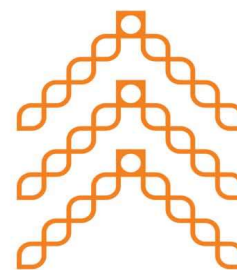
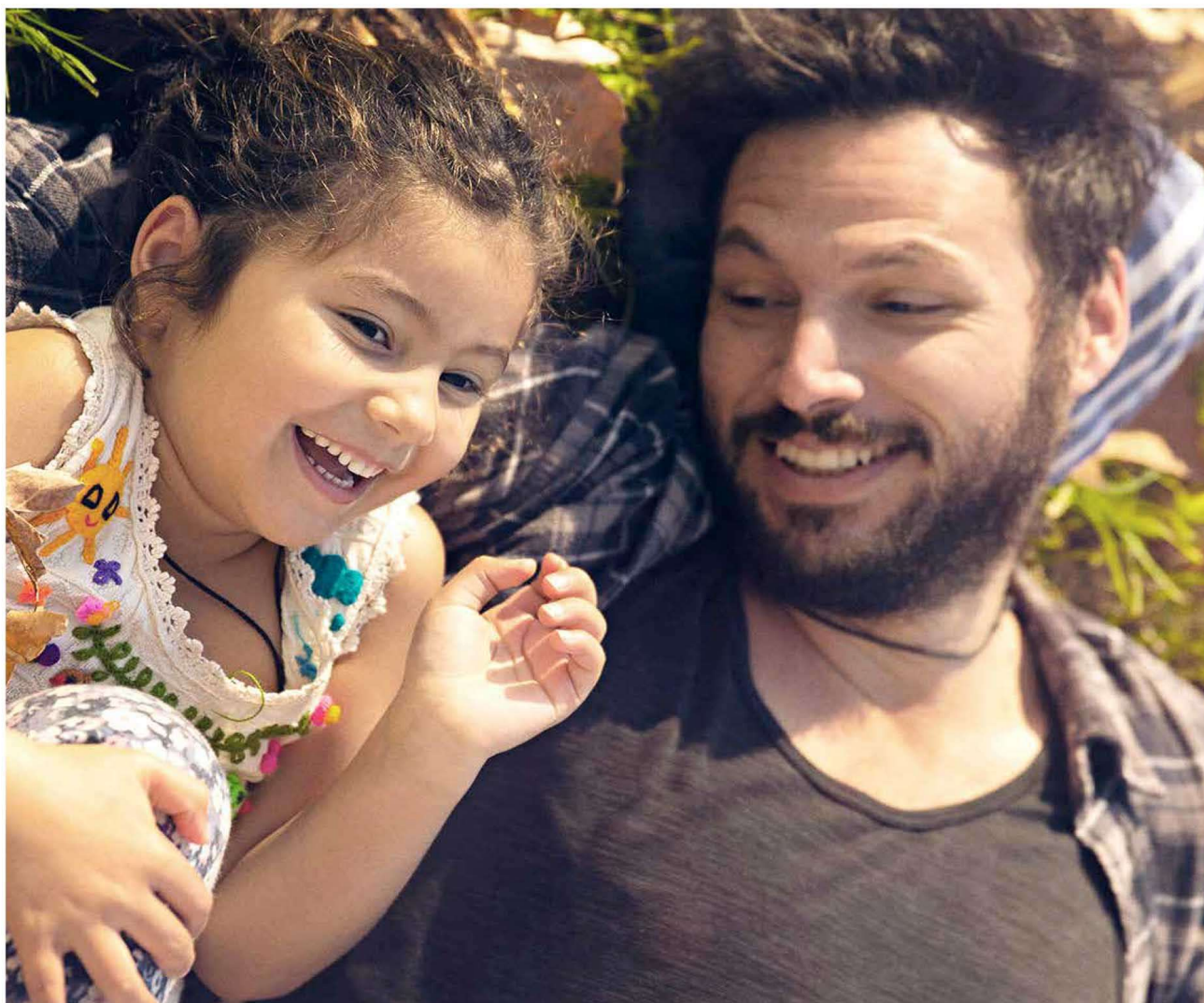


Risk Cover



Application Form



fidelitylife.co.nz
0800 88 22 88 newbusiness@fidelitylife.co.nz

fidelity life

LIFE TO BE INSURED

Title	<i>Miss</i>	Gender	<i>Female</i>
First Name(s)	<i>Grace Willow</i>	Date of Birth	<i>2/04/2021</i>
Middle Name(s)		Smoker Status	<i>Non Smoker</i>
Surname	<i>Winters</i>	Policy Owner	<i>No</i>
Previous Surname		Occupation	
Marital status	<i>Single</i>	Industry	<i>child</i>
Residential Address		Mailing Address	
<i>16 Lydford Place</i>		<i>16 Lydford Place</i>	
<i>Glendene</i>		<i>Glendene</i>	
<i>Auckland 0602</i>		<i>Auckland 0602</i>	
Home Phone		Email	<i>nicola.winters@hotmail.com</i>
Work Phone			
Mobile Phone	<i>021 1574588</i>		

POLICY OWNER(S)**Policy Owner (1)**

Title	<i>Mrs</i>	Gender	<i>Female</i>
First Name	<i>Nicola Louise</i>	Date of Birth	<i>13/11/1989</i>
Middle Name(s)		Mailing Recipient	<i>Yes</i>
Surname	<i>Winters</i>	Relationship to Life	<i>Spouse, Parent, Parent, Self</i>
Previous Surname			
Residential Address		Mailing Address	
<i>16 Lydford Place</i>		<i>16 Lydford Place</i>	
<i>Glendene</i>		<i>Glendene</i>	
<i>Auckland 0602</i>		<i>Auckland 0602</i>	
Home Phone		Email	<i>nicola.winters@hotmail.com</i>
Work Phone			
Mobile Phone	<i>021 1574588</i>		

Policy Owner (2)

Title	<i>Mr</i>	Gender	<i>Male</i>
First Name	<i>Quintin Wayne</i>	Date of Birth	<i>12/04/1989</i>

Middle Name(s)		Mailing Recipient	<i>No</i>
Surname	<i>Winters</i>	Relationship to Life	<i>Parent, Spouse, Parent, Self</i>
Previous Surname			
Residential Address		Mailing Address	
	<i>16 Lydford Place</i>		<i>16 Lydford Place</i>
	<i>Glendene</i>		<i>Glendene</i>
	<i>Auckland 0602</i>		<i>Auckland 0602</i>
Home Phone		Email	<i>quintin.winters@hotmail.co.nz</i>
Work Phone			
Mobile Phone	<i>021 02906843</i>		

PAYMENT DETAILS

Payment Method	<i>Direct Debit</i>
Payment Frequency	<i>Fortnightly</i>
Instalment Premium	<i>\$69.70</i>
Commencement Date for Direct Debit	<i>14/07/2022</i>

DOCTOR DETAILS

Please give details of your usual doctor below

Doctor's name	
Clinic	<i>The Doctors New Lynn Ltd</i>
Street	<i>19 Delta Ave</i>
Suburb	<i>New Lynn</i>
Town/City	<i>Auckland</i>
Postcode	<i>1008</i>
Phone	<i>09-827 7810</i>
Are your medical records held under the same name as shown	<i>Yes</i>
Are you happy for Lifetest to contact if we need more	<i>Yes</i>

MEDICAL HISTORY

Has the child undergone any surgery, been advised to undergo treatment, or to have an operation, been hospitalised or is the child undergoing treatment for any ailment? *No*

Does the child have any physical or mental defect or infirmity? *No*

Has the child ever had high blood pressure, heart trouble, chest pain, asthma, cancer, leukaemia, diabetes, mental or nervous disorder, epilepsy, kidney disease, liver, stomach or bowel disorder? *No*

Is the child currently receiving or has he/she received any medical advice or treatment? *Yes*

Is the child now in good health? *Yes*

What is the child's height? *78cms = 2ft 7ins*

What is the child's weight? *10.9kgs = 1st 10lbs*

FAMILY HISTORY

Has any family member: suffered from heart disease, stroke, blood pressure, diabetes, Huntington's chorea, insanity or committed suicide, or any inherited disease or died before the age of 60? *No*