



NEW ZEALAND  
INSURANCE  
INDUSTRY AWARDS  
WINNER 2013 & 2014

Life Insurance Company of the Year



# Application

## Conversion of Stepped Premium To Level Premium

**Please complete and return to us by:**

Email (scanned copies) to [newbusiness@asteronlife.co.nz](mailto:newbusiness@asteronlife.co.nz)  
OR  
Post to Asteron Life New Business, PO Box 30131,  
Te Puni Mail Centre, Lower Hutt 5040, Freepost 795

**Adviser/Office use only:**

Adviser number

Adviser name

Policy number

### 1. Insured person details

Title  First name(s)  Last name

Home Address

Postal Address   
*If different to home address*

Phone Number Home (0 )  Work (0 )  Mobile (0 )

Email

Is the person to be insured also a policy owner? ..... Yes  No   
*If yes, go to section 3. If no, please complete section 2.*

### 2. Policy owner details

Title  First name(s)  Last name

Home Address

Postal Address   
*If different to home address*

Phone Number Home (0 )  Work (0 )  Mobile (0 )

Email

### 3. Amount of Sum Insured to be converted to Level Premium

Cover type e.g. Life Cover	Existing total	Portion to remain stepped on existing policy	Portion transferred to level (on new policy)	Portion transferred to stepped (on new policy)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Is Indexation to be applied to new policy? ..... Yes  No

### 4. Acknowledgement and Signatures

- I/We have received, read and understood the terms and conditions that apply to the portion of cover transferred.
- I/We agree that this application will form the basis of the alteration to the contract of insurance and understand that premiums will be altered to reflect the change in cover.
- I/We understand that the insurance benefit I/we have applied for will not become effective until my/our application is accepted by the insurer in writing.
- I/We have read and understood the information about the insurance I/we have applied for in the relevant Asteron Life Insurance Policy Document.

#### Important: Insurer Financial Strength Rating

The Insurance (Prudential Supervision) Act 2010 requires all licensed insurers to have a current financial strength rating that is given by an approved rating agency. **Asteron Life Limited** has been given an **A+** Insurer Financial Strength rating by Standard & Poor's. The Ratings Outlook is **Stable**. The rating scale is Standard & Poor's Long-Term Insurer Financial Strength Rating scale\*:

<b>AAA</b> Extremely Strong	<b>CCC</b> Very Weak
<b>AA</b> Very Strong	<b>CC</b> Extremely Weak
<b>A</b> Strong	<b>SD</b> Selective Default
<b>BBB</b> Good	<b>D</b> Default
<b>BB</b> Marginal	<b>R</b> Regulatory Supervision
<b>B</b> Weak	<b>NR</b> Not rates

\*Ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories. The rating scale above is in summary form. The full version of this rating scale can be obtained from [www.asteronlife.co.nz](http://www.asteronlife.co.nz) Guide to filling in the Kids Cover Conversion form.

## Your duty of disclosure (to be completed in all cases)

Please read carefully.

- 1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.
- 2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.
- 3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

### Person to be Insured

Full name  Signature  **Sign here** Date

### Policy Owner(s) 1

Full name  Signature  **Sign here** Date

### Policy Owner(s) 2

Full name  Signature  **Sign here** Date

If the Person to be Insured is also a Policy Owner, that person need only sign once in the box marked 'Person to be Insured'.

## 5. Declaration of Continued Good Health

(Adviser please refer to the Transfer Process table to see when this section needs to be completed)

1. Within the last 12 months have you used or smoked any product containing tobacco or nicotine replacement therapy, or smoked any other substance? ..... Yes  No

If 'yes' please provide details (i.e.: cigarette, cigars, pipe, marijuana, or nicotine replacement patches/tablets/inhalers).

Type (or any combination of these options, e.g. cigarettes and marijuana):

Daily quantity:

Date commenced:  /  /  Date ceased (if applicable):  /  /

2. Since the commencement of the policy listed above have you had any change in health or suffered from any sickness or injury? ..... Yes  No

If 'yes', please provide details.

3. Since the commencement of the policy listed above have you had any reason to receive medical attention or advice, or to consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care worker? ..... Yes  No

If 'yes', please advise reason for consultation, date and name and address of person consulted.

4. Are you now, to the best of your knowledge and belief, in as good a state of health as at the time the policy listed above commenced? ..... Yes  No

*If 'no', please provide details.*


5. From that stated in your application for insurance has there been any change in:  
i. Your occupation or occupational status, eg. from employee to employer? ..... Yes  No

*If 'yes', please provide details.*


ii. Your participation in organised sport or any hazardous activity, eg. motor or water sports, aviation, football, parachuting? ..... Yes  No

*If 'yes', please provide details.*


6. Has any application for insurance on your life been submitted to any other company since the commencement date of the above policy? ..... Yes  No

i. If 'yes', please advise type and amount of cover, and name of company.


ii. Has this cover been accepted? ..... Yes  No

*If 'yes', please advise if accepted at standard rates, accepted at an increased premium or with amended terms.*

*If 'no', please advise why the cover has not yet been accepted, including if deferred.*


7. Since the commencement of the policy listed above have you been diagnosed, received or considered seeking any advice, tests, treatment or an operation, from a health professional for:

- skin cancer, lesion, lump or suspicious mole
- an abnormal pap smear (female only)
- a breast lump
- any other form of cancer whether malignant or not? .....

Yes  No

*If 'yes', please provide details.*


**Asteron Life**

Level 13 Asteron Centre, 55 Featherston Street, PO Box 894, Wellington 6140, NZ  
Ph: **0800 737 101** (Contact Centre hours: Mon–Fri 8am–6pm)  
Fax: 0800 246 067 Email: [newbusiness@asteronlife.co.nz](mailto:newbusiness@asteronlife.co.nz) Web: [asteronlife.co.nz](http://asteronlife.co.nz)

## Adviser details

1. Please tick the appropriate box to select your preferred FlexiRate option.  
If 'Nil' commission is selected, then Commission by Cover is not available. The FlexiRate applies to all covers within the policy.

	FlexiRate <i>If left blank Standard commission applies</i>			
	75	50	25	Nil comm
Personal Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please tick the appropriate box below to select the policy level commission type. Policy level commission will apply to *Needlestick, Kids Cover and We Pay Your Premium* benefits. It will also apply to any cover/s **not** listed at step 3 below.

	Policy Level Commission type		
	Upfront	Spread 20	Level 30
Personal Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please fill out the table below if you want to select the commission type by specific covers within the policy (if different from the main commission type).

Commission type by Cover					
Cover	Sum insured	Stepped/Level	Upfront	Spread 20	Level 30
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please note:**

- Accelerated covers will be the same commission type as the main cover
- MRC-Disability & MRC-Redundancy/Bankruptcy will be the same commission type

4. **Commission split** *If left blank your default commission split will apply*

	Adviser name	Adviser number	Initial commission	Production	Service commission
			%	%	%
			%	%	%
			<b>100 %</b>	<b>100%</b>	<b>100 %</b>

5. **Multiple life and Multiple policy discounts**

a. Does a **multiple life discount** apply to this application? ..... Yes  No   
*If 'yes', please provide details of the other Asteron Life policy number(s).*

Policy	Person insured	Relationship to insured on this application

b. Does a **multiple cover discount** apply to this application? ..... Yes  No   
*If yes, please list details of the Asteron Life policies.*

The multiple cover discount is available if this application is accepted for both a lump sum cover AND disability income cover types. The discount is also available if the client is applying for lump sum cover and already has disability income cover OR is applying for disability income cover and already has lump sum cover. If the insured has lump sum covers on existing Asteron Life policies that you would like to be counted for a multiple cover discount, please give details below:

Policy	Person insured	Relationship to insured on this application

**Adviser**

Adviser signature   Date

**Disclaimer:** The material in the adviser section has been prepared by Asteron Life Limited ("Asteron Life") as a briefing for Advisers only and is not for clients' use. Terms, conditions, exclusions and limits apply. It is the adviser's responsibility to make the client aware of the full detail contained in the policy document, the fact that availability of insurance cover is subject to the acceptance and approval of a complete application, and the fact that any payment is subject to a claim being accepted. Asteron Life disclaims all liability in this regard.