

## 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 85<sup>th</sup> 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.
15. **Your** Policy is referable to the Fidelity Life Statutory Fund Number 1.

## 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](mailto: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](mailto:info@ifso.nz)  
Website: [ifso.nz](http://ifso.nz)

This service is free to **you**.

## E DEFINITIONS

Definition	Meaning
<b>accidental death</b>	Death caused solely and directly by violent, accidental, external and visible means within 12 months of the accident.
<b>date of commencement</b>	Date of commencement shown in the <b>schedule</b> or the date of commencement of any cover that is added subsequently.
<b>death by natural causes</b>	Death other than <b>accidental death</b> .
<b>insured person</b>	Life assured named in the <b>schedule</b> .
<b>plan</b>	The Fidelity Life Golden Life Plan.
<b>premium</b>	The amount as shown in the <b>schedule</b> that <b>you</b> pay to <b>us</b> to provide the benefits.
<b>schedule</b>	The schedule to this policy contract.

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

SAMPLE