



Application

Special Events Increase Benefit L AD T CC TPD Special Events Conversion Benefit L T

Please complete and return to us by:

Email (scanned copies) to newbusiness@asteronlife.co.nz
OR
Post to Asteron Life New Business, PO Box 30131,
Te Puni Mail Centre, Lower Hutt 5040, Freepost 795

Adviser/Office use only:

Adviser no.
Adviser's name

Policy numbers

1. Insured person details

Title First name(s) Last name

2. Policy owner details

Title First name(s) Last name

Postal Address

Phone Number Home (0) Work (0) Mobile (0)

3. Increase Event *(Please tick one for increase)*

Event	Date of event	Evidence (please attach)
<input type="checkbox"/> The insured person decides to permanently live with someone in the nature of marriage or civil union.	/ /	Certified copy of their marriage or civil union certificate, or other evidence satisfactory to us that confirm the permanent nature of their relationship.
<input type="checkbox"/> The insured person divorces or dissolves a registered civil union. You cannot apply for more than one increase if the insured person marries or enters into a de facto relationship, or divorces or separates from a marriage or a de facto relationship, with the same person more than once.	/ /	Certified copy of the dissolution order.
<input type="checkbox"/> Death of the insured person's spouse or partner.	/ /	Certified copy of the death certificate for the insured person's spouse or partner.
<input type="checkbox"/> The insured person or their spouse gives birth to a child.	/ /	Certified copy of the birth certificate, which must name the insured person as a parent.
<input type="checkbox"/> The insured person adopts a child.	/ /	Certified copy of the adoption certificate, which must name the insured person as an adopting parent.

Event	Date of event	Evidence (please attach)
<input type="checkbox"/> The insured person takes out or increases a loan of at least \$25,000 for their primary residence, a new residential investment property, a holiday home, or a bare block of land zoned as residential, provided the relevant property is solely residential.	/ /	Certified copy of the mortgage documents.
<input type="checkbox"/> The insured person's annual salary increases by at least \$5,000. Annual salary means regular remuneration, excluding extra income such as, but not limited to, bonuses or overtime payments.	/ /	Sufficient evidence confirming the salary increase; for example, payslips or letter from their employer.
<input type="checkbox"/> Becoming a carer for the first time.	/ /	A statutory declaration from the person being cared for, or the dependant's legal representative. This statutory declaration must detail the nature of the dependency. It must also document the close personal relationship held with the insured person, confirm that the dependant permanently resides with them, and confirm that they are personally providing financial and domestic support to the dependant. A statement from the dependant's doctor verifying the need for and nature of the care required, and that such care is required for at least six months.
<input type="checkbox"/> Financially supporting a dependent child starting private secondary school or a first course of full-time tertiary education.	/ /	Birth certificate and enrolment confirmation.
<input type="checkbox"/> Financially supporting a dependent child starting private secondary school or a first course of full-time tertiary education.	/ /	No evidence is required.

4. Amount of increase being applied for

Refer to the terms and conditions for the maximum entitlement or call your Adviser.

Increase amount being applied for under Life Cover

Increase amount being applied for under Total and Permanent Disablement Cover (TPD)

Increase amount being applied for under Accidental Death Cover

Increase amount being applied for under Cancer Cover

Increase amount being applied for under Trauma Recovery Cover

Increase amount being applied for under SmartLiving Cover

Increase amount being applied for under Major Trauma Benefit

5. Amount of conversion being applied for

Refer to the terms and conditions for the maximum entitlement or call your Adviser.

Add amount for accelerated Trauma Recovery Cover

Add amount for accelerated modified TPD Cover

Add amount of Major Trauma Benefit

6. Terms and Conditions

Special events increase benefit – Maximum increase

- The maximum increase per event is the lesser of:
 - 50% of the sum insured for Life Cover, Accidental Death Cover, TPD Cover, Trauma Recovery Cover, Cancer Cover and SmartLiving Cover (whichever is applicable) at the commencement date;
 - \$200,000;
 - 5 times your increase in salary (if applicable); and
 - the amount of new mortgage or the amount of increase in the mortgage (if applicable).
- The total of all special events increases, including this one, cannot be more than the original sum insured at the commencement date for the relevant benefit(s).
- The above maximums apply to the total sums insured of each eligible cover on all Asteron Life policies for the insured person.

Special events conversion benefit

- The maximum cover allowed for the accelerated Trauma Recovery Cover or accelerated modified TPD Cover will be the lesser of:
 - 50% of the sum insured for Life Cover
 - \$50,000

Special events increase and conversion benefit

- You must apply within 180 days of the event or 30 days of the either side of the policy anniversary date after the event (the event must have occurred within the previous 12 months).
- You can only have one increase in any 12 month period.

7. Acknowledgement and Signatures

- I/We have received, read and understood the terms and conditions that apply to the increased cover portion.
- 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 increase 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.

Name of Policy Owner

Signature of Policy Owner Date

Name of Additional Policy Owner

Signature of Additional Policy Owner Date

Adviser details

This section needs to be completed by the Adviser.

Advisers: If you have any questions about our Express Application Service, please call us on our freephone number 0800 805 244

Servicing adviser's report

Adviser number Adviser's name

Adviser's daytime phone number (0) Email

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 Date / /

1. Please tick the appropriate box to select your preferred FlexiRate option.
If 'Nil' commission is selected, then Commission by Cover is not available. The FlexiRate applies to all covers within the policy.

	FlexiRate <i>If left blank Standard commission applies</i>			
	75	50	25	Nil comm
Personal Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please tick the appropriate box below to select the policy level commission type. Policy level commission will apply to *Needlestick, Kids Cover and We Pay Your Premium* benefits. It will also apply to any cover/s **not** listed at step 3 below.

	Policy Level Commission type		
	Upfront	Spread 20	Level 30
Personal Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please fill out the table below if you want to select the commission type by specific covers within the policy (if different from the main commission type).

Commission type by Cover					
Cover	Sum insured	Stepped/Level	Upfront	Spread 20	Level 30
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note:

- Accelerated covers will be the same commission type as the main cover
- MRC-Disability & MRC-Redundancy/Bankruptcy will be the same commission type

4. **Commission split** *If left blank your default commission split will apply*

	Adviser name	Adviser number	Initial commission	Production	Service commission
			%	%	%
			%	%	%
			100 %	100%	100 %

Asteron Life

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