

# 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.

## ABOUT GOLDEN LIFE PLAN

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, and

- a) if entry age is before 70, premiums are paid up to the age of 85, when they end.
- b) if entry age is after age 70, premiums are paid for the life of the Golden Life Plan.

### 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.



WHY CHOOSE FIDELITY LIFE

Founded by  
**kiwis**  
for kiwis



Cornerstone  
stake held by  
**NZ Super  
Fund**

Rated  
**A-**  
**(Excellent)**  
for financial  
strength\*

ANZIF  
**Life Insurance  
Company of  
the year  
2017**

\*Fidelity Life has an A- (Excellent) financial strength rating from A.M. Best. The rating scale that this forms part of is available for inspection at our offices. For more information please visit [fidelitylife.co.nz/about-fidelity-life/our-financial-strength](http://fidelitylife.co.nz/about-fidelity-life/our-financial-strength).

**Disclaimer** – the information contained in this factsheet is a convenient summary of the key points of this insurance policy and is general in nature. 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 full policy documentation which is available from your financial adviser. Please refer to current policy wordings for specific details. This factsheet does not provide a personalised financial advice service.

CLDN 280518 (MAY 2018)

**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



**Please complete and return:**

- By email: scan and send to [customerservice@fidelitylife.co.nz](mailto:customerservice@fidelitylife.co.nz)
- By post: Fidelity Life, PO Box 37-275 Parnell, Auckland 1151

STB <input type="checkbox"/> <small>Office use only</small>	Policy number(s) <input type="text"/>	Contact phone number ( <input type="text"/> ) <input type="text"/>
I would like to pay: <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half-yearly <input type="radio"/> Annually		

## Direct Debit Authority

Name on my account to be debited (acceptor): <input type="text"/>	Initiator's authorisation code <b>0 6 0 4 9 0 2</b>
Name of my bank: <input type="text"/>	Approved
My bank account number: <input type="text"/>	490   08/15
<small>Bank    Branch    Account    Suffix</small>	

**From the acceptor to my bank:**

I authorise you to debit my account with the amounts of direct debits from **Fidelity Life Assurance Company Limited** with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Please include the following information on my bank statement:

Authorised signature(s):  Date:

### SPECIFIC CONDITIONS RELATING TO NOTICES AND DISPUTES

1. For scheduled payments the initiator is required to give you a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:
  - The dates of the debits, and
  - The amount of each direct debit.
  - If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 30 calendar days before the change, or

For variable payments the initiator is required to give you a written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit, or

- For customer-initiated payments the initiator may only send a direct debit if you have:
- Asked the initiator to send it, and
  - Agreed the amount of the direct debit, and

The initiator is required to give you a written notice of the amount and date of each direct debit no less than the date of the debit.

2. I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
  - I don't receive a written notice of the amount and date of each direct debit from the initiator, or
  - I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
3. If the bank dishonours a direct debit but the initiator sends the direct debit again once within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.