

# Application

## Adding Specific injury support benefit to your policy

### Please complete and return to us by:

Email (scanned copies) to [newbusiness@asteronlife.co.nz](mailto:newbusiness@asteronlife.co.nz)  
OR  
Post to Asteron Life New Business, PO Box 894,  
Wellington 6140, New Zealand

### Adviser/Office use only:

Adviser number

Adviser name

Please add Specific Injury to policy number

Please select which Specific Injury support benefit you are adding:

Specific injury – Monthly ☐

Specific injury – Lump sum ☐

## 1. Insured person details

Title <input type="text"/>	First name(s) <input type="text"/>	Last name <input type="text"/>
Home address <input type="text"/>		Postal address <input type="text"/>
		<i>If different to home address</i> <input type="text"/>
Contact phone number <input type="text"/>		Occupation <input type="text"/>
Email <input type="text"/>		Industry <input type="text"/>

## 2. Policy owner details (If other than the life insured)

### Policy owner(s) 1

Title <input type="text"/>	First name(s) <input type="text"/>	Last name <input type="text"/>
Home address <input type="text"/>		Postal address <input type="text"/>
		<i>If different to home address</i> <input type="text"/>
Home phone number <input type="text"/>		Work phone number <input type="text"/>
Mobile phone number <input type="text"/>		Email <input type="text"/>

### Policy owner(s) 2

Title <input type="text"/>	First name(s) <input type="text"/>	Last name <input type="text"/>
Home address <input type="text"/>		Postal address <input type="text"/>
		<i>If different to home address</i> <input type="text"/>
Home phone number <input type="text"/>		Work phone number <input type="text"/>
Mobile phone number <input type="text"/>		Email <input type="text"/>

### 3. Acknowledgement and signatures

- I/We have received, read and understood the terms and conditions that apply to the Benefit applied for.
- I/We agree that this application will form the basis of the alteration to the contract of insurance and understand that premiums will be altered to reflect the change in cover.
- I/We understand that the insurance benefit I/we have applied for will not become effective until my/our application is accepted by the insurer in writing.
- I/We have read and understood the information about the insurance I/we have applied for in the relevant Asteron Life Insurance Policy Document.

### Insurer Financial Strength Rating

The Insurance (Prudential Supervision) Act 2010 requires all licensed insurers to have a current financial strength rating that is given by an approved rating agency.

**Asteron Life Limited** has been given an '**A+**' (Strong) financial strength rating by Fitch Australia Pty Ltd (Fitch), an approved rating agency, whose rating scale is set out below in summary form.

A rating of '**A+**' means Asteron Life has a strong capacity to meet policyholder and contractual obligations. For Fitch's full rating scale, please go to Fitch's website at [www.fitchratings.com](http://www.fitchratings.com).

#### Fitch Rating Scale

<b>AAA</b> Exceptionally Strong	<b>BBB</b> Good	<b>CCC</b> Very Weak
<b>AA</b> Very Strong	<b>BB</b> Moderately Weak	<b>CC</b> Extremely Weak
<b>A</b> Strong	<b>B</b> Weak	<b>C</b> Distressed

**Note:** (+) or (-) may be appended to a rating to indicate the relative position of a credit within the rating category. Such suffixes are not added to ratings in the AAA category or to ratings below the CCC category.

#### Person to be insured

Full name	<input type="text"/>
Signature	<input type="text"/>
	<input type="button" value="Sign here"/>
Date	<input type="text"/>

#### Policy owner(s) 1

Full name	<input type="text"/>
Signature	<input type="text"/>
	<input type="button" value="Sign here"/>
Date	<input type="text"/>

#### Policy owner(s) 2

Full name	<input type="text"/>
Signature	<input type="text"/>
	<input type="button" value="Sign here"/>
Date	<input type="text"/>

If the person to be insured is also a policy owner, that person need only sign once in the box marked 'Person to be insured'.

## Adviser details Adviser to complete in all cases.

### Servicing adviser's report

Adviser number	<input type="text"/>	Adviser's name	<input type="text"/>
Adviser's daytime phone number	<input type="text"/>	Email	<input type="text"/>

Who completed this application form (i.e. whose handwriting)?

I confirm that the illustration(s) attached to this application accurately reflects the person(s) to be insured and the details and requirements of the policy owner(s) and has been verified by the policy owner(s).....Yes ☐ No ☐

Signature of Adviser	<input type="text"/>	<input type="button" value="Sign here"/>	Date	<input type="text"/>
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**Disclaimer:** The material in the adviser section has been prepared by Asteron Life Limited ("Asteron Life") as a briefing for Advisers only and is not for clients' use. Terms, conditions, exclusions and limits apply. It is the adviser's responsibility to make the client aware of the full detail contained in the policy document, the fact that availability of insurance cover is subject to the acceptance and approval of a complete application, and the fact that any payment is subject to a claim being accepted. Asteron Life disclaims all liability in this regard.

**Asteron Life Ltd**  
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