence, New Zealand citizenship or a Work Permit or Student Permit with a duration exceeding two years?
If 'No' please give full details:

☐ Yes ☐ No (please ✓ one)

J)

If we require further information to complete this application, can we use our Telephone Underwriting Service?

☐ Yes ☐ No (please ✓ one)

Best time to call

Phone number

Telephone underwriting is a service that helps us process your Application quickly and simply. If we require information, a Sovereign Telephone Underwriter will phone you at a time and place that is most convenient to you. They may ask you questions about your health so we can process your Application. We use this additional information to assess the acceptance terms for your Application. The information you provide will be taken down and a copy of the questions and your answers will be posted to you. We ask that you check that the details are correct and advise us of any necessary amendments, within 7 days of receiving this information.

6 Additional information

SOVEREIGN
life insurance - home loans - investments

7 Declaration and consent

Your Duty of Disclosure – Important Notice

Before you enter into this contract of Insurance ("Insurance") you have a duty to disclose to Sovereign Assurance Company Limited ("Sovereign") every matter that is material to its 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 Sovereign before you apply to vary or reinstate the Insurance. If you fail to comply with your duty of disclosure to us and we would not have issued the Insurance on the same terms if disclosure had been made we may cancel and avoid the Insurance from inception.

The below named Life to be Assured and Policy Owner(s) declare and agree that:

(a) The above answers have/have not been entered by me/us in this Application ("Application") but they have been checked by me/us and no statement affecting this Insurance has been made to any representative of Sovereign that is not recorded in this Application.

(b) I/We acknowledge that the Illustration attached to Section 4 of this Application forms part of the Application and sets out the Insurance benefits I/We are applying for.

(c) I/We have read the notice explaining my/our duty of disclosure and all the statements contained in this Application are true and complete to the best of my/our knowledge.

(d) Should the Life or child to be Assured, undergo any alteration in mental or physical health or have a change of occupation between the date of this Application and the issue of the Insurance, I/we agree to notify Sovereign immediately as this information is relevant to any decision Sovereign may make to accept this Application.

(e) I/We understand that statements made in this Application including any statements made by me/us to any medical examiner or made by any medical examiner on my/our behalf forms the entire basis of the Insurance contract between me/us and Sovereign.

(f) I/We understand the Insurance proposed in this Application SHALL NOT COMMENCE until this Application has been accepted by Sovereign and the initial premium or a completed Direct Debit Authority or premium payment direction (such as a credit card) has been received by Sovereign.

(g) I/We authorise Sovereign to debit the nominated credit card account with the premiums payable. Sovereign may debit the credit card account with a premium even where there may be insufficient clear funds in the credit card account, but Sovereign shall not be obliged to do so. If there are insufficient funds but Sovereign debits the credit card account, Sovereign may also debit the credit card account with any applicable fees and charges. If the premium cannot be recovered from me/us, then Sovereign may reverse the premium payment resulting in the premiums being treated as not having been paid and Sovereign may be entitled to cancel the Insurance in accordance with the Insurance terms relating to non-payment of premiums.

(h) I/We will be bound by the standard conditions applicable to the proposed insurance upon Sovereign's acceptance of this Application.

(i) I/We have been advised that a Specimen Policy Document and the Financial Statements of Sovereign are available to me/us on request from Sovereign's Head office.

(j) I/We consent to the use of the personal information provided in this Application by Sovereign and/or any related companies, their subsidiaries, their officers, their advisers and reinsurers so that they can assess this Application for Insurance, for the processing of this Application, administer the Insurance and any claims, and promote insurance and investment services to me/us.
I/We understand that the personal information collected will be held at Sovereign's Head Office, 33-45 Hurstmere Road, Takapuna.
I/We understand that access to and correction of my/our personal information may be requested by me/us.

(k) I/We acknowledge that I/we are signing on behalf of any children and declare that I/we have disclosed all health information, including any pre-existing conditions, for such children and ourselves.

(l) I/We understand that if additional information is required to process my/our Application for insurance, I/We may be telephoned by a Telephone Underwriter. The information that we provide to the Telephone Underwriter will form part of my/our Application for insurance.

(m) I/We consent and give authority to Sovereign and/or any of its related companies to seek from all and any of the following, their officers and employees and to disclose to Sovereign and/or any of its related companies, their advisers, reinsurers, any legal tribunal before which any question concerning the Insurance may arise, any medical, financial or other personal information affecting such Insurance which they may hold in respect of me/us:

- Registered Medical Practitioners and Specialists
- Dentists
- Employers (whether current or not)
- Insurers (whether public or private)
- Hospitals (whether public or private)
- Medical laboratories
- Accountants and other financial advisers
- Counsellors, psychologists and therapists
- Accident Compensation Corporation
- Government departments, agencies, organisations and enterprises
- Banks and other financial institutions

I/We agree that a photocopy of this authority will be valid as an original. I/we agree that this authority applies to those signatures listed below.

(n) I understand that neither ASB Bank Limited or its subsidiaries, the Commonwealth Bank of Australia, nor any other company in the Commonwealth Bank of Australia Group, nor any of their directors, nor any other person, guarantees Sovereign Assurance Company Limited or its subsidiaries, nor any of the products issued by Sovereign Assurance Company Limited or its subsidiaries.

Failure to make this declaration truthfully may invalidate your Insurance.

Please print full names of all persons to be assured, including children

Parents' consent where Life to be Assured is less than 16 years of age

I consent to this application for Insurance and certify that the answers to the questions in the application are true and complete to the best of my knowledge.

Relationship (please tick): ☐ Parent ☐ Guardian

Signature of parent or guardian of Life to be Assured: **Date** / /

Signature of Life to be Assured (1) **Date** / /

Signature of Life to be Assured (2) **Date** / /

Signature(s) of Policy Owner(s)

H3-09/06

Authority to Accept Direct Debits

(not to operate as an assignment or agreement)
Please complete shaded areas

To the Manager

Bank	
Branch	
PO Box	
Town/City	

Sovereign Services Limited
Sovereign House
33-45 Hurstmere Road
Takapuna
North Shore

Private Bag Sovereign
Auckland Mail Centre 1020

Telephone +64 9 487 9000
Facsimile +64 9 487 8003
Freephone 0800 500 108
Freefax 0800 329 768

enquire@sovereign.co.nz
www.sovereign.co.nz

Authorisation Code	1	2	0	0	3	6	5

Full name of policy owner	
Daytime phone no.	Business phone no.
Email	

If this debit relates to an existing policy please note policy number(s):

Date of first payment:
(Between 1st and 28th of the month)

Account details
Customer to complete details of account to be debited (Please print in block capitals)

Name of account

Bank	Branch number	Account number	Suffix

(Please attach an encoded deposit slip to ensure your account number is loaded correctly)

Authorisation

I/We authorise you until further notice in writing to debit my/our account with you all amounts which **Sovereign Services Limited** (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

The following will appear on my/our bank statement
(My/our policy number will print under payer reference)

Payer particulars	Payer code	Payer reference
SOVEREIGN		

Authorised signature(s) – your signature must appear here

Date: / /

For bank use only

Approved	
0036	
02	02

Date Received	Recorded By:	Checked By:

Bank Stamp

SOVEREIGN
life insurance - home loans - investments

Conditions of this Authority

1. The Initiator:

10 Day Advance Notice of each Direct Debit

(a) Has agreed to give written advance notice of the net amount of each Direct Debit and the due date of debiting at least 10 calendar days before (but not more than 2 calendar months) the date the Direct Debit will be initiated. The advance notice will be provided either:
(i) in writing; or
(ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

The advance notice will include the following message:
"Unless advice to the countary is received from you by (*date), the amount of $_____ will be directly debited to your bank account on (initiating date)."

*This date will be at least two (2) days prior to the due date to allow for the amendment of Direct Debits.

Regular Payments

(b) Undertakes to give written notice to the Customer of the commencement date, frequency and amount at least ten calendar days before the date the first Direct Debit is initiated, (but not more than two calendar months). This notice will be provided either:
(i) in writing; or
(ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

Where the Direct Debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide the Customer with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advance notice of at least 30 days before changes come into effect. This notice must be provided either:
(i) in writing; or
(ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

(c) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

(a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
(b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
(c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) and (c) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such a request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

(a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
(b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
(c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.
(d) The Bank accepts no responsibility or liability for the accuracy of information about payments on Bank Statements.
(e) The Bank is not responsible for, or under any liability in respect of:
- any variations between notices given by the Initiator and the amounts of Direct Debits;
- the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
(f) Notice given by the Initiator in terms of 1 (b) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

(a) In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
(b) At any time terminate this authority as to future payments by notice in writing to me/us.
(c) Charge its current fees for this service in force from time to time.

SOVEREIGN
life insurance · home loans · investments

Advice on replacement business

(A separate form is to be completed for each existing contract/policy/plan to be replaced).

The original of this form should be held by the Policy Owner, and a copy sent to the Company issuing the new contract, policy or plan.

Details of new contract/policy/plan

Name(s) of Policy Owner(s)

Type of contract/policy/plan | Annual Premium or Contribution $

Is initial commission being received in relation to the new contract? ☐ Yes ☐ No

Is renewal commission being taken as an alternative form? ☐ Yes ☐ No

Details of contract/policy/plan being replaced

Name(s) of Policy Owner(s)

Name of Insurer

Type of contract/policy/plan No(s) | Annual Premium or Contribution $

Details of replacement - statement by adviser/intermediary

(a) The specific reasons for the replacement of this existing contract/policy/plan are

(b) The policy to be replaced cannot adequately fulfil the owner's objectives because

(c) The following death/disability risks/medical costs or procedures (delete those not applicable) are NOT covered by the new contract/policy/plan which WERE covered by the old contract/policy/plan

Name of adviser/intermediary

Address of adviser/intermediary

Sovereign adviser code | **Telephone** ( )

Adviser's signature | **Date** / /

Advice to Policy Owner(s)

You might find this advice helpful in deciding whether to replace an existing contract/policy/plan. This includes all situations where a new contract/policy/plan is being issued within a period of six months after an existing one has been discontinued, or six months before an existing contract/policy/plan is planned to be discontinued; and

1. The Lives Assured (or one of the Lives Assured) is the same, or
2. The Policy Owner (or one of the Policy Owners) is known to be the same, or
3. The Premium Payer (or one of the Premium Payers) is known to be the same.

Advice on replacement business (continued)

I/We acknowledge there may be advantages and disadvantages involved in replacing an existing contract/policy/plan such as:

1. There are sometimes establishment costs in setting up a contract/policy/plan. Replacing it with a new contract/policy/plan may involve further establishment costs;
2. If the policy which is being replaced was purchased on the Life to be Assured at a younger age, the same or similar benefits in the new policy may now cost more;
3. A change in health, pastimes or occupation of the Life to be Assured may affect insurability and the new policy may contain restriction limitations, and/or be more costly;
4. In a new policy the Suicide Exclusion Clause may recommence;
5. Conditions or benefits may be more (or less) favourable under the contract/policy/plan which is being replaced, for example, the contract duration, wording, benefit definitions or exclusions may differ;
6. If the purchase of the new contract/policy/plan involved using, or borrowing against, cash values of any existing policy(ies) or plan(s), these monies may be beyond the Policy Owners(s) future ability or intention to repay. This may mean a loss or reduction of the benefits under the policy(ies) or plan(s).

I/We also acknowledge that this information was provided and explained before I/we signed this Application for the new contract policy/plan.
I am/We are aware I/we may cancel this Application, in writing, within the 'free look' period of 15 days from the date the new contract/policy/plan is received. In this event Sovereign Assurance Company Limited will refund any premium, deposit or other payment made in respect of the new contract/policy/plan.

Name(s) of Policy Owner(s)
(please print)

Signature(s) of Policy Owner(s)

Date / /

4032-07/04

Notes

Notes

Sovereign Assurance Company Limited

Sovereign House
33-45 Hurstmere Road
Takapuna, North Shore

Private Bag Sovereign
Auckland Mail Centre 1020

Telephone +64 9 487 9000
Facsimile +64 9 487 8003
Freephone 0800 500 108
Freefax 0800 329 768

enquire@sovereign.co.nz
www.sovereign.co.nz

Your accredited Sovereign adviser

H3-09/06