fidelity life

Replacement Form.

PN· 90052308

This form must be completed when existing insurance cover is intended to be replaced. There are 4 sections to complete – this should be done together with your adviser.

Replacement means an existing benefit, policy or contract is cancelled and replaced with a new one.

There can be risks involved with replacement. It's important your adviser provides you with a detailed comparison before the replacement takes place. The comparison and explanation must include:

1. The differences between the existing cover or policy and the proposed cover with Fidelity Life (including the policy wording and definitions).

2. The advantages and disadvantages of replacing the cover or policy.

3. Any impact the personal circumstances of the life insured could have (including health, occupation, participation in hazardous pursuits).

4. Cost.

Important Information.

It's important to give full information to Fidelity Life so that an accurate and complete assessment can be made. This relates to all information about the insured person's individual situation.

1. DETAILS OF EXISTING INSURANCE (COVER BEING REPLACED)

Insured Person	Insurance Company	Cover Type	Sum Insured	Date Cover Started	Special Terms or Conditions
Nicola Winters	AIA	Life, Trauma, TPD	500,000	2015	-
Quintin Winters	AIA	Life, Trauma, TPD	500,000	2015	-
Brayden Winters	AIA	Trauma	300,000	2015	-
Grace Winters	AIA	Trauma	300,000.	2015	-

What are the reasons the existing cover is being replaced? Please provide full detail.

1. Premiums with AIA too high

2. Service to clients needs wasn't met

3. Fidelity Premiums are very Competitive with A dating

4. Value for Products far better & entire needs of the family met.

2. DETAILS OF PROPOSED REPLACEMENT COVER (NEW COVER)

Insured Person	Cover Type	Sum Insured
Nicola Winters	Life, TPD, MMR, Trauma	500k - Life
Quintin Winters	Life, TPD, MMR, Trauma Incl. WOP	250k - TPD 200k - Trauma 3000/- MMR
Brayden / Grace	Trauma -	20,000 each

Why has this cover been recommended? Please provide full detail.

1. Less Premium than AIA

2. More Stability and Suits Clients needs

3. Service, new Policy with fidelity provide Comprehensive benefits to Clients

4. Entire family is covered with affordable premiums.

3. IDENTIFIED RISKS

What are the risks or disadvantages of going ahead with this replacement? (i.e. what is not covered in the new policy but was covered by the existing cover, change in personal circumstances / health, stand-down periods of benefits etc.)

1. There may be restrictions (exclusions/limitations) on the new cover till its

2. Under written by new Provider - fidelity life and

3. Johnson Multi Stand Alone — has a 3 month

4. Qualifying Period for Certain illness - explained to the clients & understood by them.

4. DECLARATIONS

POLICY OWNER TO COMPLETE

I confirm that my adviser has provided a detailed comparison between the existing policy and the proposed replacement policy. I have had a full explanation of the benefits and risks of proceeding with this replacement and I want to proceed with my application for this new policy.

Full Name of Policy Owner

Nicola Winters

Signature _NWinters_

Date

2	0	0	6	2	2
(DD)		(MM)		(YY)	

Full Name of Policy Owner

Quintin Winters

Signature _QWinters_

Date

2	0	0	6	2	2
(DD)		(MM)		(YY)	

ADVISER TO COMPLETE

I confirm I have provided a full comparison between the existing policy and the proposed replacement policy to the Policy Owner and an explanation of the risks and benefits of changing. I understand that until the terms and conditions of the proposed replacement business are known, the Policy Owner won't be able to make a fully informed decision.

Full Name of Adviser

RAJA VENKATESH

Adviser Business

MAXWELL financial Services Ltd.

Signature _[signature]_ 21-6-22

Date

21	0 6	2 2
(DD)	(MM)	(YY)

The original of this form should be kept by you as the Policy Owner(s) and your adviser must keep a record on your client file(s).