

## 1 Your details

Please print your details clearly in CAPITAL letters using a pen.

Access number

Title  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

First name(s)  Surname

Address

Telephone Home  ( ) Work  ( ) Mobile  ( )

Email  Occupation

Date of birth         Height (metres)  Weight (kg)

Have you smoked any substance in the last 12 months?  Yes  No (Please tick one)

## 2 Details of cover requested

Please indicate the level of cover you wish to apply for. For an indication of your premiums please call **0800 154 805** or visit [www.kiwibank.co.nz](http://www.kiwibank.co.nz). Any premiums may vary depending on the assessment of your application.

Amount of cover: Life cover sum insured \$

Type of cover (please tick one): Life cover only  Life and Trauma cover

## 3 Your medical and lifestyle details

If you answer "Yes" to any of the questions '1' to '4', please provide details below indicating the question you are responding to. Please continue on a separate piece of paper if necessary and sign and date these before returning them with your application.

- Have you ever experienced symptoms of, or received medical advice or other advice or had treatment for, any of the following conditions, whether diagnosed or not? Chest pain or heart disease or disorder, high blood pressure, stroke, cancer or tumour, diabetes or thyroid disorder, asthma or other respiratory disease or disorder, depression, anxiety or other mental or nervous disorder, epilepsy or other neurological disease or disorder, kidney or bladder disease or disorder, hepatitis B or C or other liver disease or disorder, bowel disorder, stomach or intestine disease or disorder, blood disease or disorder, drug abuse or alcohol dependency, HIV infection or AIDS.  
 Yes  No If 'Yes' please provide details in the space provided below.
- Have you suffered any other conditions that are not listed? (Disregard minor injuries and illness such as cold or flu and broken bones.)  
 Yes  No If 'Yes' please provide details in the space provided below.
- Have you in the last 5 years had any medical test, investigation or examination such as a blood test, x-ray or ECG where the result was abnormal or unknown to be normal? (Disregard minor injuries and illness such as cold or flu and broken bones.)  
 Yes  No If 'Yes' please provide details in the space provided below.
- Are you currently experiencing any health problems or are you considering seeking advice or treatment for your health? (Disregard minor injuries and illness such as cold or flu and broken bones.) Or, are you taking any prescribed medication? (Other than the Contraceptive pill.)  
 Yes  No If 'Yes' please provide details in the space provided below.

Q#	Nature of condition or diagnosis, including details of any treatment or medication required and results of any tests performed	Date first occurred	Date of last symptoms	Names and location of health professional consulted and dates of any future appointments scheduled
	<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"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5) Has any of your immediate family (parents, brothers or sisters) died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes or kidney disease prior to age 60? Or is there a history of Huntington's disease, polycystic kidney disease or any other hereditary disease or disorder?  
 Yes  No If 'Yes', please advise: (1) what is the family member(s) relationship to you? (2) name of the condition(s) suffered and the age at diagnosis and/or death of each family member.


6) Do you or are you likely to engage in any hazardous activity, sport or pastime e.g. motor sports, diving, and flying? (Other than as a fare paying passenger on a commercial flight.)  
 Yes  No If 'Yes', please advise: (1) name of activity (2) date activity commenced (3) how often do you participate in this activity?


7) Please advise the name and address of your usual doctor who holds your medical records. If no current doctor please record as such.


**4 Your premium payment options** Please select your preferred payment method and frequency.

Your premiums to be paid by  
 **Direct debit** Please also complete the direct debit authority in section 6 OR  **Cheque** Frequency:  Half yearly  Annually  
 OR  **Credit Card** Card Type:  Master Card  Visa Frequency:  Monthly  Half yearly  Annually  
 Card number:                 
 Name on card  Expiry Date

**5 Declaration** Please read carefully and sign below.

I consent to Kiwibank, or Kiwi Insurance or any reinsurer supplying personal information about me to, or collecting personal information about me from, any persons deemed necessary for the purpose of assessing the application for life insurance, or providing me with information about Kiwibank's business and about services and products you think might be of interest to me unless I ask you not to provide me with this information and you will comply with my request, or administering life insurance and any other insurance product owned by me, or assessing any claim by me in relation to life insurance or any other Kiwibank insurance product. I acknowledge that the personal information contained in this application or otherwise obtained has been collected and may be used/shared by Kiwibank, Kiwi Insurance or any reinsurer for the same purposes. I acknowledge that my personal information is held by Kiwibank, Kiwi Insurance and any reinsurer and that I have the right of access to, and correction of this personal information.  
 I declare that the information provided on this application form and in any other document given by me to Kiwi Insurance in relation to this application is true and correct and I am not aware of any other information that is relevant to this application. I understand that I must fully disclose all facts of which I become aware after providing this application for (but prior to the issue of the policy) that might affect the insurance risk on my life. The information provided in this application form and in any other documents given to Kiwi Insurance in relation to this application, form the basis of the proposed contract and I understand that if I fail to disclose or misrepresent any material facts which are relevant to this application prior to its acceptance then Kiwi Insurance's obligations under the policy may not arise.

Signature of Life to be Insured	Date
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**Important:** Any policy will be issued with the Life Insured recorded as the Policy Owner unless a different Policy Owner is specified below. The Policy Owner will receive any benefits from the policy and has the right to amend or cancel the policy.

Owner of the Policy (if different from the Life Insured) Name

Signature of Owner of the Policy	Date	Access number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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For full details, terms and conditions, please refer to the policy wording which is available on request, or at [www.kiwibank.co.nz](http://www.kiwibank.co.nz). Kiwibank Life Insurance is arranged by Kiwibank and is issued by Kiwi Insurance Limited, which is a wholly-owned subsidiary of Kiwibank. Kiwi Insurance Limited's latest financial statements are available from Level 12, 155 The Terrace, Wellington. Kiwi Insurance Limited has elected not to have a current rating under the Insurance Companies (Ratings and Inspections) Act 1994.

Office use only

Post Shop (Branch/PBU)	(Stamp)
Staff (Name)	

6 Direct debit authority

Name of account (customer to complete)

Please provide your branch number, account number and suffix of the account to be debited in the spaces provided below.

Bank branch number:  Account number:  Suffix:

AUTHORISATION CODE  
0216142

Bank and branch

Address (PO Box)  Town/City

Deduction date  (1st - 28th of every month) Frequency (Please tick one)  Monthly  Half yearly  Yearly

I/We authorise you, until further notice in writing, to debit my/our account with all amounts that Kiwi Insurance Limited, PO Box 92, Wellington (herein referred to as the Initiator), the registered Initiator of the above Authorisation Code, may initiate by direct debit. I/We acknowledge and accept that the bank accepts the authority only upon the following conditions.

1. The Initiator

- (a) Undertakes to give Notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first direct debit is drawn (but not more than 2 calendar months). This notice will be provided either:
  - (i) in writing; or
  - (ii) by any other means which provides a verifiable record of the initiated transaction and where the customer has provided prior written consent to the initiator. Where the Direct Debit system is used for the collection of payments which are regular as to frequency but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the direct debits, the Initiator has agreed to give advance notice at least 30 days before the change comes into effect. This notice must be provided either:
    - (i) in writing; or
    - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator
- (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:-

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) Stop payment of any direct debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such direct debit initiated by the Initiator by debiting the amount of the reversal or alteration of a direct debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the direct debit was debited to my/our account.

3. The Customer acknowledges that:-

- (a) This authority will remain in full force and effect in respect of all direct debits made from my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:-
  - the accuracy of information about Direct Debits on Bank statements
  - any variations between notices given by the Initiator and the amounts of Direct Debits
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- (f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:-

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.

Payer particulars **KIWIBANK** Payer code **LIFE INSRNCE** Payer reference

Signature  Date

Bank use only - original retain at branch

For Office use only

DD authority sent to bank   
Initial   
Date

Approved  
  
1614  
10 | 06

Date Received   
Recorded by   
Checked by

(Stamp)

Copy forward to initiator in postage prepaid and addressed envelope provided by the initiator