

FINANCIAL ADVICE NEW ZEALAND

GROUP LIFE AND TOTAL & PERMANENT DISABLEMENT (TPD) INSURANCE APPLICATION

Please complete and email the completed form to mmbnz@mercermarshbenefits.com.

Life to be Assured:

Full Name		
Date of Birth		
Member ID		
Gender	Male	Female
Occupation	Full Time	Part Time
Works more than 20 hours per week? <small>(If less than 20 hours, eligible for Life cover only)</small>	Yes	No
Business Name		
Business Address		
Postal Address		
Email Address		
Date commenced membership with Financial Advice New Zealand		

Cover Details

Note: You may choose a Death & TPD cover level (which will be underwritten above \$600,000). The amount of TPD cover chosen cannot exceed the chosen level of Death cover. Any further increase in cover will need to be underwritten.

Life Cover Amount

TPD Cover Amount

Personal Statement

We understand that the questions we ask in this section may be sensitive but it is very important that you give us all information that may affect your application for insurance.

Are you a full financial member of Financial Advice New Zealand?

Yes

No

Were you at work performing your usual duties on the working day immediately prior to your membership with Financial Advice NZ changing from “provisional member” to “full financial member” (such date being the first day of the month this form is signed the date Financial Advice ratifies this status change)?

Yes

No

if you answer **No in the previous question, please provide the reason for absence:*

Have you previously declined an offer to join the PAA (Professional Adviser's Association) Group Life Plan?

Yes

No

Please refer to the policy wording for full terms, conditions, and acceptance terms.

Any applicant who is absent on the day cover is to commence, because they are ill or injured, will not be covered for the insurance benefits until he/she has returned to employment on a full time basis, performing all the usual duties of his/her occupation, for a period of 4 continuous weeks, immediately following their return to work. Please advise the insurer as soon as this period of employment has been completed. Cover cannot be given until notification from the insurer has been received.

Declaration and Consent

Important Notice – Your Duty of Disclosure. Before you enter into this contract of insurance “insurance” you have a duty to disclose to AIA New Zealand Limited “the insurer” 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 the insurer before you apply to vary or reinstate the insurance. If you fail to comply with your duty of disclosure, the insurer may cancel and avoid the insurance from inception.

The named Life to be Assured declares to agree that:

- The information provided in this application is true and correct and I/We understand that should the information given not to be true and correct, the insurer may invalidate the insurance from inception.
- I/We have read the notice explaining my/our duty of disclosure and all of the statements contained in this application are true and complete to the best of my knowledge.
- I/We understand that this application for the insurance may qualify for the automatic acceptance provisions of the master policy, subject to the eligibility criteria and the terms and conditions of the master policy. I, the Life to be Assured, agree that I may be asked to supply satisfactory evidence of health in connection with this application for insurance if I do not qualify for the automatic acceptance provisions of the master policy, or if my benefit applies exceeds the amount for automatic acceptance limit.
- I/We understand that the insurance proposed in this application shall not commence until the insurer has accepted the application and arrangements have been made for premiums.
- I/We understand that the policy owner of the master policy for the insurance proposed in this application will be Financial Advice New Zealand.
- I/We will be bound by the standard conditions applicable to the proposed insurance upon the insurer's acceptance of the application.
- I/We have been advised that a Specimen Policy Document and the financial statements of AIA New Zealand Limited are available to me/us on request from AIA New Zealand's Head office.
- I/We consent to the use of the personal information provided in this application by Marsh Limited and its related companies, the insurer and the insurer's offices and reinsurer so that they can assess this application for insurance for the processing of the application and the ongoing administration of the insurance and any claims.

I/We understand that the personal information collected will be held at Marsh Limited, Level 11 PWC Tower 15 Customs Street West, Auckland. The insurer, AIA New Zealand Limited at AIA House, 74 Taharoto Road Takapuna, North Shore 0622, will also hold copies of this application. I/We understand that access to and correction of my/our personal information may be requested by me/us.

Registered Medical Practitioners and specialists
Accountants and other financial advisers
Dentists
Counsellors, psychologists and therapists
Employers (whether current or not) Accident Compensation Corporation

Insurers (whether public or private) Government departments, agencies, organizations and enterprises
Hospitals (whether public or private)
Banks and other financial institutions
Medical laboratories

- 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.
- I/we understand that neither ASB Bank Limited or its subsidiaries, the Commonwealth Bank of Australia, nor any other company in the Commonwealth Bank of Australia Group, nor any of their directors, nor any other person, guarantees AIA New Zealand Limited or its subsidiaries, nor any of the products issued by AIA New Zealand Limited or its subsidiaries.

Signature of the Applicant

Date: