

# FIDELITY LIFE RISK ELECTRONIC APPLICATION DECLARATION

Policy Number : 90052308

Life Insured : Mr Brayden Wayne Winters

## Your Duty of Disclosure for the Life to be Insured and Policy Owner(s)

Before you enter a contract of insurance you have a duty to disclose to Fidelity Life Assurance Company Limited (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 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 reinstate your insurance. If you fail to comply with 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.

## Privacy Act 2020 and The Health Information Privacy Code 2020

- This application collects personal information about you, the Life to be Insured and Policy Owner(s). 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.
- Your personal information is held at Fidelity Life's Auckland office, or by one of Fidelity Life's storage providers and through cloud-based services in New Zealand and Australia who store information on our behalf.
- The information may be disclosed outside of the 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(s)

- I/We have read the notice explaining my/our duty of disclosure and have had an opportunity to discuss it with my/our adviser. I/We understand 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 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(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.
- I/We have read and understand the sections in this application headed Privacy Act 2020 and The Health Information Privacy Code 2020, 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, alternative health practitioner), insurers, Accident Compensation Corporation, or any similar organisation, 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, or to other companies for collection on Fidelity Life's behalf.
- 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.

## 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 period described below, I/we agree in advance to always accept Fidelity 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, my/our adviser/broker will contact me/us for approval of any changes.

## 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.

Is the Life to be Insured a Policy Owner? Yes  No

(Note: If option is not selected the Life Insured will not be classified as an Owner)

For electronic applications, policy owner(s) are selected on the electronic application instead of this form.

## Signatures

Signature of Life to be Insured

\_\_\_\_\_  
 Day Month Year  
 Signature of parent/guardian/employer for person under age 18

\_\_\_\_\_  
 Day Month Year  
 Signature of additional Policy Owner(s)

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

1. \_\_\_\_\_  
 Day Month Year

2. \_\_\_\_\_  
 Day Month Year

3. \_\_\_\_\_  
 Day Month Year

4. \_\_\_\_\_  
 Day Month Year

5. \_\_\_\_\_  
 Day Month Year

6. \_\_\_\_\_  
 Day Month Year

## Financial strength rating

Fidelity Life has an A- (Excellent) financial strength rating given by A.M. Best

<b>A-</b> <b>Excellent</b>	Secure	Vulnerable
	A++, A+ (Superior)	B, B- (Fair)
	A, A- (Excellent)	C++, C+ (Marginal)
	B++, B+ (Good)	C, C- (Weak)
		D (Poor)
		E (Under Regulatory Supervision)
		F (In Liquidation)
		S (Suspended)

The A.M. Best financial strength rating relates to Fidelity Life's insurance and investment business. For the latest ratings, visit [www.ambest.com](http://www.ambest.com). The rating should not be read as a recommendation. The scale of which this rating forms part of is available from Fidelity Life.