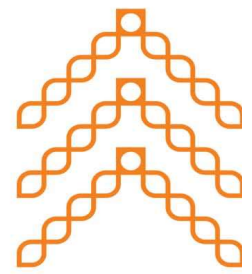
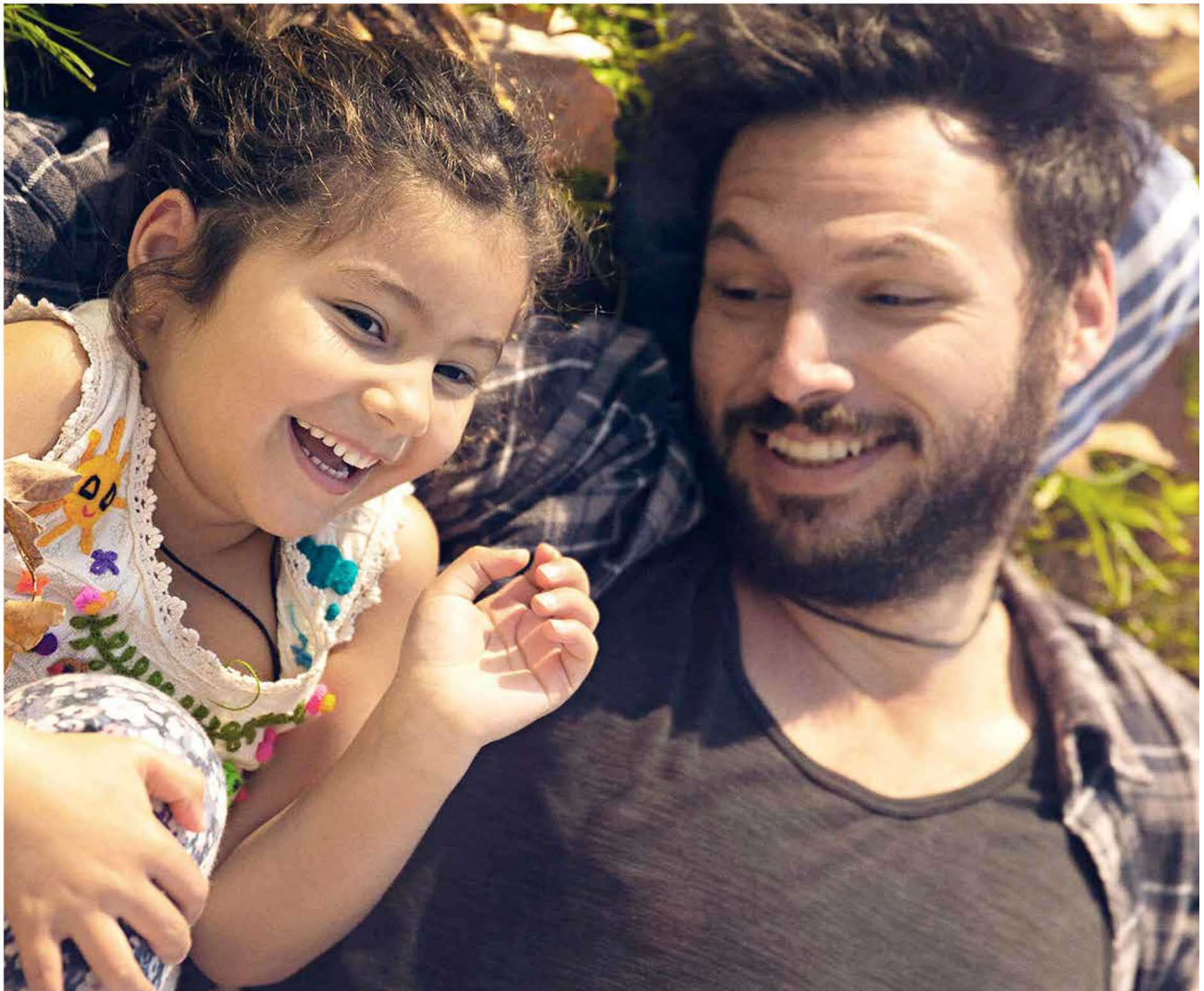


Risk Cover



Application Form



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

fidelity life

LIFE TO BE INSURED

Title	<i>Mrs</i>	Gender	<i>Female</i>
First Name(s)	<i>Nicola Louise</i>	Date of Birth	<i>13/11/1989</i>
Middle Name(s)		Smoker Status	<i>Non Smoker</i>
Surname	<i>Winters</i>	Policy Owner	<i>Yes</i>
Previous Surname		Occupation	<i>Mortgage Broker > \$100K</i>
Marital status	<i>Married</i>	Industry	<i>Financial adviser</i>
Residential Address		Mailing Address	
<i>16 Lydford Place Glendene Auckland 0602</i>		<i>16 Lydford Place Glendene 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 Glendene Auckland 0602</i>		<i>16 Lydford Place Glendene 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 Glendene Auckland 0602</i>		<i>16 Lydford Place Glendene 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>

PURPOSE OF COVER

For which of the following reasons are you applying for this cover?

Family Protection
 Income Protection
 Mortgage Protection
 Business/Loan Guarantee Insurance
 Key Person Insurance
 Partnership/Share Protection
 Business Expenses

*Family Protection,
 Mortgage Protection*

OTHER INSURANCE ARRANGEMENTS

Do you have or are you applying for, any Life, Critical Illness/Trauma, Disability (Total and Permanent Disability) or Income Protection with any other company/ies? *Yes*

Who is this policy with? *AIA*

When did the policy commence? *March 2015*

Which types of cover are included?

Life
 Trauma (Standalone)
 Trauma (Accelerated)
 TPD (Standalone)
 TPD (Accelerated)
 Income Protection

*Life,
 Trauma (Standalone),
 TPD (Accelerated),
 Income Protection*

How much Life cover? *500000*

How much Trauma cover? *300000*

How much TPD cover? *300000*

How much Income Protection cover (per month)? *8000*

Please indicate the status of this cover: *In force - to be replaced*

PERSONAL DETAILS

What is your country of birth? *New Zealand*

What is your height? *165cms = 5ft 5ins*

What is your weight? *60kgs = 9st 6lbs*

Has your weight changed by more than 5kgs in the last year? *Yes*

Did your weight increase or decrease? *Decrease*

How much has your weight changed in the last year? *20.0kgs = 3st 2lbs*

Are you currently under investigation for, or have you ever been charged with or convicted of, a criminal offence?	<i>No</i>
Have you ever been declared bankrupt?	<i>No</i>
Do you smoke tobacco or any other substance?	<i>No</i>
Have you ever smoked?	<i>No</i>
Do you drink alcohol?	<i>Yes</i>
How many standard drinks do you consume?	<i>1</i>
How often	<i>Monthly</i>
Have you ever been advised by a medical practitioner to reduce or stop your alcohol consumption?	<i>No</i>
Have you ever been treated for addiction to or abuse of alcohol and /or drugs?	<i>No</i>
Have you ever used marijuana, heroin, cocaine, narcotics, barbiturates, or any other recreational, non-prescription drugs, or psychoactive drugs?	<i>No</i>

OCCUPATION

What is your principal income-earning occupation?	<i>Mortgage Broker > \$100K</i>
What is the status of your employment?	<i>Full Time</i>
How many hours per week do you spend at your principal occupation?	<i>40</i>
Do you work at home?	<i>Yes</i>
On average how many hours do you work per week from home?	<i>40</i>
Do you have a second occupation or financial interest in any other business entity?	<i>No</i>
Do you intend to change your occupation or duties in the next 2 years?	<i>No</i>
Have you had more than 3 jobs in the last 5 years?	<i>No</i>
Do you undertake any hazardous tasks which would not normally be associated with this occupation, including but not limited to:	
Working at heights or depths (underground or underwater)	
Working with explosives	<i>No</i>
Working with hazardous or toxic substances (e.g. chemicals or biological agents etc)	
Working in dangerous locations (e.g. remote bush or mountains etc)	
What percentage of your duties require manual or physical work (i.e. non-clerical/desk-based work) ?	<i>0</i>
Are you aware of any pending liquidation of your current employer or have you been made aware of any potential for you to be made redundant from your current workplace?	<i>No</i>
Please state the frequency of your contact with clients or employer	<i>Daily</i>
Please describe the nature of this contact (by phone, personal visit to client's/employer's office, client visit to your office)	
<i>phone/ zoom / google meet / in person from time to time</i>	

Please give details of any regular and long term contracts or accounts	<i>No</i>
Is there a separate entrance to the office?	<i>No</i>
Is there a separate phone / fax link for your business?	<i>No</i>
Are there any employees (excluding family members) who also work at your residence?	<i>No</i>
How long have you been in your current self employment?	
Years	<i>0</i>
Months	<i>5</i>
What was your previous occupation?	<i>Flight attendant</i>
When did you start?	<i>October 2015</i>
When did you finish?	<i>February 2022</i>
Who was your employer?	<i>AIR NZ</i>
What is the total number of employees?	<i>1</i>

FINANCIAL

What are your average annual earnings (net of expenses)?	<i>80000</i>
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TRAVEL AND RESIDENCE

What is your residency status?	<i>NZ Citizen</i>
Do you intend to travel to (other than on holidays) or live in another country?	<i>No</i>

MEDICAL HISTORY

Asthma, Bronchitis, emphysema, sleep apnoea or any other respiratory disorder	<i>No</i>
High blood pressure, raised cholesterol, diabetes, impaired glucose tolerance or insulin resistance	<i>No</i>
Chest pain, heart murmur, heart attack, angina, palpitations, coronary artery disease, rheumatic fever or any other heart condition	<i>No</i>
Gastric or duodenal ulcer, reflux, frequent indigestion	<i>No</i>
Stomach or Bowel disorder, ulcers, colitis, ongoing abdominal pain, or any other disease / disorder of the gastro-intestinal tract, pancreas, or gall bladder	<i>No</i>
Depression, breakdown, stress or anxiety disorder, panic attack, sleeplessness, post traumatic stress disorder or any other mental health or nervous disorder	<i>No</i>
Liver disease or disorder, e.g. hepatitis, abnormal liver function tests or cirrhosis	<i>No</i>
Thyroid disorder or any other glandular condition	<i>No</i>
Back or neck problems, spinal conditions, sciatica or whiplash	<i>No</i>
Arthritic disorders such as rheumatism, osteoarthritis or rheumatoid arthritis or gout	<i>No</i>

Strains or sprains, Occupational Overuse Syndrome/RSI, broken bones or fractures, general injuries (including head injuries)	<i>No</i>
Recurrent or chronic allergy or skin disease	<i>No</i>
Cancer or tumour including skin growths or lesions, moles, cysts or growths of any kind	<i>No</i>
Disease of the kidneys or bladder or other reproductive or genito-urinary system, prostate or gynaecological disorders	<i>No</i>
Anaemia, haemophilia, leukaemia, haemochromatosis or any other type of blood disorder(s)	<i>No</i>
Any brain or neurological disorder e.g. epilepsy, multiple sclerosis, paralysis or stroke, dizzy spells, migraines, head injury or transient ischaemic attack	<i>No</i>
Impaired speech, hearing or vision (other than wearing glasses or contacts)?	<i>No</i>
Have you had an abnormal pap smear or mammogram or any breast lump (even if you have not seen a doctor about it)?	<i>No</i>
Are you currently pregnant?	<i>No</i>
Any other illness, virus, injury, condition or disorder not mentioned already including recurrent or extended coughs, but not including common colds and diagnosed flu	<i>No</i>
Apart from information already provided in this application, in the past 5 years have you:	
In the past 5 years have you ever had more than 5 consecutive days off work/school due to illness or injury?	<i>No</i>
Have you ever had any disability, health or trauma/critical illness claim, including ACC Loss of Earnings claims?	<i>No</i>
Have you ever received, or are you expecting any medical treatment, advice or blood test connected with AIDS or any AIDS related condition?	<i>No</i>

FAMILY HISTORY

Has any blood-related immediate family member (father, mother, brother, sister) had or been diagnosed with:

Cancer (breast, cervical, ovarian, colon or other)

Cystic Fibrosis

Diabetes

Epilepsy

Familial Polyposis

Haemochromatosis

Heart disease

High blood pressure

No

High cholesterol

Huntington's chorea

Kidney Disease

Mental Health (inc. depression)

Motor Neurone Disease

Multiple Sclerosis

Muscular Dystrophy

Stroke

Any hereditary condition

HAZARDOUS PURSUITS

Aviation (other than as a fare-paying passenger)

No

Hang-gliding / kiting

No

Motor sport - any form including but not limited to off-road activities or powerboat racing

No

Scuba diving

No

Mountaineering / rock climbing

No

Abseiling

No

Caving

No

Parachuting

No

Any other hazardous sports / pastimes / activities (e.g. martial arts, competitive horse riding, hunting etc)

No