



Your consent to collect and disclose.

Keeping you informed about what we do with your personal information.

You are required to provide Fidelity Life with all the information relevant to your claim. Where you have an on-going claim you will need to provide relevant information on an on-going basis. This information must be true, complete and accurate. If you fail to disclose information or provide false information this may result in your claim being declined and/or your policy being cancelled.

If you refuse to provide information, Fidelity Life may not be able to assess your claim.

Privacy consent - Privacy Act 2020 and the Health Information Privacy Code 2020.

'Fidelity Life' refers to Fidelity Life Assurance Company Limited and 'you' and 'your' refers to the insured person filling out this form.

This privacy consent authorises Fidelity Life, its subsidiaries, its advisers, reinsurers and any agents appointed by Fidelity Life to collect from, use, and disclose to any third party, your information that is reasonably necessary to assess, administer and manage the claim. This privacy consent authorises those third parties to disclose that information to Fidelity Life, its subsidiaries, its advisers, reinsurers and any agents appointed by Fidelity Life.

Those third parties include (but are not limited to):

- Advisers
- Agents
- Health service providers including recognised private and public hospitals, registered medical practitioners and specialists, medical authorities, health insurers
- Accident Compensation Corporation (ACC)
- Banks and financial institutions, Accountants
- Counsellors, psychologists and therapists
- Insurers and reinsurers
- Any other individual organisation where the collection/disclosure is required by law.

The information collected is held securely at Fidelity Life's Auckland Office or by one of Fidelity Life's storage providers and through cloud-based services in New Zealand or Australia who store information on our behalf.

Fidelity Life's responsibilities.

You understand that

- The information collected is stored at Fidelity Life's Auckland office or by one of Fidelity Life's storage providers and through cloud-based services in New Zealand or Australia who store information on our behalf.
- Fidelity Life will make reasonable efforts to ensure your information is accurate, complete and up-to-date.
- Under the Privacy Act 2020, you have the right to access and to request correction of the information that Fidelity Life holds about you. Fidelity Life will rely on you to keep them informed of any changes to your information.
- This consent applies for a period of 12 months from receipt by Fidelity Life.

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If you refuse to provide information, Fidelity Life may not be able to assess your claim.

Declaration and consent.

By completing this form you

1. declare that you have provided Fidelity Life with all the information relating to this claim, that the information is true and correct and that no material information has been withheld.
2. agree to the Privacy Consent.

If you are providing information on behalf of the insured person, you must confirm in writing that you are authorised to do so and provide proof of authorisation.

Insured person name (please print)

Signature

Date (DD/MM/YYYY)