

Declaration & Consent

E-application reference

Reference AEX:

Please read the summary of your duty of disclosure and the consequences of non-disclosure at the front of this application form carefully.

If we need more information, by signing this declaration and consent you give us your consent to request your personal information from other people. This enables us to get any other information that is necessary. Sometimes we might not get this information until you make a claim.

By signing below, you agree to be bound by the policy wordings that govern the insurance you're applying for. You can get a copy of the policy wordings from us at any time.

You also agree and confirm that:

1. You have read and understood the duty of disclosure summary on this application form and you have checked all the information in this application (including any supplementary application forms and information completed by someone else) and it is true, correct and complete and no material information has been left out.
2. You will tell us immediately if, between the date of this application and the date we issue your policy or cover, any of the following changes for a life assured (or any children to be covered under this application):
 - a. mental or physical health
 - b. occupation
 - c. financial circumstances.
3. Your application (and basis of your contract with us) is made up of:
 - a. all statements made in this application (including any supplementary application forms and the illustration(s) submitted with your application)
 - b. any additional information forwarded to us on your behalf, including:
 - i. application forms for insurance with other companies
 - ii. any statement made to any medical practitioner
 - iii. any statement made by any medical practitioner on your behalf.

Acceptance and Commencement of Cover

4. You acknowledge that:
 - a. your insurance won't start until we have accepted your application and received either payment of the initial premium, your completed direct debit authority form, or submission of your credit/debit card details via our secure payment portal
 - b. we may offer cover on non-standard terms (such as specific exclusions, additional premium or conditions) after assessing your application and, if so, you authorise your adviser to accept such terms on your behalf.

Your personal information

5. You authorise us, our related companies, reinsurers and your adviser to use your personal information, whether provided by you or someone else and including your full medical history, for any of the following purposes:
 - a. managing, administering and/or processing the proposed offer of insurance including any alteration to your cover
 - b. maintaining, managing, administering and enforcing any resulting insurance including any alteration to your cover
 - c. letting you know about other products and services
 - d. undertaking market research and/or statistical analysis
 - e. comparing information about you with publicly available information or information held by government agencies or other companies or organisations that we have a continuing relationship with
 - f. complying with any policy, legal and/or regulatory requirements.
6. You consent to our disclosure of your personal information (whether provided by you or someone else) for any of the purposes stated in paragraph 5 to: any other life assured and/or policy owner under any insurance resulting from this application, our related companies, reinsurers, your adviser, agents, credit agencies, government agencies, any company or organisation that we have a continuing relationship with, third party service providers or any other person, company or organisation that we may use. You consent to any such credit agency including your personal information on their agency databases and disclosing it to their clients.
7. You authorise us to request, and be given, your personal information for any purpose stated in paragraph 5 from any of the following:
 - a. any and all health treatment providers
 - b. any and all medical information providers
 - c. insurers
 - d. Accident Compensation Corporation
 - e. employers (whether current or not)
 - f. government agencies, organisations and enterprises
 - g. accountants and other financial advisers
 - h. banks and other financial institutions
 - i. any credit rating agencies

and you authorise the persons and organisations listed in paragraph 7a. to i. above to disclose your personal information to us for those purposes.

8. You authorise your adviser named on this application form to receive and access your personal information including financial, medical and other matters, whether contained in this application form or obtained from third parties (e.g. doctors, accountants) for any of the purposes stated in paragraph 5.
9. You will notify us when there is a change to any authority regarding your personal information under paragraphs 5 to 8 of this declaration and consent, and if your adviser changes.
10. You understand that all personal information we hold about you is your information. You have the right to access that information, and ask us to correct it if it's wrong.

Replacement insurance policy

11. You consent and give authority to us to cancel any Chubb Life covers and/or Chubb Life policies noted for discontinuance or replacement in this application form immediately when any insurance under this application form is issued.

General

12. A photocopy of this application can be treated as being as valid as an original.
13. If acting:
- on behalf of a company or a trust, you confirm you have the capacity and authority to act on its behalf
 - as a guardian on behalf of a minor, you confirm you consent to this application and that you have consulted with all other guardians of the minor.

Our Financial Strength Rating

14. Chubb Life Insurance New Zealand Limited has an A (Excellent) financial strength rating given by A.M. Best Company Inc.

The rating scale is: A++, A+ Superior | A, A- Excellent | B++, B+ Good | B, B- Fair | C++, C+ Marginal | C, C- Weak | D Poor | E Under Regulatory Supervision | F In Liquidation | S Suspended. For more rating information visit www.ambest.com/ratings/guide.pdf

Signatures

Life Assured

Name of Life Assured

Signature Date signed

Policy Holder(s)

Name of Policy Holder

Signature Date signed

Name of Policy Holder

Signature Date signed

Parent/Guardian consent where life to be assured is less than 16 years of age.

I consent to this application for insurance and certify that the answers to the questions in this application are true and complete to the best of my knowledge.

Relationship Parent ☐ Guardian ☐

Name of parent or guardian of the life to be assured

Signature of parent or guardian of the life to be assured Date signed