

Office use only

Accepted by Name and Branch

Introduced by Name and Branch

Onyx number

1 Personal details of life to be assured

Policy number Date original application was completed

Last name First name(s)

Full name of life to be assured

Date of birth / / Title Mrs Miss Ms Mr Mx

Mailing address

Street

Suburb Town/City Postcode

Home address (if different)

Email address

Telephone Home () Business () Mobile ()

Occupation Industry

Depending on your answers to the questions below, we may need to contact you for more information.

How can we contact you? Telephone Email Adviser / Insurance Manager

If we need further information, would you use our HealthScreen* service? Yes No * This is a free and confidential service where a Registered Nurse completes a medical assessment at a time and place that suits you.

Provide the details of the medical professional and clinic that hold your medical records.

Name of Medical Professional

Name and address of clinic

NOTE: If applying to have a loading or exclusion reviewed, please attach medical records or other supporting documents.

2 Personal statement

1) What is your height? cm / feet & inches What is your weight? kg / lb

2) Since completing your application dated above:

a) In the last 12 months have you smoked tobacco or any other substance and/or used smoking alternatives (eg e-cigarettes, vaping, nicotine gum or patches)? Yes No If Yes, please give details of each substance including date started (or stopped) and quantity per day

2 Personal statement continued...

2) Since completing your application dated above, have you:

b) Experienced any health problems, or been referred for, or are considering seeking any medical advice, counselling, investigation, screening, blood tests, treatment or operation(s) Yes No **If yes, please provide brief details**

Condition

Date of first symptoms

 / /

Date of last symptoms

 / /

Details (including treatment, tests results, time off work, reoccurrence, current status, follow-up)

Please use space provided at the end of the form if needed.

c) Ever engaged, or are you likely to engage in any hazardous or high-risk occupation, activity, sport or pastime? (e.g. aviation, motor sports, diving, mountaineering)

 Yes

 No

If yes, please provide brief details

d) Had any insurance application declined, deferred or accepted with special terms (e.g. exclusions and/or loadings)?

 Yes

 No

If yes, please provide brief details

3 Occupation details

Please complete this section if you are applying for any income protection products, Total and Permanent Disablement (TPD) and/or Waiver of Premium (WOP).

1) Since completing your application dated above, has your occupation or duties changed? Yes No **If yes, please provide brief details**

First recent change

Second recent change

Occupation

Name of Employer or Business (please also state if self employed)

Exact duties and % time on each duty

Hours worked per week

Date of employment from

 / /
 / /

Date of employment to

 / /
 / /

2) What is your annual income before tax?

 \$

Please tick source of income:

Salary wage

Fringe benefits

Bonus

Share of profit

Regular commission income

Other (Please specify)

3) Have you ever made a claim for private insurance or government benefits (such as ACC or sickness benefit) due to sickness, injury or treatment for injury?

 Yes

 No

If yes, please provide brief details

3 Occupation details continued...

4) Have you ever been declared bankrupt, placed in liquidation and / or convicted of any criminal offence?

Yes

No

If yes, please provide brief details

5) Has there been ANY change in ANY other circumstances since completing your application dated above that could affect any decision Sovereign may make regarding your cover?

Yes

No

If yes, please provide brief details

Please use the space below to provide further details if required.

4 Declaration and consent to be completed by the life assured

Please read your duty of disclosure and declaration carefully and sign the bottom of the page to show your acceptance of these terms. Failure to make the following declaration truthfully may invalidate your insurance.

IMPORTANT NOTICE: Your Duty of Disclosure

When you apply for your insurance, and when 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. I acknowledge that in issuing my policy which related to this DOCGH, that Sovereign is relying on all disclosures made by or on behalf of me and any life assured on the original application dated above and that all such disclosures were true and correct to the best of my knowledge at the time they were made. 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

I understand the importance of full disclosure of all information required in this Declaration of Continued Good Health (DOCGH) and have read the "Disclosure" section below.

Yes

I have read the "My personal information" section below.

Yes

THE BELOW NAMED LIFE TO BE ASSURED DECLARES AND AGREES THAT:

Disclosure:

- (a) I have read the notice explaining my duty of disclosure and all the statements contained in this Declaration of Continued Good Health ("DOCGH") are true and complete to the best of my 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 DOCGH and the issue of the insurance, I agree to notify Sovereign immediately as this information is relevant to any decision Sovereign may make to accept this DOCGH.

- (c) I understand that statements made in the original application dated above and in this DOCGH, including statements made by me to any medical examiner or made by any medical examiner on my behalf, forms the entire basis of the insurance contract between me and Sovereign.
- (d) I acknowledge that my Adviser/ASB Bank Limited ("the Bank") may receive commission or other remuneration for the sale of insurance products underwritten by Sovereign.
- (e) I acknowledge that I am signing on behalf of any children and declare that I have disclosed all health information,

including any pre-existing conditions, for such children and ourselves.

Underwriting:

- (f) I will be bound by the standard conditions applicable to the proposed insurance upon Sovereign's acceptance of this DOCGH. I understand that if my DOCGH requires underwriting, then special terms (including special conditions, premium loadings, exclusions or maximums) may be applied to my policy. I understand that any special terms will apply from the risk commencement date of my insurance.

4 Declaration and consent continued...

I understand that the special terms will be set out in the schedule to my policy document and will form part of my insurance contract. I will accept the special terms if I either make a premium payment after the policy free look period or agree to the special terms in writing.

- (g) I understand if additional information is required to process my DOCGH, I may be telephoned by a Telephone Underwriter. The information that I provide to the Telephone Underwriter will form part of my DOCGH.
- (h) I understand that if I do not consent to Sovereign/the Bank collecting personal information on this DOCGH and from the sources listed in paragraph (k) 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 may otherwise be offered.
- (i) I 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 DOCGH.

My personal information:

- (j) I consent to the use of the personal information provided in this DOCGH or obtained from any source indicated in paragraph (k) 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 DOCGH, for the processing of this DOCGH and administration of my insurance cover and any claims including assessing if I have met my duty of disclosure under this DOCGH or any prior applications, for promotion of insurance and investment services to and for market research purposes. I consent to my name, phone number and address being given to research/direct marketing firms engaged by Sovereign, or its related companies to seek my views on products or services offered by Sovereign, or its related companies. I understand that

my 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) and at ASB Bank Limited, 12 Jellicoe Street, Auckland if you have ASB insurance underwritten by Sovereign. I understand that Sovereign will take reasonable steps to keep such information secure. I understand that Sovereign may be required to disclose my personal information if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities. I understand access to and correction of my personal information may be requested by me/us. I understand that the information I provide on this form will be collected and used in accordance with Sovereign's Privacy Policy, available on its website www.sovereign.co.nz or in writing upon request.

- (k) I 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:
 - 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.

- (l) I 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 insurance.
- (m) I understand that in collecting information that is relevant to this DOCGH Sovereign may also receive/collect information that is not relevant to the assessment of this DOCGH or the assessment and administration of my claim. Sovereign will not use this non-relevant information for any purpose other than as permitted under the Privacy Act.

Correspondence by e-mail:

- (n) Where I have provided my email address in Section 1, I consent to Sovereign corresponding with me by email regarding my policies and any changes or additions in respect of this form.
- (o) Such correspondence can be sent to the email address(es) detailed in Section 1 or subsequent email addresses I provide to Sovereign.
- (p) I am responsible for advising Sovereign if my email address(es) change.
- (q) I am responsible for the security of the information sent to and held in my email account and the access that others have to this account e.g. the access other family members/colleagues may have to my emails.

Please print full name of Life to be Assured

Signature of Life to be Assured

Date

 / /

Parent's consent where Life/Child to be Assured is less than 16 years of age

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

Relationship (please tick)

 Parent

 Guardian

Signature of parent or guardian of Life/child to be Assured

Date

 / /
