

GOLDEN LIFE PLAN

A INTRODUCTION

We insure the **insured person** as set out below.

The words shown in bold in the cover have the meaning described in Definitions section E.

This **Policy** is a contract between **you** and **us**. The **Policy** consists of:

- The application form together with any declarations and statements which are incorporated in it, and
- This **Policy** wording, and
- Any endorsements to this **Policy**, and
- The **schedule**.

You may request a replacement copy of any of these documents from **us**.

On the death of an **insured person**, **we** will pay **you** a benefit as described below if premiums are paid when due and subject to **you** meeting all the terms and conditions of the **Plan**.

B BENEFITS

On the **accidental death** of an **insured person** **we** will pay the **sum insured**.

On the **death by natural causes** of an **insured person** two years from the **date of commencement** **we** will pay the **sum insured**.

On the **death by natural causes** of an **insured person** within one year of the **date of commencement**, **we** will refund the premiums paid for that **insured person**.

On the **death by natural causes** of an **insured person** between one year and two years of the **date of commencement**, **we** will refund 1.5 times the premiums paid for that **insured person**.

C TERMS AND CONDITIONS

The **Plan** is subject to the following conditions together with endorsements, if any, made on it.

1. Any benefit payable is subject to:
 - a) Proof of the death of the **insured person**, and
 - b) Proof of the birth of the **insured person** on the date as stated in the **schedule**.
2. Provided that **premiums** are paid when due the **Plan** will end on the death of the **insured person** or on the death of the survivor where there is more than one **insured person**.
3. If the date of birth of the **insured person** is incorrectly stated in the **schedule** resulting in an understatement of age, **we** will pay the benefit that would have been payable had the date of birth been correctly stated.
4. If within thirteen months of the **date of commencement**, an **insured person**, whether sane or insane, shall die by **his/ her** own hand, no benefit shall be payable under the **Plan** for that **insured person**.
5. **Premiums** are payable annually and in advance. However, **premiums** may be paid by monthly instalments.

Where an **insured person** at the **date of commencement** of his or her cover was aged:

 - younger than 71 years, the **premiums** for that **insured person** will no longer be payable from his or her 85th birthday and the cover will continue until this **Plan** ends for any reason.
 - 71 years or older, the **premiums** for that **insured person** are payable for his or her lifetime.
6. Thirty days of grace will be allowed 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.
7. The **Plan** will end if any **premium** is not paid within the days of grace.
8. This **Plan** is not a savings or investment plan.
9. The **Plan** does not acquire a cash value or any surrender value.
10. The **Plan** is renewable each year at the option of the policy owner.

11. The **Plan** is subject to the laws of New Zealand. **We** reserve the right to change the **Plan** provisions to accommodate changes in tax and other legislation that impact on it. **We** will notify **you** if **we** make changes under this section.
12. The maximum amount **we** will pay on the death of an **insured person** under all Fidelity Life Golden Life Plans is \$50,000.
13. If **you** are not satisfied with this **Plan**, it can be cancelled by returning it to **us** within 14 days of receipt. Any **premiums** paid will be refunded.
14. If **you** cancel this **Plan** the **premiums** paid will not be refunded unless **you** cancel this **Plan** during the 14 day free look period.

D. IF YOU HAVE A CONCERN ABOUT YOUR POLICY

If **you** have a concern about **your** Policy, **we** would like to know so **we** can do our best to resolve the matter. The matter will be handled through **our** internal complaints procedure.

You can contact **us** with **your** concern:

1. Email: clientservices@fidelitylife.co.nz
2. Phone: 0800 88 22 88 or 09 373 4914
3. Mail:
Chief Operations Officer
Fidelity Life Assurance Company
PO Box 37275
Parnell
Auckland 1151
New Zealand

We will attend to the matter and take the appropriate steps to try to resolve **your** concern. If the matter cannot be resolved through **our** complaints procedure, **we** will provide **you** a letter of deadlock which **you** can refer to the Insurance & Financial Services Ombudsman (IFSO) who may be able to help **you**.

We are a member of this independent dispute resolution scheme that is approved by the Ministry of Consumer Affairs:

IFSO Scheme
PO Box 10-845
Wellington 6143
New Zealand

Phone: 0800 888 202
Email: info@ifso.nz
Website: ifso.nz

This service is free to **you**.

E. DEFINITIONS

Definition	Meaning
accidental death	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 cover that is added subsequently.
death by natural causes	Death other than accidental death .
insured person	Life assured named in the schedule .
plan	The Fidelity Life Golden Life Plan.
premium	The amount as shown in the schedule that you pay to us to provide the benefits.
schedule	The schedule to this policy contract.

Definition	Meaning
sum assured	The sum assured shown in the schedule for an insured person .
us or we	Fidelity Life Assurance Company Limited.
you	Policy owner named in the schedule .

SAMPLE