



Application to increase cover.

Special events, business events & future insurability benefit.

Your application must be received in writing with supporting evidence.
Refer to page 4 for conditions of the application.

Policy number(s)

<input type="text"/>	<input type="text"/>
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Insured person.

Last name	First name	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number	
<input type="text"/>	<input type="text"/>	

Policy owner/s*.

Last name	First name	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number	
<input type="text"/>	<input type="text"/>	

Last name	First name	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number	
<input type="text"/>	<input type="text"/>	

*A separate application is required for any policies with different policy owner/s.

Benefits to be increased.

I/We would like the following covers on the policy number/s above to be increased as detailed in the attached quote.

<input type="checkbox"/>	Life assurance	<input type="checkbox"/>	Max	OR	<input type="checkbox"/>	\$	<input type="text"/>
<input type="checkbox"/>	Trauma	<input type="checkbox"/>	Max	OR	<input type="checkbox"/>	\$	<input type="text"/>
<input type="checkbox"/>	Trauma multi	<input type="checkbox"/>	Max	OR	<input type="checkbox"/>	\$	<input type="text"/>
<input type="checkbox"/>	Total & permanent disability	<input type="checkbox"/>	Max	OR	<input type="checkbox"/>	\$	<input type="text"/>
<input type="checkbox"/>	Survivors income	<input type="checkbox"/>	Max	OR	<input type="checkbox"/>	\$	<input type="text"/>
<input type="checkbox"/>	Income protection	<input type="checkbox"/>	Max	OR	<input type="checkbox"/>	\$	<input type="text"/>
<input type="checkbox"/>	Monthly mortgage repayment	<input type="checkbox"/>	Max	OR	<input type="checkbox"/>	\$	<input type="text"/>
<input type="checkbox"/>	Retirement protection	<input type="checkbox"/>	Max	OR	<input type="checkbox"/>	\$	<input type="text"/>



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✓	Special event.	Supporting evidence.
<input type="checkbox"/>	Marriage, civil union.	Copy of marriage or civil union certificate.
<input type="checkbox"/>	Divorce or being subject to a separation agreement or order.	Copy of the dissolution order, or Copy of the separation agreement or order.
<input type="checkbox"/>	Birth or adoption of a child.	Copy of the birth certificate or adoption order.
<input type="checkbox"/>	Dependent child starting secondary school.	Copy of the acceptance of enrolment.
<input type="checkbox"/>	Reaching ages 25, 30, 35, 40 or 45.	No proof is required.
<input type="checkbox"/>	Death of a spouse, defacto partner, child or civil union partner.	Copy of death certificate of spouse, defacto partner, child or civil union partner.
<input type="checkbox"/>	Permanently stopped work to provide full time physical care for the first time for a dependant relative.	A letter signed by the insured person which confirms: <ul style="list-style-type: none"> • The name of the dependant relative and their relationship to the insured person. • The date from which they required full-time care and that the insured person has become responsible for their full-time care. • The date the insured person stopped work.
<input type="checkbox"/>	New or increased mortgage on your own home.	Copy of both : 1. A bank statement to show date loan was drawn (date and amount), and 2. The signed loan agreement that confirms the date and amount of loan transaction (loan offer or loan summary is not acceptable).
<input type="checkbox"/>	Annual salary increase of at least \$10,000 or 10% of your salary.	Employed 3x payslips or new employment contract for underwriting. Self-Employed Full business accounts for last financial year for underwriting.

✓	Business event.	Supporting evidence.
<input type="checkbox"/>	Insured person is a key person in the business and their value has increased.	The Key Person section of our application form for underwriting.
<input type="checkbox"/>	Insured person is a partner in a firm or shareholder in a company and the value of their financial interest has increased.	A copy of the current business valuation and evidence of shareholding (financial interest) for underwriting.
<input type="checkbox"/>	You have effected cover for the insured person for loan guarantees and the loan has increased.	Evidence of the loan including sums and effective dates for underwriting.

✓	Future Insurability.	Documentation required.
<input type="checkbox"/>	Mortgage repayment increased.	Copy of both : 1. A bank statement to show date loan was drawn (date and amount) as well as the new mortgage repayment amount, and 2. The signed loan agreement that confirms the date and amount of loan transaction (loan offer or loan summary is not acceptable).
<input type="checkbox"/>	Annual Salary increase of at least 10% of your salary.	Employed 3x payslips or new employment contract for underwriting. Self-Employed Full business accounts for last financial year for underwriting.

Please return your completed form to:

@ admin.services@fidelitylife.co.nz ☒ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any questions please contact us on 0800 88 22 88.



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Privacy.

This form collects personal information that will be used to assess your application and in the administration of any insurance issued. The way we collect, use, disclose and store your personal information is set out in our privacy statement, available at fidelitylife.co.nz.

Disclosure.

Before you enter a contract of insurance you have a duty to disclose to 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 re-instate 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 in doubt, please tell us and if there is anything you are unsure of, please contact us.

Declaration.

I/we declare that:

- The statements made are true and complete to the best of my/our knowledge and belief and that I/we have not withheld any material information that may influence the assessment or acceptance of this application

I/we understand and agree that:

- Documents provided in support of this application will form part of the contract between the policy owner/s and Fidelity Life.
- Any endorsement, and/or terms and conditions on the current monthly benefit or sum insured will also apply to this increase in benefits unless otherwise advised by Fidelity Life.
- Our premium/s will increase in line with the increased sum insured.

Insured person (please print)

Insured person signature

Date (DD/MM/YYYY)

Policy owner (please print)

Policy owner signature

Date (DD/MM/YYYY)

Policy owner (please print)

Policy owner signature

Date (DD/MM/YYYY)



Application to increase cover.

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Conditions.

Special events

- Your application must be received in writing with supporting evidence within 6 months of the event or 30 days after the policy anniversary following the event, before the insured person's 55th birthday.
- The increase isn't available if the sum insured at the start of the cover includes a loading over 100%, the cover is a result of a Buy back or Trauma reinstatement options, the insured person has either had a claim paid or is entitled to be paid a claim under any policy with us or any other insurance company, or the premiums aren't up to date or are being waived for any reason.

Business events

- Your application must be received in writing with supporting evidence within 6 months of the event, before the insured person's 55th birthday.
- The increase isn't available if the sum insured at the start of the cover includes a loading over 100%, the cover is a result of a Buy back or Trauma reinstatement options, the insured person has either had a claim paid or is entitled to be paid a claim under any policy with us or any other insurance company, or the premiums aren't up to date or are being waived for any reason.

Future insurability benefit (Income protection cover)

- Your application must be received in writing with supporting evidence within 90 days of the event or 30 days after the policy anniversary following the event, before the insured person's 55th birthday.
- The increase isn't available if the sum insured at the start of the cover includes a loading or exclusion, the insured person has either had a claim paid or is entitled to be paid a claim under any policy with us or any other insurance company, or the premiums aren't up to date or are being waived for any reason.

Future insurability benefit (Monthly mortgage protection cover)

- Your application must be received in writing with supporting evidence within 90 days of the event, before the insured person's 50th birthday.
- The increase isn't available if the insured person has either had a claim paid or is entitled to be paid a claim under any policy with us or any other insurance company, or the premiums aren't up to date or are being waived for any reason.