Cover for Kids Risk Application

Telephone numbers

Home − Daytime ○ After hours ○

FineLityLife

Revised: 1 November 2015 IMPORTANT INFORMATION REGARDING THIS APPLICATION FORM For applicants up to age 16. For applicants aged 16 and above, use either the Fidelity Life, Stand-alone & Accelerated Benefits Short-form Application, or the full Fidelity Life Risk Application. This application must be attached to the adult risk application. As this becomes part of the adult risk application, please insert the corresponding Adult Life Application number, which is at the top of the first page on the adult risk application. Life insurance cover comes into effect when the child reaches the age of 10 years. Stand-alone Trauma – cover to a maximum of \$60,000 – available from birth. Child's Future Insurability option – \$200,000 (indexed by CPI). Parent or legal guardian to complete the information required on this application. Application number 1. CHILD'S DETAILS Title Miss () Surname First name(s) Residential address Postcode Male Female Date of birth Home − Daytime ○ After hours ○ Telephone numbers Mobile − Daytime ○ After hours ○ 2. PARENT or LEGAL GUARDIAN DETAILS (Policy Owner) Policy Owner (1) Other O Title Miss O Surname First name(s) Mailing address Postcode Male O Female O Date of birth Telephone numbers Home − Daytime ○ After hours ○ Policy Owner (2) Title Mr 🔾 Miss O Dr O Other O Surname First name(s) Mailing address Postcode Male O Female O Date of birth

3. PURPO	SE					
	urance Cover m cover \$200,c	\$	Indexed C	Non-indexed C		
O Stand-a	lone Trauma - r	maximum cover \$60,000.				
○ Child's I	Future Insurabil	ity Option - \$200,000 (indexed by	CPI).			
4. MEDICA	AL HISTORY	OF CHILD				
Please ans	wer all of the	questions and tick 'Yes' or 'No' as	appropriate			
	_	one any surgery, been advised to	_	•		Yes O No O
	-	any physical or mental defect, di				
_		or ever had high blood pressure ervous disorder, epilepsy, kidne	•			Vac O Na O
		receiving or has he/she received				
5. Is there	any family hi	story of heart disease, stroke, o	iabetes, Huntington's chore	ea, cancer or any other		
		'Yes' to any of the above ques				
		space is needed, please attach a			(,)	
Question	Date	Doctor	Details - reason, treatment, de	gree of recovery		
-						
_						
(Is the s	bild now in se	ood health?				Vac O Na O
o. is the c	inia now in go	ood neattii:			ı	res O NO O
7. What is	s the child's	Height? cr	n ft ins	Weight?	kg lb	S
8 Namo o	of child's doctor					
	s address					

5. DECLARATION BY THE PARENT OR LEGAL GUARDIAN COMPLETING THIS FORM being the parent/ legal guardian of the child, certify that the answers and statements are true and correct to the best of my knowledge and belief. I understand that a false declaration could invalidate the cover. I authorise any doctor, hospital, insurance company or any person or institution consulted by or on behalf of my child to divulge to Fidelity Life, any court, tribunal or authority having jurisdiction in the matter, any medical or other information acquired about my child. I authorise Fidelity Life and any persons appointed by Fidelity Life to use the information provided to evaluate the terms of the contract and for evaluating claims. The information can also be used for statistical purposes provided my child or I are not identified. I understand that I have the right of access to, and correction of, information held subject to the provisions of the Privacy Act 1993 and any succeeding legislation. I have not withheld any relevant information which may influence the assessment of this application and will notify Fidelity Life immediately of any changes in the information provided before the policy is issued. I understand that Fidelity Life does not give and is not liable for any legal, taxation or accounting advice. 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 understand that in compliance with the Insurance Act 1908, life insurance cover only commences from the age of 10 years. Signature of parent or legal guardian Date **DECLARATION** I/we have read and understand the sections in this application headed Your Duty of Disclosure for the Life to be Insured and Policy 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 Owner(s) Before you enter a contract of insurance you have a duty to disclose to disclose any personal information that it holds about me, to any person Fidelity Life every matter that is relevant to Fidelity Life's decision whether to accept the risk of insurance and if so on what terms. You have the same where the disclosure is necessary for one or more purposes for which the personal information was collected. 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 Statement of Consent by Life to be Insured I/we authorise Fidelity Life to obtain any information about me from any apply to increase or re-instate your insurance. If you fail to comply with 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, alternative health practitioner), insurers, Accident Compensation Corporation, or any similar organisation, your duty of disclosure, Fidelity Life may cancel your policy from inception, or at its discretion, 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. employers (whether current or not), accountants, consultants, financial advisers, banks, financial institutions, any credit rating agencies and Privacy Act 1993 and The Health Information Privacy Code 1994 public authorities. This application collects personal information about you, the Life to I/we authorise any person and/or entity, including any of those listed be Insured and Policy Owner(s). You have the right of access to, and above, to give any information about me to Fidelity Life, or to other correction of, this information companies for collection on Fidelity Life's behalf. The personal information and any additional information obtained, I/we agree that a photocopy of this statement of consent shall be as valid (including medical and financial information) will be used by Fidelity Life, as an original and is sufficient evidence of my consent and authority to its subsidiaries, its officers, its advisers, reinsurers and other companies the disclosure of my information. 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. Acceptance of Fidelity Life's Policy Terms I/we understand that Fidelity Life decides whether to accept my/our application and, if so, on what terms. Subject to the 14-day Free Look The information is securely held by Fidelity Life Assurance Company period described below, I/we agree in advance to always accept Fidelity Limited at 81 Carlton Gore Road, Newmarket, Auckland. Life's terms including but not limited to the premium, any exclusions and any other variations to the standard terms. If my/our application is acceptable on terms that differ from those originally requested by me/us, 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 my/our adviser/broker will contact me/us for approval of any changes. this application (or allocated to your business), where required by law, to the policy owner and with your consent. 14-day Free Look If blood tests are required in connection to this application, results will be I/we understand that my/our contract of insurance can be cancelled during provided to your general practitioner named in this application. the 14-day Free Look period and all premiums refunded to me/us. Declaration and Authority by Life to be Insured and Policy Financial Strength Rating Owner(s) I/we have read the notice explaining my/our duty of disclosure and have Fidelity Life has an A- (Excellent) financial strength rating given by A.M. Best had an opportunity to discuss it with my/our adviser. I/We understand Secure Vulnerable the contents in the Duty of Disclosure and wish to proceed with my/our application with that understanding. I/we have completed the sections in (Fair) (Marginal) E (Under Regulatory Supervision) F (In Liquidation) (Superior) C++, C+ this application required to be completed. If I/we have not done this, I/we (Excellent) B++, B+ (Good) C, C-(Weak) S (Suspended) declare that I/we have read the completed application and the information **Excellent** given (including any personal statement) is true, accurate and complete. I/ we have not withheld or misstated any material fact. The A.M. Best financial strength rating relates to Fidelity Life's insurance and investment business. For the No statement affecting this insurance has been made to any representative of Fidelity Life that is not recorded in this application. latest ratings, visit www.ambest.com. The rating should not be read as a recommendation. The scale which this rating forms part of is available from Fidelity Life. 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 Signature of Life to be Insured Fidelity Life. Date 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 Signature of parent(s)/guardian(s) (Policy Owner) risk that may occur after signing this application and before the contract of insurance commences. Date I/we understand that the contract of insurance with Fidelity Life will

2.

Date

not commence until this application has been accepted by Fidelity Life, acceptance terms have been agreed to by the policy owner(s) 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.

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.

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	Adviser name											Adviser number								I/C % split				R/C% split						
1.																										%			L	%
2												1	-		1					Ι						%				%

See attached illustration

Selling Adviser declaration

- I confirm that all relevant information discussed with me by the applicant(s), at the time this application was completed, has been recorded on this application form.
- To the best of my knowledge and belief, the answers given on this application form, and any attached personal statements, are true and correct and in accordance with all the information given to me.
- I have provided the applicant(s) with verbal disclosure of their right to cancel the policy within 14 days of receipt of the policy, by contacting Fidelity Life on o8oo 88 22 88.
- If pages of the application form have not been submitted, I confirm that those pages are blank pages that contain no information.

Name of Adviser							AFA O	rfa 🔾	(please tid	ck one)		
Adviser signature												
									Date			