

Application Essentials

For adviser use only – special instructions		Second adviser (if applicable)
Credit this case to Sovereign adviser code	<input type="text"/>	<input type="text"/>
Percentage split	<input type="text"/>	<input type="text"/>
Adviser's company	<input type="text"/>	<input type="text"/>
Adviser name	<input type="text"/>	<input type="text"/>
How you would like us to refer to this policy in future correspondence (e.g. John's Protection Plan)	<input type="text"/>	
Would you like this policy to be grouped with another Sovereign policy for correspondence purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text" value="If YES, please list policy numbers"/>
Is this policy for 1 person or 2?	<input type="text"/>	If 2 people are to be covered please complete a separate application form for each.

1 Life to be covered (Please complete a separate application for each person) (PLEASE USE BLOCK LETTERS)

Mr/Mrs/Miss/Ms	Last name		First names	
Home address	<input type="text"/>			
Mailing address (if different)	<input type="text"/>			
Contact details	Home phone ()	Business phone ()	Mobile phone ()	
	Email			
Date of birth	/ /	Place of birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Occupation	<input type="text"/>		Industry	
	Previous name (if changed)		<input type="text"/>	

2 Policy owner(s)

The policy owner is responsible for paying all premiums under this policy and can be an individual, group or organisation other than the life to be covered

Please indicate if the policy owner is the same as the Life to be covered

 or

Policy owner (1)

Mr/Mrs/Miss/Ms

Last name	First names
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Home address

Mailing address (if different)

Daytime phone ()	Email	Date of birth / /
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Additional policy owner (2)

Mr/Mrs/Miss/Ms

Last name	First names
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Home address

Daytime phone ()	Email	Date of birth / /
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3 Payment details

Premium amount

\$	Deposit enclosed	\$
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Payment frequency

<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> Fortnightly (for direct debit payments only)	Please specify date of first payment, e.g. 17th
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Payment method

<input type="checkbox"/> Direct debit (please complete the attached Sovereign Direct Debit Authority)	or	<input type="checkbox"/> Use existing Sovereign direct debit	Policy number
Account name			
Bank account number			

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
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Account No.

Name on card Expiry Date / /

Please specify date of first payment, e.g. 17th Payment amount \$

4 Type of cover you are applying for

(Please select the types of cover and state the amount you require. Please attach your Illustration)

Essentials Life is compulsory. Please ensure Essentials Life is selected unless you already have an Essentials Life policy in place and are applying for additional benefits.

Essentials Life

To provide a lump sum in the event of death of the Life to be Assured.

Tick	Amount of cover
<input type="checkbox"/>	\$ <input type="text"/>

Total Permanent Disability

To provide a lump sum in the event of the Total Permanent Disablement of the Life to be Assured.

Tick	Amount of cover
<input type="checkbox"/>	\$ <input type="text"/>

Income Protection

To provide a monthly benefit in the event the Life to be Assured suffers Total Disablement and; To provide for the payment of premiums in the event of Total Disability of the Life to be Assured.

Tick	Amount of cover
<input type="checkbox"/>	\$ <input type="text"/>

Critical Illness

To provide a lump sum in the event of a diagnosis of a specified condition of the Life to be Assured.

Tick	Amount of cover
<input type="checkbox"/>	\$ <input type="text"/>

Waiting Period

<input type="checkbox"/> 4 weeks	<input type="checkbox"/> 13 weeks
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5 Your health and lifestyle (Please complete the following questions for all types of cover you require)

We understand that the medical questions that we ask in this section may be sensitive, but it is very important that you give us all the information that may affect your application for insurance. If you prefer, you can complete this form in private and post it directly to Sovereign Assurance Company Limited, Private Bag Sovereign, Auckland Mail Centre 1020

Please advise us of any other policies you currently hold with Sovereign

a) Do you have permanent residency status in NZ?

 Yes No

b) What is your height and weight?

 cms/feet/inches kgs/stones/lbs

c) Have you smoked in the last 12 months?

 Yes No

d) Do you suffer from diabetes?

 Yes No

e) Have you ever suffered from high blood pressure?

 Yes No

f) Have you ever suffered from high cholesterol?

 Yes No

g) Do you drink alcohol?

 Yes No

If YES, please advise weekly alcohol intake

h) Has an immediate family member died before the age of 60 years or suffered from any inheritable disease? E.g. diabetes, stroke, mental illness, kidney disease, cancer (specify type), Huntingtons Chorea or Polycystic Kidney disease.

 Yes No

If YES, please advise relationship to family member and condition

i) Have you ever used any drug not prescribed by a Doctor, or received medical advice, counselling or treatment for the use of alcohol, drugs or gambling?

 Yes No

j) Are you receiving, or have you ever consulted or received counselling or treatment from a health professional for any cancer, tumour, cyst, abnormal cervical smear, breast lump, moles, skin disorder or any other lesion?

 Yes No

k) Do you have any disease, disorder or injury to muscles, bones, or joints, including hips, shoulders, neck, knees, wrists, arthritis, rheumatism or OOS?

 Yes No

l) Have you been hospitalised for longer than 48 hours other than for broken bones or childbirth?

 Yes No

m) Are you currently taking or have you taken prescribed medication for longer than 10 days?

 Yes No

If YES, Please describe

n) Have you had any symptoms, received any counselling or treatment from a health professional for any other condition not noted above? If so, what? (excluding minor ailments such as colds or flu)

What is your occupation?

List your main duties

o) Are you self employed?

 less than 1 year 1 – 3 years 3+ years

p) What is your annual gross salary or wage from your principal employment?

 \$

7 Declaration and consent

Your Duty of Disclosure – Important Notice

Before you enter into this contract of Insurance ("Insurance") you have a duty to disclose to Sovereign Assurance Company Limited ("Sovereign") every matter that is material to its decision whether to accept the risk of the Insurance and if so on what terms. You have the same duty to disclose those matters to Sovereign before you apply to vary or reinstate the Insurance. If you fail to comply with your duty of disclosure to us and we would not have issued the Insurance on the same terms if disclosure had been made we may cancel and avoid the Insurance from inception.

The below named Life to be Assured and Policy Owner(s) declare and agree that:

- (a) The above answers have/have not been entered by me/us in this Application ("Application") but they have been checked by me/us and no statement affecting this Insurance has been made to any representative of Sovereign that is not recorded in this Application.
 - (b) I/We acknowledge that the Illustration attached to Section 4 of this Application forms part of the Application and sets out the Insurance benefits I/we are applying for.
 - (c) I/We have read the notice explaining my/our duty of disclosure and all the statements contained in this Application are true and complete to the best of my/our knowledge.
 - (d) Should the Life to be Assured, undergo any alteration in mental or physical health or have a change of occupation between the date of this Application and the issue of the Insurance, I/we agree to notify Sovereign immediately as this information is relevant to any decision Sovereign may make to accept this Application.
 - (e) I/We understand that statements made in this Application including any statements made by me/us to any medical examiner or made by any medical examiner on my/our behalf forms the entire basis of the Insurance contract between me/us and Sovereign.
 - (f) I/We understand the Insurance proposed in this Application SHALL NOT COMMENCE until this Application has been accepted by Sovereign and the initial premium or a completed Direct Debit Authority or premium payment direction (such as a Credit Card) has been received by Sovereign.
 - (g) I/We authorise Sovereign to debit the nominated credit card account with the premiums payable pursuant to the Insurance premium. Sovereign may debit the credit card account with an Insurance premium even where there may be insufficient clear funds in the credit card account, but Sovereign shall not be obliged to do so. If there are insufficient funds but Sovereign debits the credit card account, Sovereign may also debit the credit card account with any applicable fees and charges. If the Insurance premium cannot be recovered from me/us, then Sovereign may reverse the Insurance premium payment resulting in the premiums being treated as not having been paid and Sovereign may be entitled to cancel the Insurance in accordance with the Insurance terms relating to non-payment of premiums.
 - (h) I/We will be bound by the standard conditions applicable to the proposed insurance upon Sovereign's acceptance of this Application.
 - (i) I/We have been advised that a Specimen Policy Document and the financial statements of Sovereign are available to me/us on request from Sovereign's Head office.
 - (j) I/We consent to the use of the personal information provided in this Application by Sovereign and/or any related companies, their subsidiaries, their officers, their advisers and reinsurers so that they can assess this Application for Insurance, for the processing of this Application and administration of the Insurance and any claims, and for promotion of insurance and investment services to me/us. I/We understand that the personal information collected will be held at Sovereign's Head Office, 33-45 Hurstmere Road, Takapuna. I/We understand access to and correction of my/our personal information may be requested by me/us.
 - (k) I/We understand that if additional information is required to process my/our application for insurance, I/we may be telephoned by a Telephone Underwriter. The information that we provide to the Telephone Underwriter will form part of my/our Application for insurance.
 - (l) I/We consent and give authority to Sovereign and/or any of its related companies to seek from, and for all and any of the following, their officers and employees, to disclose to Sovereign and/or any of its related companies, their advisers, reinsurers and to any legal tribunal before which any question concerning the Insurance may arise, any medical, financial or other personal information affecting such Insurance which they may hold in respect of me/us:
 - Registered Medical Practitioners and specialists
 - Dentists
 - Employers (whether current or not)
 - Insurers (whether public or private)
 - Hospitals (whether public or private)
 - Medical laboratories
 - Accountants and other financial advisers
 - Counsellors, psychologists and therapists
 - Accident Compensation Corporation
 - Government departments, agencies, organisations and enterprises
 - Banks and other financial institutions
- I/We agree that a photocopy of this authority will be valid as an original. I/We agree that this authority applies to those signatures listed below

Failure to make this declaration truthfully may invalidate your Insurance.

Please print full names of Life to be Assured

Signature of Life to be Assured

Date

Signature(s) of Policy Owner(s)

Date

Date

Date

Date



4361-11/04

Authority to accept Direct Debits

(not to operate as an assignment or agreement)

Sovereign Services Limited

Sovereign House
33-45 Hurstmere Road
Takapuna
North Shore

Private Bag Sovereign
Auckland Mail Centre 1020

Telephone +64 9 487 9000
Facsimile +64 9 487 8003
Freephone 0800 500 108
Freefax 0800 329 768

enquire@sovereign.co.nz
www.sovereign.co.nz

To the Manager

Bank
Branch
PO Box
Town/City

Authorisation Code	1	2	0	0	3	6	5
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Full Name of policy owner

Daytime phone no.	Business phone no.
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Email

If this debit relates to an existing policy please note policy number(s):

Date of first payment (Between 1st and 28th of the month):
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Account details

Customer to complete details of account to be debited (Please print in block capitals)

Name of account			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch number	Account number	Suffix

(Please attach an encoded deposit slip to ensure your account number is loaded correctly)

Authorisation

I/We authorise you until further notice in writing, to debit my/our account with you, all amounts which **Sovereign Services Limited** (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

The following will appear on my/our bank statement

(My/our policy number will print under payer reference)

Payer particulars	Payer code	Payer reference
S O V E R E I G N		

Authorised signature(s) – your signature must appear here

 	Date: / /
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For bank use only

Approved
0036
02 02

Date Received	Recorded By:	Checked By:

Bank Stamp



3647-11/04

Conditions of this Authority

1. The Initiator:

10 Day Advance Notice of Each Direct Debit

- (a) Has agreed to give written advance notice of the net amount of each Direct Debit and the due date of debiting at least 10 calendar days before (but not more than 2 calendar months) the date the Direct Debit will be initiated. The advance notice will be provided either:
- (i) in writing; or
 - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

The advance notice will include the following message:

"Unless advice to the contrary is received from you by (*date), the amount of \$_____ will be directly debited to your bank account on (initiating date)."

*This date will be at least two (2) days prior to the due date to allow for the amendment of Direct Debits.

Regular Payments

- (b) Undertakes to give written notice to the Customer of the commencement date, frequency and amount at least 10 calendar days before the date the first Direct Debit is initiated, (but not more than 2 calendar months). This notice will be provided either:
- (i) in writing; or
 - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

Where the Direct Debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide the Customer with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advance notice of at least 30 days before changes come into effect. This notice must be provided either:

- (i) in writing; or
 - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator
- (c) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) and (c) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such a request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

- (a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.
- (d) The Bank accepts no responsibility or liability for the accuracy of information about payments on Bank Statements.
- (e) The Bank is not responsible for, or under any liability in respect of:_____
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
 - the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- (f) Notice given by the Initiator in terms of 1 (b) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.

Special pre-acceptance cover note

Automatic cover from the time Sovereign receives your application

The Life to be Assured is automatically covered for the benefits applied for up to the maximums specified below from the date that the application is received by Sovereign Assurance Company Limited ("Sovereign") to the date of acceptance by Sovereign subject to the following limitations:

1. Benefits are payable as a direct and sole result of injury caused by violent, accidental, external and visible means. No benefits are payable if death or disability occur as a direct or indirect result of any sickness. Neither will benefits be paid if, in the opinion of Sovereign, the Application would not have been accepted on standard terms once underwriting had been completed.
2. Benefits are payable to the Policy Owner(s) named in the Application.
3. This cover note expires without notice on the earlier of:
 - (a) The date 60 days after the Application was completed;
 - (b) The risk commencement date of the policy;
 - (c) The date of withdrawal if the Policy Owner(s) withdraw the Application;
 - (d) The date Sovereign declines to accept the Application or accepts the Application; or
 - (e) The date one of the benefits proposed is paid.
4. No benefit is payable if:
 - (a) The Life to be Assured is under 16 years or over 55 years of age; or
 - (b) The Application is not accompanied by payment of the first premium or completed Direct Debit Authority or Credit Card Authority; or
 - (c) The Life to be Assured has previously been declined or offered non-standard terms by any insurer or has previously claimed a disability benefit from any insurer.
5. No benefit is payable if disability occurs as a direct or indirect result of any of the following:
 - (a) An act of self-injury or participation in any criminal act.
 - (b) War (whether declared or not), riot, strike, civil commotion, insurrection or demonstration.
 - (c) Bodily injury which occurred before the date of the Application.
 - (d) Any medical condition affecting the Life to be Assured and existing prior to the date of the Application.

Maximum benefit payable for claims arising from the one accident is \$250,000 including all similar coverages issued. Benefits are limited by the amount proposed in the application subject to the limits below and further subject to the standard policy terms and conditions

1. Maximum payable on death: \$250,000.
2. Maximum payable upon Total Permanent Disablement, \$150,000. Other Critical Illness conditions are not covered.
3. Maximum payable upon Total Disablement: \$24,000 per annum for Income Protection.

What terms are applicable?

1. All Conditions, Definitions and Exclusions applying to the Application (as set out in the Specimen document) shall apply to this Pre-Acceptance Cover. Other terms applicable are as set out in this Cover Note.
2. In no event will Sovereign be obliged to make payment under this Pre-Acceptance Cover note if Sovereign is liable to make payment under the Policy issued pursuant to the Application.
3. Pre-Acceptance Cover is provided subject to the truth and correctness of the Application and any other document or statement made in connection with the Application.
4. Any premium outstanding at the time a claim is made under this Cover Note shall be deducted from any benefit paid by Sovereign.
5. In the event that Sovereign pays a benefit to the Policy Owner pursuant to this Pre-Acceptance Cover Note, Sovereign shall retain all premiums made under this Pre-Acceptance Cover Note at the time the claim is made.

Full name of Life to be assured

Full name(s) of Policy Owner(s)

Adviser name

Joint Policy

 Yes No

Date of application

 / /

Managing Director




4327-11/04

Sovereign Assurance Company Limited

Sovereign House
33-45 Hurstmere Road
Takapuna
North Shore

Private Bag Sovereign
Auckland Mail Centre 1020

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enquire@sovereign.co.nz
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Your accredited Sovereign adviser

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