

1 Details of current policy(ies)

Policy number(s)

Please complete a separate Special Events Application Form for any policies with different policy owner(s).

Policy owner (1)

Mr/Mrs/Miss/Ms

Address

Email address Phone

Policy owner (2)

Mr/Mrs/Miss/Ms

Address

Email address Phone

Policy owner (3)

Mr/Mrs/Miss/Ms

Address

Email address Phone

2 Life assured(s)

Please specify the name(s) of the life assured(s) that the special event applies to:

Life assured (1)

Life assured (2)

3 Special Events Increase Facility

To request a special event increase for the named life assured(s) please complete the following table ensuring that:

- a. You complete the relevant section to confirm which of the following special events have recently occurred for the life assured(s).
- b. You provide us with the required evidence when you return this form.

For each special event, the maximum increase available for each Benefit type is 50% of the original Benefit for the life assured or \$250,000 (whichever is lower), subject to the conditions outlined in the Terms and Conditions at section 7 below.

For the Family Protection Benefit, the maximum increase available for each special event is the lower of 50% of the original monthly Benefit or \$500 per month.

	Special Event	Documentation Required
<input type="checkbox"/>	Had a new baby (by birth or legal adoption)	Copy of the birth certificate or adoption order
<input type="checkbox"/>	Got married or entered into a civil union	Copy of the marriage or civil union certificate
<input type="checkbox"/>	Got divorced or dissolved a civil union	Copy of the dissolution order
<input type="checkbox"/>	Started providing financial support for a dependent child for a first course of full-time tertiary education <i>(not available for Family Protection Benefit)</i>	Copy of the acceptance of enrolment
<input type="checkbox"/>	Became responsible for the full-time care or payment for long-term care of a close relative	A letter signed by the life assured and someone who has known the life assured for more than 5 years which confirms: <ul style="list-style-type: none"> • The name of the close relative and their relationship to the life assured; and • That the life assured has become responsible for their full-time care; and/or • Evidence of payment from the long-term care facility (if applicable).
<input type="checkbox"/>	Taken on a new or increased home loan due to purchasing a new home, residential investment property, a holiday home or residential land <i>(not available for Family Protection Benefit)</i>	Copy of the signed mortgage document and confirmation from the lender of the loan amount and drawdown date Previous loan amount: (0 if new loan) New loan amount: <input type="text"/> <input type="text"/> In addition to the increase limits above, the increase in cover cannot exceed the increase in the home loan.
<input type="checkbox"/>	Received an annual salary increase of at least the greater of \$20,000 per annum or 10% of the salary immediately prior to the increase <i>(not available for Family Protection Benefit or if the life assured is self-employed)</i>	Copy of letter from the employer with advice of salary before and after the increase and payslips before and after the increase Previous annual salary: New annual salary: <input type="text"/> <input type="text"/> In addition to the increase limits above, the increase in cover cannot exceed 5 times the increase in salary e.g. for a \$20,000 salary increase, the maximum increase in cover is 5 x \$20,000 = \$100,000 (as long as this is no more than 50% of the original Benefit).
<input type="checkbox"/>	Experienced the death of a spouse or de facto partner <i>(not available for Family Protection Benefit)</i>	Copy of the death certificate for the spouse or de facto partner

Please indicate below the Benefit(s) to be increased and confirm whether you wish to increase your cover by the maximum eligible amount or specify the amount of your increase if lower.

Life Cover		Total Permanent Disability		Family Protection	
Life assured	Max	Life assured	Max	Life assured	Max
<input type="checkbox"/> (1)	<input type="checkbox"/> or \$ _____	<input type="checkbox"/> (1)	<input type="checkbox"/> or \$ _____	<input type="checkbox"/> (1)	<input type="checkbox"/> or \$ _____
<input type="checkbox"/> (2)	<input type="checkbox"/> or \$ _____	<input type="checkbox"/> (2)	<input type="checkbox"/> or \$ _____	<input type="checkbox"/> (2)	<input type="checkbox"/> or \$ _____

And / or one of the following Benefit(s):

Comprehensive Living Assurance		Essential Living Assurance		Progressive Care	
Life assured	Max	Life assured	Max	Life assured	Max
<input type="checkbox"/> (1)	<input type="checkbox"/> or \$ _____	<input type="checkbox"/> (1)	<input type="checkbox"/> or \$ _____	<input type="checkbox"/> (1)	<input type="checkbox"/> or \$ _____
<input type="checkbox"/> (2)	<input type="checkbox"/> or \$ _____	<input type="checkbox"/> (2)	<input type="checkbox"/> or \$ _____	<input type="checkbox"/> (2)	<input type="checkbox"/> or \$ _____

4 Special Events TPD/Trauma Facility (Life Cover only)

If you hold a Life Cover Benefit, you can add one of the Benefits listed below with cover up to 50% of your original Life Cover or \$50,000 (whichever is lower), subject to the conditions outlined in the Terms and Conditions. Please note that this TPD/Trauma Facility is not available for the same Benefit type as a special event increase made at the same time or within the last 12 months. Living Assurance and Progressive Care Benefits are classed as the same Benefit type for this purpose.

Indicate below which Benefit you want to add and choose whether you want to increase your cover by the maximum eligible amount or specify the amount of your increase.

Select one Benefit only per life assured. If you select Accelerated Total Permanent Disablement, please complete the additional information below.

	Life assured (1)	Life assured (2)
<input type="checkbox"/> Accelerated Comprehensive Living Assurance	Max <input type="checkbox"/> or \$ _____	Max <input type="checkbox"/> or \$ _____
<input type="checkbox"/> Accelerated Essential Living Assurance	Max <input type="checkbox"/> or \$ _____	Max <input type="checkbox"/> or \$ _____
<input type="checkbox"/> Accelerated Progressive Care	Max <input type="checkbox"/> or \$ _____	Max <input type="checkbox"/> or \$ _____

	Life assured (1)	Life assured (2)	
<input type="checkbox"/> Accelerated Total Permanent Disablement (Any occupation basis with expiry age of 65)	Max <input type="checkbox"/> or \$ _____	Max <input type="checkbox"/> or \$ _____	
Life assured (1)			
What is your current main occupation?	<input type="text"/>	Number of hours per week <input type="text"/>	
Describe your exact duties (including details as applicable of heights, depths and locations at which you work and chemicals, gases or any toxic substances used) and provide the % of time spent on each duty and the % of time that each duty requires manual or physical work, including driving.	Exact duties	% of time on each duty	% that requires manual or physical work, including driving
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life assured (2)			
What is your current main occupation?	<input type="text"/>	Number of hours per week <input type="text"/>	
Describe your exact duties (including details as applicable of heights, depths and locations at which you work and chemicals, gases or any toxic substances used) and provide the % of time spent on each duty and the % of time that each duty requires manual or physical work, including driving.	Exact duties	% of time on each duty	% that requires manual or physical work, including driving
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Declaration and consent

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 this increase in your insurance, and whenever you apply to vary or reinstate your insurance, 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.

IF IN DOUBT - DISCLOSE. WE TREAT ALL INFORMATION CONFIDENTIALLY.

Life assured (1):

- I understand the importance of full disclosure of all information required in this application for Insurance YES NO
- I have read the “My personal information” section below. YES NO

Life assured (2):

- I understand the importance of full disclosure of all information required in this application for Insurance YES NO
- I have read the “My personal information” section below. YES NO

THE BELOW NAMED LIFE/LIVES 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) If the occupation of the life/lives assured is required to be provided in this Application and the life/lives assured 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 acknowledge that my/our Adviser receives commission from Sovereign.

My personal information:

- (d) I/We consent to the use of the personal information provided in this Application 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 and for promotion of insurance and investment services to me/us.
- (e) I/We understand that my/our personal information is 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).
- (f) I/We understand that Sovereign will take reasonable steps to keep such information secure (whether in New Zealand or elsewhere).
- (g) 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.
- (h) I/We understand access to and correction of my/our personal information may be requested by me/us.

Correspondence by E-mail

- (i) Where I/we have provided my/our email address(es) in Section 1, I/we consent to Sovereign corresponding with me/us by email regarding the policies listed in Section 1, including in respect of this Special Events Application.
- (j) Such correspondence can be sent to the email address(es) detailed in Section 1 or subsequent email addresses I/we provide to Sovereign.
- (k) I am/we are responsible for advising Sovereign if my/our email address(es) change.
- (l) 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.

Signature of life assured (1)		Date / /
Signature of life assured (2)		Date / /

SIGNATURE OF INDIVIDUAL POLICY OWNER(S)

(If other than the life/lives assured, and as listed in SECTION 1 of this application form)

Policy owner signature 1 (all policy owners must sign)		Date / /
Policy owner signature 2 (all policy owners must sign)		Date / /
Policy owner signature 3 (all policy owners must sign)		Date / /

6 Returning your form and required evidence

Please check that all details are correct, then either scan and email the form (and required evidence) to enquire@sovereign.co.nz or post to Sovereign Assurance Company Limited, Private Bag Sovereign, Victoria Street West, Auckland 1142.

What happens next?

Once we have processed your application, we will post you notification of the increase of cover and your new premium.

Unless you advise us otherwise, the increased premium will be payable in accordance with your current payment method.

Once your new cover is in place, you will have 15 days to let us know if you change your mind about the change.

Sovereign House,
74 Taharoto Road,
Takapuna,
Auckland 0622

Private Bag Sovereign,
Victoria Street West,
Auckland 1142

Freephone 0800 500 108
Freefax 0800 329 768
Email enquire@sovereign.co.nz
Web sovereign.co.nz



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7 Terms and conditions

The Special Events Increase Facility is available for TotalCareMax Life, Family Protection, TPD, Living Assurance and Progressive Care Benefits.

You do not need to produce any medical evidence regarding the life assured when you request an increase under this Facility, but you must provide Sovereign with suitable evidence of the occurrence of the event. The following is a summary of the conditions which apply to the Special Events Increase Facility. Please refer to the policy document for further details.

For Life, TPD, Living Assurance and Progressive Care Benefits:

Maximum age

The life assured must be aged under 55 at the time of the special event.

Timeframes

For an increase in Life cover, you must make the request within 12 months of the relevant special event date for the life assured.

For an increase in TPD, Living Assurance or Progressive Care cover, you must make the request within 60 days either side of the relevant special event date.

Maximum increases in cover

For each special event, the maximum increase available for each Benefit type is 50% of the original Benefit for the life assured or \$250,000, whichever is lower.

Total increases made under this Facility for each Benefit type cannot exceed 100% of the original Benefit for the life assured or \$750,000, whichever is lower.

In addition to the increase limits above:

- If the special event relates to increasing a home loan, the increase in cover for each Benefit type cannot exceed the increase in the home loan.
- For the salary increase special event, the increase in cover for each Benefit type cannot exceed 5 times the increase in salary.

Other eligibility conditions

Only one of the following is available for each Benefit type in any 12 month period:

- A special events increase for that Benefit type;
- A future insurability increase for that Benefit type; and
- Using the Special Events TPD/Trauma Facility to add cover of that Benefit type.

Living Assurance and Progressive Care Benefits are classed as the same Benefit type for these purposes.

Special events increases for TPD, Living Assurance and Progressive Care Benefits are not available if the life assured has already suffered a condition under the Benefit. Where a claim of another type has been notified or accepted for a life assured, Sovereign will exercise its discretion in determining if the increase can be applied based on the nature of the claim.

Limitations and exclusions

Sovereign will not pay the increased Life Cover Benefit following a special events increase if the life assured:

- Qualified for the Terminal Illness Benefit or the Specified Terminal Conditions Benefit before the increase; or
- Within six months following the increase, the life assured:
 - > Dies except due to an accident;
 - > Qualifies for the Terminal Illness Benefit or the Specified Terminal Conditions Benefit.

A six month stand down period applies to special events increases for TPD, Living Assurance and Progressive Care Benefits, except where the claim is due to an accident. Sovereign will not pay any increased amounts for these Benefits if before the increase or within six months of the increase, the life assured has any signs or symptoms leading to a claim condition (whether or not a registered medical practitioner has been consulted).

For the Family Protection Benefit:

Maximum age

The life assured must be aged under 50 at the time of the special event.

Timeframes

You must make the request within 12 months of the relevant special event date for the life assured.

Maximum increases in cover

For each special event, the maximum increase available is 50% of the original monthly Benefit for the life assured or \$500 per month, whichever is lower.

Total increases made under this Facility cannot exceed 50% of the original monthly Benefit for the life assured or \$1,500 per month, whichever is lower.

Other eligibility conditions

In any 12-month period you can make only one special events increase under the Family Protection Benefit.

Limitations and exclusions

Sovereign will not pay the increased Family Protection Benefit following a special events increase if the life assured qualified for payment of the Family Protection Benefit before the increase.

For the Special Events TPD/Trauma Facility available on a Life Cover Benefit

This Facility allows you to add one of the following:

- An accelerated Living Assurance Benefit (Comprehensive or Essential);
- An accelerated Progressive Care Benefit; or
- An accelerated Any Occupation Total Permanent Disablement (TPD) Benefit with an expiry age of age 65.

You do not need to produce any medical evidence regarding the life assured when you apply to use this Facility, but you must provide Sovereign with suitable evidence of the occurrence of the event. The following is a summary of the conditions which apply to the Special Events TPD/Trauma Facility. Please refer to the policy document for further details.

Maximum age

The life assured must be aged under 50 at the time of the special event.

Timeframes

You must make the request within 60 days either side of the relevant special event date.

Maximum increases in cover

The maximum cover that can be added is 50% of the original Life Cover Benefit for the life assured or \$50,000, whichever is lower.

The Special Events TPD/Trauma Facility can only be exercised once per life assured across all policies where Sovereign is the insurer.

Other eligibility conditions

You can use this Facility at the same time as the Special Events Increase Facility for a particular special event or you can use this Facility by itself, but only one of the following is available for a particular Benefit type in any 12 month period:

- Using the Special Events TPD/Trauma Facility to add cover of that Benefit type;
- A special events increase for that Benefit type; and
- A future insurability increase for that Benefit type.

Living Assurance and Progressive Care Benefits are classed as the same Benefit type for these purposes.

The Special Events TPD/Trauma Facility is not available:

- If the life assured's Life Cover was issued at other than standard rates or with exclusions; or
- If cover for any of the above Benefits (accelerated or standalone) or similar benefits has previously been applied for in respect of the life assured and Sovereign's underwriting decision was to decline cover or to offer cover at non-standard rates or with exclusions.

You can only add TPD cover using this Facility if the life assured's occupation is eligible for this Benefit under Sovereign's current underwriting guidelines.

If, at any time before you seek to exercise the Facility, a claim for the life assured had been accepted by us or notified to us, Sovereign will have discretion in determining whether the Facility can be exercised. In exercising discretion, we will consider whether the life assured represents an increased risk of claim for the benefit being added under this Facility.

Limitations and exclusions

A six month stand down period applies to cover added using this Facility, except where the claim is due to an accident. This means that Sovereign will not pay the Benefit if before exercising the Facility or within six months of exercising the Facility, the life assured has any signs or symptoms leading to a claim condition (whether or not a registered medical practitioner has been consulted).

General conditions

Each special events increase under the Special Events Increase Facility, or addition of cover under the Special Events TPD/Trauma Facility will require an increase in premium. This increase in premium will be calculated on the premium rates applicable at the time the respective Facility is used.

Sovereign will increase your existing cover or add the extra cover from the date we accept the request.

Any loadings, exclusions or special terms on the original cover will be applied to the increased cover.

Please refer to your policy document for additional terms and conditions relating to your cover and these Special Event Facilities.

Any information contained in this application form is for general informational purposes only and is not intended to be advice.

If you require advice particular to your circumstances, we recommend you speak with your Adviser.