

STOP-GAP Redundancy and Life Insurance: Application and Personal Declaration

Life is for Living!

 **DorchesterLife**

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APPLICANT

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name(s)	Date of Birth

Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone		Mobile

<input type="text"/>	<input type="text"/>
Email	Occupation

Please enter your choice of cover below

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually (receive 10% discount)
Life Sum Insured	Monthly Benefit Sum Insured	Payment and policy to Start	Frequency (please tick)	

Please select a payment option below

<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Credit Card
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Card Type	Card Number
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	Name on Card	Card Holder's Signature

Your Declaration and Privacy Act 1993 Acknowledgements

I acknowledge that:

Personal information concerning me provided to Dorchester Life Ltd and related or associated companies and my intermediary, whether contained in an application or personal statement or otherwise obtained, is provided and may be held, used and disclosed by Dorchester Life Ltd and my intermediary:

- To enable any application or personal statement I may make or any policy I hold with Dorchester Life Ltd, or any other insurance office, to be processed, underwritten, reinsured and/or accepted;
- To enable any policy held with Dorchester Life Ltd to be serviced and maintained and to enable any claim I make against such a policy to be processed;
- To enable Dorchester Life Ltd and its authorised intermediaries to provide me or have provided to me advice and information concerning life insurance or other products and services;

The personal information provided in this statement is collected by and will be held by Dorchester Life Ltd and my intermediary;

I have the right under the Privacy Act 1993 to request access to and request correction of any personal information held by Dorchester Life Ltd and my intermediary concerning me.

I authorise:

- Dorchester Life Ltd to obtain at any time from an employer, doctor, hospital, health agency, insurance office, Accident Rehabilitation and Compensation Insurance Corporation, Inland Revenue Department, Income Support, Department of Justice or any other person any information Dorchester Life Ltd may require to perform, or complete any of the purposes in connection with which I have provided personal information to Dorchester Life Ltd;
- Any such person to release to Dorchester Life Ltd any personal information that person holds concerning me.

I understand that:

- This application or personal statement will form part of the contract for an insurance policy;
- Dorchester Life Ltd may either cancel the insurance contract and/or forfeit premiums and reclaim paid and/or forfeited premiums and reclaim benefits paid and/or reduce insurance benefits if any information provided in this application or personal statement is not true and complete.

I declare that:

- All the answers in this personal statement are true and complete; and
- I agree to accept the terms and conditions and exceptions specified in the Policy, a copy of which is available on request and a copy of which will be forwarded to me in due course.

<input type="text"/>	<input type="text"/>
Full name of applicant to be insured	Signature
<input type="text"/>	
Date	

(continued over page)

Nominated Beneficiaries

1.	<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"/>
	Name	Relationship	Proportion	Date of birth							
2.	<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"/>
	Name	Relationship	Proportion	Date of birth							
3.	<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"/>
	Name	Relationship	Proportion	Date of birth							
4.	<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"/>
	Name	Relationship	Proportion	Date of birth							

Your Authorisation for us to obtain medical information

To my doctor(s)

For the purposes of assessing any claim in relation to this insurance, I authorise my current, previous or any subsequent doctor(s) and/or health professional(s) to give details of my personal medical history to Dorchester Life Ltd. A photocopy of this authorisation shall be read as the original.

Full name of applicant to be insured

Date

Signature

For Office Use Only

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