



ABOUT FUNERAL COVER

Funeral expenses usually have to be paid well before estate settlement and insurance payouts. Funeral Fund can provide you with peace of mind, knowing that cover is available for you and/or your family’s funeral expenses in the event of your/their death - a ‘no worries’ approach to the major immediate post-death expense and is designed to cover most, if not all, funeral expenses in the event of an unexpected death. Funeral Fund is available to New Zealand citizens or permanent residents of New Zealand living in New Zealand.

KEY FACTS

Ages

- Entry age for an adult is age 16 to 64 (inclusive).

Level of cover

- Cover can be for one or two adults as well as your children.
- \$12,000 for each adult life.
- \$6,000 for children aged 10 to 21 at date of death.
- \$2,000 for children aged less than 10 years at date of death.

Premiums

- Payable fortnightly or monthly by direct debit.
- Premiums are fixed at the rate determined on the rate chart (see opposite) over the 10 year payable period.
- Cover is renewable each year at the option of the policy owner.
- Cover remains in place for life provided premiums are paid to date.

STANDARD BENEFITS

Main benefit

- No medical questions are asked.
- You are covered immediately for accidental death.
- If death in the first year is other than by accident, we make a full refund of the premiums paid.
- If death in the second year is other than by accident we will pay one and a half times the premiums paid, unless the premium is paid by single premium, in which case we will pay 1.1 times the premium paid.
- From year three onwards you will receive the full level of cover.

FUNERAL FUND RATES

The level fortnightly premium per \$12,000 Sum Assured, payable for ten years¹.

FUNERAL FUND RATES				
Entry age	Male non-smoker	Male smoker	Female non-smoker	Female smoker
16-24	15.00	17.00	13.00	15.00
25-29	17.00	19.50	15.00	16.50
30-34	20.00	23.50	17.50	19.50
35-39	24.00	26.50	21.00	23.50
40-44	28.00	31.00	23.50	26.50
45-49	34.00	37.50	29.00	31.50
50-54	39.50	43.00	33.00	36.00
55	40.00	44.00	34.00	37.50
56	41.00	45.00	36.00	38.50
57	42.00	47.00 ¹	37.50	40.00
58	44.00	48.50 ¹	38.00	41.00
59	46.00	51.00 ¹	40.00	43.00
60	48.50 ¹	53.50 ¹	41.50	44.00
61	52.00 ¹	56.50 ¹	44.50	48.00 ¹
62	55.50 ¹	61.00 ¹	48.00 ¹	51.50 ¹
63	60.00 ¹	65.00 ¹	51.50 ¹	55.50 ¹
64	64.00 ¹	69.50 ¹	55.50 ¹	60.00 ¹

- For children aged up to 15 years included in the policy the additional cost is \$4.00 per child per fortnight.
- For a second adult life on the same policy, a \$1.00 per fortnight discount will apply.

¹ Depending on the premium payable and date of death, you may pay more premiums than the value of the sum assured.

FUNERAL FUND POLICY BENEFITS, TERMS AND CONDITIONS

On the death of a life insured, Fidelity Life Assurance Company Limited (we, us) will pay any benefits to the policy owner (you, your), or on your death, to the second adult life insured, subject to the terms and conditions below and provided that the premiums are paid when due.

Benefits

On the death of a life insured by any cause after two years' cover or by accident during the first two years' cover, the sum insured payable is:

- \$12,000 for an adult life insured.
- \$6,000 for a child life insured aged 10 to 21 at the time of death.
- \$2,000 less any other amount paid by any other insurer or other organisation for a child life insured aged less than 10 years at the time of death.

On the death of a life insured by a cause other than by accident during the:

- 1) First year of cover, the benefit payable is a return of premiums paid for that life insured; or
- 2) Second year of cover, the benefit payable is a return of 1.5 times premiums paid for that life insured.
- 3) If premiums are paid in the form of a single payment, the benefit payable in the second year is a return of 1.1 times the single premium paid for that life insured.

Policy conditions

This policy is subject to the following conditions together with endorsements, if any, made on it.

Period of cover

1. Cover commences for a life insured when the application has been accepted by us and the initial premium for that life insured has been received.
2. Cover for children born or adopted after the date of commencement shown in the schedule is subject to you giving written notice to us and payment of the premium stated in the brochure at the time the child is added to this policy.
3. Provided that premiums are paid when due, this policy will end on the latest to occur of:
 - a) The death of the adult life insured, where there is only one adult life insured, or
 - b) The death of the survivor of the adult lives insured, or
 - c) When the youngest child life insured attains age 21, or
 - d) Upon your request to cancel this policy.
4. When a child life insured attains age 21 cover under this policy ends for that child. Within three months of attaining age 21 that child may start a Funeral Fund where the sum insured is payable on death by any cause from the date that cover starts.

Premiums

1. Premiums are payable in advance.
2. Premiums are payable for 10 years for each life insured but to a maximum age of 21 years for each child life insured.

3. We allow thirty days of grace for the payment of any premium that is due. If a death occurs during the days of grace, the amount of unpaid premium will be deducted from the benefit payable.
4. If less than three years premiums are paid and the shortfall in premiums remains unpaid after the days of grace, then the policy shall become void and all premiums paid shall be forfeited to us.
5. If at least three years' premiums have been paid and one or more premiums due remain unpaid after the days of grace, then the policy will become fully paid up for reduced sums insured based on the total premiums you have paid us.
6. If the policy is ended for non-payment of premiums or is made fully paid, it may be reinstated within one year to the full sums insured upon proof of the good health of each of the lives assured and payment of overdue premiums with interest.
7. This policy is renewable on an annual basis at the option of the policy owner.

Claims

1. The benefit payable is subject to:
 - a) Proof of the death of a life insured, and
 - b) Proof of the date of birth of the life insured.
2. If the date of birth of a life insured is incorrectly stated on the application which results in an understatement of age, we will pay the benefit that would have been payable had the correct date of birth been stated.
3. If the policy has been issued using non-smoker premium rates, then those premium rates have been based on the life insured's statement that he or she has not smoked any substance in the twelve months prior to the date of commencement.

If this statement is found to be untrue, then the benefit will be adjusted having regard to the premium rates that would have been payable had the smoker status been correctly stated.

General

1. If within thirteen months of the date of commencement of cover or from the date of reinstatement, a life insured whether sane or insane shall die by his or her own hand, no benefit shall be payable under this Policy for that life insured.
2. This policy does not acquire a cash value.
3. This policy is subject to the laws of New Zealand. We may make reasonable changes to the policy terms to reflect any changes in tax or other legislation that affect it. We will notify you if we make changes under this clause.
4. If you are not satisfied with this policy, it can be cancelled by returning it to us within 14 days of receipt. Any premiums paid will be refunded in full.
5. The maximum amount that we will pay you on the death of a life insured under all Fidelity Life Funeral Fund policies is \$12,000 for an adult life insured, \$6,000 for a child life insured aged 10 to 21 at the time of death and \$2,000 less any other amount paid by any other insurer or other organisation for a child life insured aged less than 10 years at the time of death.
6. The policy provides cover 24 hours a day world-wide.
7. Your policy is referable to the Fidelity Life Statutory Fund Number 1.

DEFINITIONS

Definition	Meaning
Accident	Death caused solely and directly by violent, accidental, external and visible means within 12 months of the accident.
date of commencement	Date of commencement shown in the schedule or the date of commencement of any life insured that is added subsequently.
life insured	Life assured named in the schedule
policy	This Policy of life assurance.
premium	The amount as shown in the schedule that you pay to us to provide the benefits.
schedule	The schedule to this Policy contract.
sum assured	The sum assured shown in the schedule for a life insured .
us or we	Fidelity Life Assurance Company Limited.
you or your	Policy owner(s) named in the schedule .

FINANCIAL STRENGTH RATING

A- (Excellent)

Fidelity Life has an A- (Excellent) financial strength rating given by A.M. Best.

SECURE

- A++, A+** (Superior)
- A, A-** (Excellent)
- B++, B+** (Good)

VULNERABLE

- B, B-** (Fair)
- C++, C+** (Marginal)
- C, C-** (Weak)
- D** (Poor)
- E** (Under Regulatory Supervision)
- F** (In liquidation)
- S** (Suspended)

The A.M. Best financial strength rating relates to Fidelity Life's insurance and investment business. For the latest ratings, visit www.ambest.com. The rating should not be read as a recommendation. The scale of which this rating forms part of is available from Fidelity Life.

IMPORTANT NOTE ABOUT THIS FACTSHEET

This factsheet is a convenient summary of the key points of this insurance policy. It is not, and is not intended to be, a policy document. Details of definitions, benefits, standard exclusions/limitations, terms and conditions are contained in the official policy document which is available from your financial adviser. You should read the policy document carefully to make sure you understand exactly what cover is provided under each benefit. This document does not provide a personalised financial advice service.

Fidelity Life Assurance Company Limited

Auckland – Head Office
Fidelity House, 81 Carlton Gore Road, Newmarket 1023
PO Box 37-276, Parnell, Auckland 1151
Telephone: 09 373 4914 or 0800 88 22 88

Protecting the NZ way of life

fidelitylife.co.nz | 0800 88 22 88
clientservices@fidelitylife.co.nz



1. FIRST ADULT LIFE

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Residential address

Postcode

Mailing address, (if different from above)

Postcode

Male Female Smoker: Yes No Date of birth
Day Month Year

Telephone numbers Home - Daytime After hours Work - Daytime After hours Mobile - Daytime After hours

Do you wish to be sent mail by Post Email or to both Email

Is the First Adult Life the Life to be Insured Policy Owner Both

2. SECOND ADULT LIFE

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Male Female Smoker: Yes No Date of birth
Day Month Year

Is the Second Adult Life the Life to be Insured Policy Owner Both

3. CHILD/CHILDREN TO BE INSURED

First child to be Insured

Title Mr Miss

Surname

First name(s)

Male Female Smoker: Yes No Date of birth
Day Month Year

Second child to be Insured

Title Mr Miss

Surname

First name(s)

Male Female Smoker: Yes No Date of birth
Day Month Year

Third child to be Insured

Title Mr Miss

Surname

First name(s)

Male Female Smoker: Yes No Date of birth
Day Month Year

Fourth child to be Insured

Title Mr Miss

Surname

First name(s)

Male Female Smoker: Yes No Date of birth
Day Month Year

4. ADVISER TO COMPLETE

Adviser name	Adviser number	I/C % split
Adviser 1		
Adviser 2		
Premium \$		

Commencement date for Direct Debits only –

Monthly 1st to 28th OR Fortnightly 1st to 31st Day of week Month Year

To speed up the acceptance of this application, if we need further information we will contact your client directly (e.g. via email or telephone),

unless you indicate otherwise. No, please do not contact my client If 'Yes', when is the best time? am/pm

Selling Adviser declaration

- I confirm that all relevant information discussed with me by the applicant(s), at the time this application was completed, has been recorded on this application form.
- To the best of my knowledge and belief, the answers given on this application form for risk insurance, and any attached personal statements, are true and correct and in accordance with all the information given to me.
- I have provided the applicant(s) with verbal disclosure of their right to cancel the policy within 14 days of receipt of the policy, by contacting Fidelity Life 0800 88 22 88.

Name of Adviser

AFA RFA (please tick one)

Adviser signature

Date
Day Month Year

DECLARATION

Your Duty of Disclosure for the Life to be Insured and Policy Owner(s)

Before you enter a contract of insurance and before your contract of insurance commences you have a duty to disclose to Fidelity Life every matter that is relevant to Fidelity Life's decision whether to accept the risk of insurance and if so on what terms. If you fail to comply with your duty of disclosure, Fidelity Life may cancel your policy from inception, or at its discretion, alter the amounts and terms of the insurance or decline to consider any claim/s. If Fidelity Life cancels your policy from inception, all premiums paid may be forfeited.

- I confirm that I have not been diagnosed with any illness or disease that is expected to cause death within 12 months.
- I confirm that I am a citizen/permanent resident of New Zealand and living in New Zealand.
- I acknowledge that this application collects personal information about me that I have the right to access and to correct. The information will be used by Fidelity Life, its officers, third parties for processing on Fidelity Life's behalf, its reinsurers and its advisers to calculate and administer the plan and for the purposes of promotion of insurance and investment services. This information may also be used for statistical purposes provided you are not identified. Fidelity Life holds the information securely at 81 Carlton Gore Road, Newmarket, Auckland.
- The information may be disclosed outside of Fidelity Life group of companies where the disclosure is necessary for one or more purposes for which the personal information was collected, to the adviser named on this application (or allocated to your business), where required by law, to the policy owner and with your consent.
- I, the policy owner(s), acknowledge that Fidelity Life shall only pay the parents(s), legal guardian(s) or another person allowed under Section 67C of the Life Insurance Act 1908 on the death of a child insured age less than 16 years and that the maximum amount that Fidelity Life will pay on the death of a child insured aged less than 10 years is limited to \$2,000, less any other amount paid by any insurers or other organisation.

- I declare that I have read the notice explaining duty of disclosure, and have completed or read this application and the information given is true, accurate and complete. I have not withheld or misstated any material fact.
- No statement affecting this insurance has been made to any representative of Fidelity Life that is not recorded in this proposal.
- The information I have provided and the information provided by anyone else on my behalf in this proposal will form the basis of the contract between Fidelity Life and me.
- The contract of insurance will not commence until Fidelity Life has accepted this application.
- I authorise Fidelity Life to obtain any information about the state of health of any life insured from any medical practitioner that I may have consulted.
- I shall be bound by the terms and conditions in the policy to be issued to me by Fidelity Life.
- If I have provided my email address in this application, or if I provide it at some stage in the future, I consent to receiving email from Fidelity Life in respect of Fidelity Life and any further services.

14 Day Free Look

- If I am not satisfied with the policy I may cancel by returning it to us within 14 days of its receipt, provided no claim is made, and receive a full refund of premium paid.

Financial Strength Rating

Fidelity Life has an A- (Excellent) financial strength rating given by A.M. Best		
A- Excellent	Secure	Vulnerable
	A++, A+ (Superior)	B, B- (Fair) E (Under Regulatory Supervision)
	A, A- (Excellent)	C++, C+ (Marginal) F (In Liquidation)
	B++, B+ (Good)	C, C- (Weak) S (Suspended)
	D (Poor)	

The A.M. Best financial strength rating relates to Fidelity Life's insurance and investment business. For the latest ratings, visit www.ambest.com. The rating should not be read as a recommendation. The scale of which this rating forms part of is available from Fidelity Life.

Signature of First Adult Life

Date
Day Month Year

Signature of Second Adult Life

Date
Day Month Year

Direct Debit Authority

Please complete in full and return original to Fidelity Life Assurance Company Limited, PO Box 37-275 Parnell, Auckland 1151
Phone 09 373 4914 **Fax** 09 308 9953

Policy number(s)

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Contact phone number

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Please put name of your bank account below (same as on your deposit slip or cheque account)

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Please provide your Bank/Branch number, account number and suffix of the account to be debited in the spaces below.

Bank/Branch number

Account number

Suffix

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To The Manager (Please print clearly)

Bank/Branch

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Branch Address

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Town/City

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**AUTHORITY TO
ACCEPT
DIRECT DEBITS**
(not to operate
as an assignment)

**AUTHORISATION
CODE**

0	6	0	4	9	0	2
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(user number)

I/We authorise you until further notice in writing to debit my/our account with all amounts which Fidelity Life Assurance Company Limited (hereinafter 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 this Authority only upon the conditions listed overleaf.**

Information to appear on my/our bank statement

Payer particulars

F	I	D	E	L	I	T	Y		
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Payer code

--	--	--	--	--	--	--	--	--	--

Payer reference

--	--	--	--	--	--	--	--	--	--

Name of authorised signatory

--

Name of authorised signatory

--

Authorised signature

--

Authorised signature

--

Date

Day	Month	Year

For bank use only

Approved

0490
08 2015

Date received

Recorded by

Checked by

Bank stamp

Conditions of this authority to accept Direct Debits

1. The Initiator ...

- (a) undertakes to give written notice to me/us of the commencement date, frequency and amount of Direct Debit at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). 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 me/us 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 Debit, the initiator has agreed to give written advance notice at least 30 days before the change comes into effect.
- (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 this Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- (c) may, upon receiving an 'authority to transfer form' (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority for the account identified in the authority transfer form.

2. The Customer may ...

- (a) at any time, terminate this Authority as to future payments by giving written notice of termination to both the Bank and 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), 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 passed to 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 any 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) the Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on Bank Statements.
- (e) the Bank is not responsible for, or under any liability in respect of
- any variations between notices given by the Initiator and the amounts of Direct Debits.
 - 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.
- (d) upon receipt of an 'authority to transfer form' signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debit.