



**Privacy Act 1993**

This Individual Declaration Update form collects personal information about you. This information is collected for the purpose of assessing your claim with The Colonial Mutual Life Assurance Society Limited, and/or Sovereign Assurance Company Limited (“the Companies”). Failure to provide this information may result in your claim not being processed and monthly payments not being made to you. The personal information collected will be held at the Head Office of the Companies at 74 Taharoto Road, Takapuna, Auckland. You have certain rights of access and correction of personal information under the Privacy Act.

**Declaration and Consent**

I declare that the answers on this form, made in relation to my claim with any of the Companies are true and complete. **I, the Life Assured,** declare that all occupational and financial information pertaining to me has been provided and disclosed to Sovereign.

I understand that failure to provide full disclosure of all occupational and financial information that Sovereign would deem as relevant in the assessment of my claim under my policy(ies) would be considered to be material misrepresentation and/or material non-disclosure and as such Sovereign is entitled to use legal remedy, should this occur.

I further understand that the occupational and financial information provided is the basis on which Sovereign will base the on-going assessment of my claim under my policy(ies) and I have fully disclosed all relevant information in the utmost good faith. I understand that failure to provide this information or the provision of false information may result in my claim being declined or unable to be assessed.

I further declare that if the answers to the questions in this Individual Declaration Update form are not in my handwriting, then they have been correctly written down and approved by me.

As part of a disability claim with one of the Companies, **I, the Life Assured,** consent and give authority to the Companies and any related companies to seek from and for all and any of the following, their officers and employees, to disclose to the Companies and any related companies, their advisers, reinsurers and to any legal tribunal before which any question concerning the insurance may arise, any financial or other personal information affecting such insurance which they may hold in respect of me/us:

- > Accountant and other financial advisers;
- > Accident Compensation Corporation;
- > Banks and other financial institutions;
- > Employers (whether current or not);
- > Government departments, agencies, organisations and enterprises eg: IRD;
- > Insurers (whether public or private);
- > Your adviser/broker/insurance agent.

**I, the Life Assured,** agree that a photocopy of this authority will be valid as an original.

Name

Signature  Date

**If you wish to fax your updates or any other information direct to the Sovereign Claims team, please use the freefax number 0800 329 768.**

