

Golden Life Plan

ABOUT GOLDEN LIFE PLAN

The Golden Life Plan is a life insurance plan that pays out a lump sum when you die. It could be paid to a family member or someone else that you've chosen. The premium depends on your age when you start the insurance cover, and remains the same throughout the term of your insurance.

You do not need to provide any evidence of good health. You just need to provide your details and confirm that you have not been diagnosed with any illness or disease that is expected to cause death within 12 months of the date of application.

Golden Life Plan is available to New Zealand citizens or permanent residents of New Zealand living in New Zealand.

WHY YOU NEED IT

- It's important that your insurance remains affordable throughout your life, as well as providing you with security. In many life insurance plans, the premium rate rises each year. Golden Life is a "level premium" plan, which means premiums are the same each year throughout the contract. It provides certainty and simplicity. It is suitable for anyone from age 20 to 79 who wishes to leave a cash lump sum benefit on their death. This may be to pay off a debt or for their family.
- The Golden Life Plan may be ideal for providing security if you have ongoing debts, such as a mortgage. It can also help to ensure there is money available after your death to pay for funeral expenses or any costs of looking after your estate. It could also provide money to assist with any family obligations such as education of children or grandchildren.

KEY FACTS

Ages

- Application for cover is available if you are between ages 20 and 79.
- There is no expiry age for cover.
- Premiums are payable while you maintain your cover unless you are aged 69 or younger when you take out the plan in which case you would stop paying premiums at age 85.

Level of cover

- Under this plan, you can insure one or two people.
- You can select how much cover you would like for each person dependent upon your age.
- The maximum sum assured is \$50,000 and will be based on your monthly premium, which can not be more than \$200 per month.

Premiums

- Premiums are payable in advance and may be paid fortnightly, monthly or annually.
- The premium and sum assured stay the same for the life of the policy.
- Cover is renewable each year at the option of the policy owner.
- The first month's premium is waived (free).
- The maximum premium is \$200 per month.

BENEFITS

There are some limitations on how much we will pay if you die in the first two years.

Year One

- If you die by "accidental means" we will pay the sum assured.
- If you die from "natural causes", such as a heart attack, we will refund the total premiums we received.

Year Two

- If you die by "accidental means" we will pay the sum assured.
- If you die from "natural causes", such as a heart attack, we will pay one and a half times the total premiums we received.

Year Three and beyond

- You are fully covered for both accidental and illness-related death.

Note:

- * We define accidental death as "death caused solely and directly by violent, accidental, external and visible means within 12 months of an accident".
- * A suicide exclusion will apply for the first thirteen months of the plan or its reinstatement.
- * Depending on the premiums payable, the duration of the premium payment and the date of death, the premiums paid may be more than the sum assured.

Protecting the NZ way of life

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





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

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Telephone: 09 373 4914 or 0800 88 22 88

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1. FIRST LIFE TO BE INSURED

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Residential address

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

2. SECOND LIFE TO BE INSURED

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Residential address

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

3. CONTACT POLICY OWNER (if different from above)

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Middle name

Relationship to life/lives to be insured Male Female Date of birth
Day Month Year

Telephone Home Work Mobile

4. OTHER POLICY OWNER (Optional)

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Middle name

Relationship to life/lives to be insured Male Female Date of birth
Day Month Year

Mailing address of contact policy owner or First Life to be Insured

Postcode

Note: If no policy owners are shown, the plan will be owned by the first life to be insured or if there are two lives to be insured, the plan will be owned by those two people jointly.

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

5. SUM INSURED/PREMIUM

Sum insured Premium Total premium
First life to be insured \$
Second life to be insured \$

ADVISER TO COMPLETE

Adviser name Adviser number I/C % split R/C% split
Adviser 1
Adviser 2

Amount collected for first premium \$
Commencement date for Direct Debits only - Monthly 1st to 28th OR Fortnightly premium payment 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 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

Table with financial strength rating information. Title: Fidelity Life has an A- (Excellent) financial strength rating given by A.M. Best. Includes a grid for Secure and Vulnerable ratings.

Signature of First Life to be Insured

Day Month Year

Signature of policy owner(s) only if different to those above:

Signature of contact policy owner Day Month Year

Signature of Second Life to be Insured

Day Month Year

Signature of other policy owner

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)

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

Bank/Branch number

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Account number

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

Suffix

--	--	--

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

To The Manager (Please print clearly)

Bank/Branch

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

Branch Address

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

Town/City

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

**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

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Name of authorised signatory

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

Authorised signature

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Authorised signature

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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.