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LIFE INSURED DETAILS (This is the person whose life is being insured)

Last Name First Name(s) Date of Birth

Address Postcode

Phone Mobile

Email

POLICY OWNER (Complete only if NOT the Life Insured)

Last Name First Name(s)

Address Postcode

Relationship to Life Insured Contact Ph

Email

Please tick your choice of cover below

\$10,000 \$20,000 \$30,000 \$40,000 \$50,000

Payment and policy to Start

Please select a payment option below

Credit Card (Complete below) Direct Debit (Please complete separate Direct Debit form)

Card Type Card Number

Mastercard Visa

Expiry Date Name on Card

Card Holder's Signature

Signature of Life Insured

Date

For Office Use Only

POLICY NUMBER: _____ ADVISOR/AGENT NAME & NUMBER: _____