

This form is for children aged 0-20 years, when applying either for a standalone policy, or when adding a child to a parent’s policy.

All questions refer to the circumstances of the child. Please use this form for Life, Living Assurance, Progressive Care and Health policies only. We appreciate that not all questions will be applicable; however, responses should be provided to all questions. Thank you for your cooperation and honesty.

If you are 16 years and over and would like to apply for disability-related insurance cover, you should complete the **Life and Health Application Form**.

1 Life to be assured

First name and surname

Addresses

Home Address

Postal Address

Street

Same as home address

Suburb

Street

City

Suburb

Postcode

City

Postcode

Telephone Day

Evening

Mobile

Date of birth / /

Place of birth

Sex Male Female X

Email address

In the last 12 months has the life assured smoked tobacco or any other substance and/or used smoking alternatives (e.g. e-cigarettes, vaping, nicotine gum or patches)? Yes No

If Yes, what substance(s)

How much do you smoke? per day

2 Benefit Details

Please attach Illustration setting out the benefits applied for.

Add child to existing policy (✓ to select)

Policy number

If you are applying for a new policy please skip to section 3.

3 Policy owner details

If you are applying for **Living Assurance** or **Progressive Care** for a child under the age of 16 please note that these policies must be owned by the child's parent(s) and/or legal guardian(s).

Policy owner 1

First name and surname

Addresses

Home Address

Street

Suburb

City

Postcode

Postal Address

Same as home address

Street

Suburb

City

Postcode

Telephone Day

Mobile

Evening

Date of birth

Sex

Male

Female

X

Email address

Policy owner 2

First name and surname

Addresses

Same as policy owner 1 above

Addresses

Home Address

Street

Suburb

City

Postcode

Postal Address

Same as home address

Street

Suburb

City

Postcode

Telephone Day

Mobile

Evening

Date of birth

Sex

Male

Female

X

Email address

POLICY OWNER(S) CONFIRMATION FOR LIVING ASSURANCE AND PROGRESSIVE CARE ONLY:

1. I/we are both legal guardians/parents of the child.

YES

NO

If you answered no to questions 1 or 2 please provide details:

2. I/We are insuring all our children.

YES

NO

4 Payment details

Same as current policy (✓ to select) If payment details are the same as current policy please skip to section 5.

Premium amount

Deposit amount enclosed

Payment frequency Weekly (direct debit only) Fortnightly (direct debit/credit card only) Monthly Yearly

(✓ one)

Direct debit (please complete the attached Payment Authority form)

Credit/Debit card (please complete the attached Payment Authority form)

Yearly cheque (please make cheques payable to Sovereign Services Limited. Cheques should be marked 'not transferable' or 'account payee only')

Deduction date / /

5 Your insurance details

It is important that you provide details of any existing cover that you may have, whether you intend to retain or replace that cover, or any new cover that you are currently applying for outside of this application. This includes any cover you have cancelled in the last six months.

WHY IS THIS IMPORTANT?

- > Sovereign will use this information to assess your eligibility for the level of cover and benefits you are applying for.
- > This helps ensure that you are only accepted for any cover that you would be eligible to claim under.

REPLACING EXISTING COVER

If you are intending to replace any existing cover, you should understand there are the associated risks and benefits. For example, there are risks that your new policy may:

- > contain restrictions or exclusions that your old policy doesn't due to changes in your health, leisure activities or occupation.
- > not provide the same cover as your existing policy, so it is important to understand any loss of benefits such as value or type of cover, any unusual features, or cover for different medical conditions.
- > have initial 'stand down periods' so you may temporarily lose some cover if you switch to a new policy/benefit.
- > have different definitions (e.g. medical conditions, employment, occupation, income, etc), which could affect your ability to claim on your policy.
- > cost more to get the same or similar benefits.
- > be provided by an insurer with a different financial strength rating, which is an assessment of an insurer's ability to meet obligations to policyholders.

In some cases, your ability to claim under the new Sovereign policy may depend on you cancelling your existing cover listed below. You should only do this once the new Sovereign policy has been issued. If you do not cancel this cover, Sovereign may cancel your new policy from inception or decline any claim you make under it.

Should you need more information on replacing your existing cover, please speak to your adviser.

5 Your insurance details continued...

a. Do you have or are you currently applying for any other Life, Income Protection, Critical Illness (Trauma), Total Permanent Disablement or Health insurance with Sovereign or any other company?

If Yes, please give details below:

Name of company	Type of cover	Sum insured	Date commenced	To be replaced?*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* ADVISER INSTRUCTION: If 'To be replaced' has been ticked, please complete a **Replacement Policy Advice form** to demonstrate that you have discussed the risks and benefits of the policy replacement. A customer's policy should only be replaced if it is in the best interests of the customer.

b. Has any insurance you currently have, or have applied for (eg Life, Income Protection), ever been declined, deferred or modified including any loadings or exclusions?

Yes No

If yes, please give full details

6 Personal statement

a. Do you have permanent residency status in New Zealand?

Yes No

If No, please give details of the visa including name of the visa holder, duration and type:

b. Do you intend to live, work or travel overseas, except for Australia or the Cook Islands in the next 12 months?

Yes No

If Yes, please give details

c. Do you participate, intend to participate, or in the last three years have you participated in any hazardous occupation or pursuit (eg motor racing, aviation, martial arts, parachuting, scuba diving, or motor boat racing)? If YES - please complete SECTION 8.

Yes No

d. What is your height?

cm And weight? kg

e. Do you drink alcohol?

Yes No If Yes, please give details below:

Beer (300ml = 1 unit)

Wine (100ml = 1 unit)

Spirits (30ml = 1 unit)

Average units per week

f. 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

If Yes, please give details

g. Has any parent, sister or brother (blood relatives) received treatment or been diagnosed with (before the age of 60): diabetes, stroke, heart disease, kidney disease, polycystic kidney, cancer (please specify type), Huntington's chorea, multiple sclerosis, mental illness, dementia, or any other hereditary or familial disease?

Yes No

If Yes, please give details of:
Relationship to you,
Current state of health,
Age when diagnosed,
Current age,
If deceased, age at death

Personal statement continued...

h. Have you ever had any signs or symptoms of, or been tested for, treated for, monitored, or diagnosed with any of the following (If you have answered Yes to any of the questions in Section 6 please complete the 'General Health Questionnaire' in Section 7):

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Epilepsy, stroke, cerebral palsy or other neurological condition (eg paralysis or seizures) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Mental illness eg nervous disorder, stress, depression, fatigue or phobia | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Any disease or disorder of the eyes, ears, nose or throat (eg sinusitis, rhinitis, tonsillitis, ear infections , loss of sight, hearing or speech) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Thyroid disease or disorder or any other glandular condition | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Respiratory disease or disorder (eg asthma, bronchitis, breathing problems) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Heart complaint, chest pain, heart murmur, irregular heart beat, hole in the heart | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Any condition of the gastrointestinal tract or bowel (eg irritable bowel, Crohn's disease, ulcers, colitis, reflux) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Liver disease or disorder (e.g. fatty liver, hepatitis, abnormal liver function test result) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Diabetes or abnormal blood sugar level | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. Kidney, bladder, or urinary disease or disorder (eg kidney reflux, kidney stones, urinary incontinence) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. An injury, disease or disorder of your muscle, joint or bone (including arthritis) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12. Cancer, tumour, cyst, breast lump, moles or any other lesion | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13. Skin disorder (ie a part of the skin that has an abnormal growth or appearance) or any other lesion (eg eczema, dermatitis) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14. Blood disorders (eg anaemia, blood clots, bleeding tendencies) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 15. Disease or disorder of the immune system (eg AIDS, HIV, SLE) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 16. MALE ONLY: Disease or disorder of the reproductive system (testicles or penis) (eg cancer, hydrocele, torsion, phimosis) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17. FEMALES ONLY: Disease or disorder of the reproductive system (eg abnormal smear, endometriosis, heavy/painful/irregular menstrual bleeding, fibroids) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 18. HEALTH ONLY: Oral surgery or wisdom teeth problems | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 19. Any other medical issue, illness, injury or congenital condition not listed above (please state): | | | | |

Personal statement continued...

i. Doctors details. Please give the details of any medical professional and clinic you have consulted in the last five years. If you have visited more than one clinic please use the pages at end of this document to provide details.

Name of medical professional and clinic

Postal Address

Street

Suburb

City

Postcode

Phone Fax

Do they hold your records? Yes No

Number of years attended

j. If we require further information to process your application quickly, can we use our Telephone Underwriting service? Yes No

Phone Best time to call

Telephone Underwriting is a service that helps us process your Application quickly and simply. If we require further information, a Sovereign Telephone Underwriter will phone you at a time and place that is convenient for you. They may ask you questions about your health or hazardous pursuits so we can process your Application. We use this additional information to assess the acceptance terms of your Application.

7 General health questionnaire

Please complete this section if you answered YES to any of the selected questions in Section 6.

Name of condition

Date of first symptoms / /

Date of last symptoms / /

Have you ever been hospitalised or had time off work or school as a result of this condition? Yes No

If Yes, please give details.

General health questionnaire continued...

Have you ever had subsequent problems, impairments or after-effect from this condition?

Yes

No

If Yes, please give details.

Are you currently receiving treatment or follow-up or been advised that treatment or follow-up is required?

Yes

No

If Yes, please give details.

Have you ever had any recurrence of this condition?

Yes

No

If Yes, please give details.

Name of condition

Date of first symptoms

Date of last symptoms

Have you ever been hospitalised or had time off work or school as a result of this condition?

Yes

No

If Yes, please give details.

Have you ever had subsequent problems, impairments or after-effect from this condition?

Yes

No

If Yes, please give details.

Are you currently receiving treatment or follow-up or been advised that treatment or follow-up is required?

Yes

No

If Yes, please give details.

Have you ever had any recurrence of this condition?

Yes

No

If Yes, please give details.

General health questionnaire continued...

Name of condition

Date of first symptoms

 / /

Date of last symptoms

 / /

Have you ever been hospitalised or had time off work or school as a result of this condition?

 Yes No

If Yes, please give details.

Have you ever had subsequent problems, impairments or after-effect from this condition?

 Yes No

If Yes, please give details.

Are you currently receiving treatment or follow-up or been advised that treatment or follow-up is required?

 Yes No

If Yes, please give details.

Have you ever had any recurrence of this condition?

 Yes No

If Yes, please give details.

8 Hazardous occupation or pursuit

Please complete this section if you answered YES to question (c) in SECTION 6.

OCCUPATION / PURSUIT

(a) Name of occupation or pursuit?

(b) How long have you participated in this activity?

 Years Months

(c) In the last 12 months how many events/trips/climbs/jumps did you participate in?

(d) Please advise the number of hours you engaged in this activity in the last 12 months

 hours

(e) Where do you participate in this activity (geographically)?

(f) Please disclose maximum heights, speeds, depths

(h) Please give full details including the engine size for boats or other equipment used

What you need to tell us

Always tell the truth. Insurance is based on the principle of utmost good faith. Put simply you have a positive duty to provide truthful, complete and correct information about yourself, including your health and medical history. Your duty of disclosure extends to the date the contract of insurance is concluded between us. For example, you are required to tell us if you are diagnosed with a medical condition after the date of your application but before you agree to any terms of cover we may offer. If we offer to cover you, you will be insured on the basis of the information you have provided.

Answer questions as fully as you can. Applying for insurance involves responding to a number of questions. Your answers need to include as much detail relating to your current and past circumstances as possible. While this may take time, it is important to ensure that we have all the information we need when we make the decision to insure you and on what terms.

If in doubt, tell us. If you are uncertain of the relevance of any information, our advice is to include it on your form because, even if you aren't sure, it may be important to us. If someone else is completing the form on your behalf, it is important that you check that the information is correct and nothing has been left out.

If you don't know something, say so. If you say that you don't know what the answer to a question is and we think we need more information about your answer to a question so we can offer you insurance, we will need to obtain the information from somewhere else. By signing the declaration and consent, you give us your consent to get this information.

Know what you're signing. By signing the declaration on your form, you are saying that you have answered all the questions completely and to the best of your knowledge, as well as providing any other information that may influence our decision about your policy. If you are uncertain about any of your answers, ask us or your adviser before signing the declaration.

How non-disclosure affects claims. When you make a claim we may look further into your personal history. If we discover that you did not provide us material information that would have changed our decision to insure you or the terms of that insurance, we may amend the terms of your insurance policy. It does not matter if the new information is about a condition unrelated to your claim. If we discover that you haven't told us something material, we may either alter the terms of your policy – which might affect your claim, or we may avoid your policy from its inception which means that you would not be able to make a claim as no policy would exist.

Help us to help you when you need to claim. Depending on what you tell us on your claim form, we might need more information to make a decision about your claim. We may get this information by calling you, asking you to fill out another form or asking you to take a medical test. Sometimes we will need to get information from other people who may include your doctor, your employer, ACC or other government departments. By signing the consent form you give us the consent to do this.

Know what you are consenting to. We can only request information that we need to assess your application for insurance or for payment of a claim. At all times, the information we hold about you is your information, you have the right to access and, if it is wrong, to ask us to correct it.

Don't be afraid to ask. If there is anything you're not sure of, don't be afraid to ask us for help. Contact your adviser, or phone Sovereign on 0800 500 108.

9 Declaration and consent

Please read your duty of disclosure and declaration carefully and sign this form to show your acceptance of these terms. Failure to make the following declaration truthfully may invalidate your insurance. If the Life Assured is over 16 they must sign this form.

Important notice: your duty of disclosure and personal information

When you apply for this insurance, and whenever you apply to vary or reinstate it, you have a duty to disclose to Sovereign Assurance Company Limited ("Sovereign") all information you know (or could reasonably be expected to know) that would influence the judgment of a prudent underwriter in deciding whether or not to insure you, and if so, on what terms and at what cost. If you fail to comply with your duty of disclosure, Sovereign may avoid this insurance from the beginning, which means any claim will not be paid.

Please note Sovereign may request a copy of your entire medical file from your General Practitioner and other medical providers.

If in doubt - disclose. We treat all information confidentially.

Life assured or parent/guardian - Please complete the below Check boxes to confirm that you understand and accept the following:

I understand the importance of full disclosure of all information required in this application for Insurance and have read the "Disclosure" section below.

 Yes

I/We understand that Sovereign may require access to my medical records, other sensitive financial information or other personal information from my medical providers and other agencies. I/We give consent to Sovereign to do so pursuant to clause (o) under the "My personal information" section below.

 Yes

I/We authorise Sovereign to disclose all personal information relating to this application for insurance to my/our financial adviser pursuant to clause (p) under the "My personal information" section below.

 Yes

The below named life to be assured and policy owner(s) declare and agree that:

Disclosure:

- (a) I/We have read the notice explaining my/our duty of disclosure and all the statements contained in this application for insurance ("Application") are true and complete to the best of my/our knowledge.
- (b) 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.
- (c) I/We understand that statements made in this Application, including 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.
- (d) I/We acknowledge that my/our adviser receives commission from Sovereign.
- (e) I/We acknowledge that I/we are signing on behalf of any children and declare that I/we have disclosed all health information, including any pre-existing conditions, for such children and ourselves.

Underwriting:

- (f) I/We understand that irrespective of whether I/we have been insured with Sovereign before, that Sovereign will rely on the accuracy and completeness of my answers given in this Application and I/we must not assume Sovereign has any prior knowledge of my/our history.
- (g) I/We will be bound by the standard conditions applicable to the proposed insurance upon Sovereign's acceptance of this Application. I/We understand that if my/our Application requires underwriting, then special terms (including special conditions, premium loadings, exclusions or maximums) may be applied to my/our policy. I/We understand that any special terms will apply from the risk commencement date of my/our insurance. I/We understand that the special terms will be set out in the schedule to my/our policy document and will form part of my/our insurance contract. I/We will accept the special terms if I/we either make a premium payment after the policy free look period or agree to the special terms in writing.
- (h) I/We understand if additional information is required to process my/our Application, I/we may be telephoned by a Telephone Underwriter. The information that I/we provide to the Telephone Underwriter will form part of my/our Application.
- (i) I/We understand that if I/we do not consent to Sovereign collecting personal information on this Application and from the sources listed in paragraph (n) Sovereign may not be able to undertake a full underwriting assessment which may result in Sovereign declining to offer cover or offering cover on less favourable terms than I/we may otherwise be offered.
- (j) I/We understand that financial information may be required as part of the Illustration (quoting) process, and that any such information, if requested, will form part of my/our Application.

Replacement Policy:

- (k) I/We acknowledge that I/we are responsible for cancelling the existing cover listed at section 5 (a) above and that if I/we do not cancel this existing cover then Sovereign may terminate my/our new policy from inception and decline any claim under it.

Premiums:

- (l) 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.
- (m) I/We authorise Sovereign to debit the nominated credit card account with the premiums payable for the insurance. 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 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.

My personal information:

- (n) I/We consent to the use of the personal information provided in this Application or obtained from any source indicated in paragraph (o) by Sovereign and/or any related companies (whether incorporated in New Zealand or elsewhere), their subsidiaries, their officers, their advisers and reinsurers so that they can assess this Application, for the processing of this Application and administration of my/our insurance cover and any claims including assessing if I/we have met my/our duty of disclosure under this Application or any prior applications, for promotion of insurance and investment services to me/us and for market research purposes (whether or not I/we choose to proceed with this Application). I/We consent to my/our name, phone number and address being given to research/direct marketing firms engaged by Sovereign or its related companies to seek my/our views on products or services offered by Sovereign or its related companies. I/We understand that my/our personal information will be stored at Sovereign's head office, 74 Taharoto Road, Takapuna and by Sovereign's data storage providers, including cloud-based data storage providers (whether in New Zealand or elsewhere). I/We understand that Sovereign will take reasonable steps to keep such information secure. I/We understand that Sovereign may be required to disclose my/our personal information if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities. I/We understand access to and correction of my/our personal information may be requested by me/us.

Declaration and consent continued...

- (o) 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, its 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:
 - > any doctor or other registered medical practitioner or specialist, counsellor, psychologist, therapist, dentist, clinic, hospital or medical laboratory;
 - > the Accident Compensation Corporation;
 - > any bank, financial institution, accountant or financial adviser;
 - > any of your current or former employers;
 - > insurers or reinsurers (whether public or private); and
 - > any government department, agency, organisation or enterprise.
- (p) I/We authorise Sovereign to disclose all personal information relating to this Application to my financial adviser. The information is to be provided for the purposes of my financial adviser providing me with advice regarding the underwriting of this Application by Sovereign. This authority is limited to this Application, and is only valid for the period of the assessment of this Application until an outcome on this Application is reached. I/we acknowledge that the personal information which may be disclosed includes, but is not limited to, medical, vocational, occupational and financial information relevant to the assessment of this Application.
- (q) I/We understand that the supply of the information gathered from the above sources is voluntary and that Sovereign and/or any of its related companies may or may not seek information from the above agencies - whether they seek information is dependent on what information is required to make a decision on my/our insurance.
- (r) I/We understand that in collecting information that is relevant to this Application Sovereign may also receive/collect information that is not relevant to the assessment of this Application or the assessment and administration of my claim and Sovereign will not use this non-relevant information for any purpose other than as permitted under the Privacy Act.

Correspondence by E-mail:

- (s) Where I/we have provided my/our email address(es) in Section 3, I/we consent to Sovereign corresponding with me/us by email regarding the policies listed in Section 2, including in respect of this Application.
- (t) Such correspondence can be sent to the email address(es) detailed in Section 3 or subsequent email addresses I/we provide to Sovereign.
- (u) I am/we are responsible for advising Sovereign if my/our email address(es) change.
- (v) I am/we are responsible for the security of the information sent to and held in my/our email account(s) and the access that others have to this account/these accounts e.g. the access other family members/colleagues may have to my/our emails.

Insurance Policy:

- (w) I/We have checked the information that my/our Insurance adviser has entered onto this application form.
- (x) No statement affecting this insurance application has been made to any representative of Sovereign that is not recorded in this application.
- (y) I/We acknowledge that the Illustration attached to Section 2 of this Application forms part of the Application and sets out the insurance benefits I/we are applying for.
- (z) 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.

Policy owner signature (as named in Section 3 of this application form)

Full name of individual policy owner 1	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>
Full name of individual policy owner 2	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text" value="/ /"/>

Declaration and consent continued...

Life to be Assured signature

- a) If OVER 16 years of age (if other than Policy owner as named in SECTION 3 of this application form)

Full name of Life to be Assured	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text" value="/"/> <input type="text" value="/"/>

Life to be Assured signature

- b) If UNDER 16 years of age

Full name of Life to be Assured	<input type="text"/>		
Full name of parent or guardian	<input type="text"/>		
Signature of parent or legal guardian of Life to be Assured	<input type="text"/>		

Please note that Sections 67B and 67C of the Life Insurance Act 1908 provide the following limitations in respect of payments able to be made by Sovereign in the event of the death of a minor:

> **Where deceased minor is under the age of 10 years**

Payment is limited to a return of premiums paid plus interest thereon (compounded annually) at the rate prescribed for the purposes of Section 87 of the Judicature Act 1908 at the date of death of the minor plus the amount that, when added to any other sum permitted to be paid by any other company or friendly society, equals \$2,000 (or such larger sum as may be specified by Order in Council).

> **Where deceased minor is under the age of 16 years**

Sovereign is prohibited from paying on the death of a minor under the age of 16 years, any sum under any policy issued on or after the 1st day of April 1986 to any person other than:

- the parents or guardians of the minor, or one of them; or
- a parent or guardian of the minor and the spouse of that parent or guardian jointly; or
- any person who had District Court approval to effect the policy on the minor; or
- an executor or administrator of any of those persons; or
- a person to whom payment may be made under Section 65(2) of the Administration Act 1969; or
- any person who is entitled to that sum by virtue of any assignment of policy approved by the District Court.



Earn Airpoints Dollars™ with Sovereign*

For every \$100 premium paid on eligible products and benefits, you will earn 1 Airpoints Dollar™.

To start earning Airpoints Dollars™ on your eligible insurance policy, please provide your Airpoints™ number.

Note that we can accept only one Airpoints™ number for each application/policy.

*Terms and conditions apply.

1 Policy owner details Please complete all fields below.

Application/policy no.	<input type="text"/>
First name (as held by Air New Zealand)	<input type="text"/>
Last name (as held by Air New Zealand)	<input type="text"/>
Airpoints™ number	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

If you are not an Airpoints member, you can join for free at www.airnewzealand.co.nz/airpoints

You can request to change the Airpoints number registered to your Sovereign policy at any time by contacting our call centre on 0800 500 108 or talk to your adviser.

It is your responsibility to provide us with accurate details of your Airpoints account, and to let us know of any changes to your Airpoints account name or number.

2 Sovereign Airpoints™ terms and conditions

These Airpoints™ terms and conditions set out the terms under which a customer of ours (“you” or “your”) may earn Airpoints Dollars™ through Sovereign Services Limited (“us”, “we” or “our”) in accordance with the Airpoints loyalty programme that is offered by Air New Zealand Limited (Air NZ). You acknowledge that your ability to earn Airpoints Dollars is subject to Air NZ’s Airpoints terms and conditions.

Eligibility

- a. To be eligible to earn Airpoints Dollars™ (an **Eligible Customer**) you must:
 - a. be a policy owner of one or more of the Eligible Products and Benefits (as defined in Section 2 below);
 - b. be a member of Air NZ’s Airpoints programme (which will be subject to Air NZ’s Airpoints terms and conditions); and
 - c. register your Airpoints membership number with us.
2. Eligible Customers will be eligible to earn Airpoints Dollars™ in respect of the following products and benefits distributed under the Sovereign brand.
 - a. TotalCare and TotalCareMax Personal and Business (policies issued from 1 February 2001 with Guaranteed Enhancement Benefit): Life, Living Assurance Comprehensive and Essential, Progressive Care, Total Permanent Disablement, Disability Income Protection, Loss of Earnings, Essential Disability Income

Protection, Family Protection, Accidental Death, Mortgage and Income Protection, Redundancy, Locum Cover, Retirement Protection, Business Overheads, Rural Continuity, Waiver of Premium, Business Continuity, Specialist and Diagnostic Testing, Accidental Injury Cover.

- b. Start-Up Income Protection
- c. Private Health
- d. Private Health Plus
- e. Absolute Health
- f. MajorCare Health
- g. Key Health
- h. Surehealth

Products underwritten by Sovereign but distributed by ASB Bank, IAG New Zealand or any other distribution partner, are not included.

(“**Eligible Products and Benefits**” or separately an “**Eligible Product and Benefit**”)

Registering your Airpoints number

3. Eligible Customers can register an Airpoints number with us by:
 - a. including it on the application form when you apply for one or more of our Eligible Products and Benefits;

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- b. calling our call centre on 0800 500 108;
 - c. providing it to your insurance adviser to register with us on your behalf; or
 - d. via any other means we make available for this purpose.
4. The Airpoints number that is provided to us under Section 3 will be registered to the policy number applicable to either:
- a. the Eligible Product and Benefit or Eligible Products and Benefits for which you are applying under Section 3(a), once we have accepted your application; or
 - b. the Eligible Product and Benefit or Eligible Products and Benefits that you have informed us of via the means set out in Sections 3(b) to 3(d).
5. We will only accept one Airpoints number for each policy number relating to an Eligible Product and Benefit. If there is more than one policy owner in relation to an Eligible Product and Benefit the policy owners must nominate one Airpoints number to earn Airpoints Dollars through that Eligible Product and Benefit.
6. You can request to change the Airpoints number registered to an applicable policy number at any time.
7. It is your responsibility to provide us with accurate details of the Airpoints account and to let us know of any changes to the Airpoints account name or number.
8. We will not be liable for any loss, including any loss of benefits, resulting from the Airpoints account details being out of date, inaccurate or otherwise.

Earning Airpoints Dollars

9. From the launch date (that we will determine), all new applications by Eligible Customers for Eligible Products and Benefits that are accepted by us will qualify to earn Airpoints Dollars subject to these terms and conditions (the “Launch Date”).
10. From the Launch Date, if you are an Eligible Customer and you already have one of our Eligible Products and Benefits then from the launch date, and subject to these terms and conditions, you will be able to accrue Airpoints Dollars for each Eligible Product and Benefit from the date that you pay your next premium for that Eligible Product and Benefit.
11. Subject to these terms and conditions, Eligible Customers will earn 1 Airpoints Dollar for every \$100 of premium actually paid to us in respect of an Eligible Product and Benefit, which will accrue to the Airpoints account registered with us in accordance with Section 3.
12. We may change the earn rate for Airpoints Dollars at any time.
13. This offer is not transferable or redeemable for cash.
14. Eligible Customers may also be eligible to earn additional Airpoints Dollars through special offers or promotions that we notify you of from time to time, subject to both these terms and conditions and any additional offer or promotion terms.
15. Airpoints Dollars will not accrue for premium payments received prior to the Launch Date, or in relation to premium payments received prior to Eligible Customers registering an Airpoints number with us.
16. Air NZ will use reasonable endeavours to credit Airpoints Dollars to the relevant Airpoints account notified to us in accordance with these terms and conditions within 30 days of the premium being paid on an Eligible Product and Benefit.

Deduction of Airpoints Dollars

17. If for any reason, the payment that earned you Airpoints Dollars is refunded or dishonoured, or you cancel the Eligible Product and Benefit that you took out with us, we reserve the right to deduct those Airpoints Dollars from the Airpoints account linked to the policy number for that Eligible Product and Benefit.

Privacy

18. Our Privacy Statement available at <https://www.sovereign.co.nz/about-us/pages/privacy-policy.aspx> applies to all of your information that we collect, use, store or disclose in relation to the Airpoints programme.
19. In addition, by registering an Airpoints number with us, you acknowledge and agree that personal information about you, together with other data relating to transactions that earn you Airpoints Dollars, may be collected, used, stored and disclosed by us, our contractors, Air NZ and/or its Airpoints partners for the following purposes:
- a. to administer the Airpoints programme, including:
 - . communicating with you about the Airpoints programme;
 - . undertaking data matching activities;
 - . providing such information and data to Air NZ and its Airpoints partners (including for the redemption of rewards);
 - b. to enable marketing activities, including the planning, research, promotion and marketing of goods, services and products, to you by us, Air NZ or its Airpoints partners;
 - c. to conduct analyses relating to the Airpoints programme; and
 - d. to assist in law enforcement purposes, investigations by police or other government or regulatory authorities and to meet requirements imposed by applicable laws and regulations
 - e. or other obligations committed to government or regulatory authorities.
20. You have the right to access and request correction of information held by us about you. To contact us for this purpose, please refer to our Privacy Statement.

Cancellation

21. We may stop awarding Airpoints Dollars to you at any time at our absolute discretion, including if:
- a. we cease to be a partner in Air NZ’s Airpoints programme; or
 - b. you are no longer eligible to earn Airpoints Dollars through us.

Liability

22. We are not responsible, and accept no liability, for any act or omission of Air NZ or its Airpoints partners in respect of the Airpoints programme.

Changes

23. We may change these terms and conditions at any time without prior notice by publishing an amendment to these terms and conditions on our website, with such amendment to be effective from the date of publication.

