

FUNERAL FUND

A INTRODUCTION

We insure a **life insured** as set out below.

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

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**.

B 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.

C 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 assured** payable is:

1. \$12,000 for an adult **life insured**.
2. \$ 6,000 for a child **life insured** aged 10 to 21 at the time of death.
3. \$ 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**.

D 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 assured** 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**. The cover under this policy continues after this period for a **life insured** until their death. For each child **life insured**, premiums are payable for 10 years until a maximum age 21 at which time cover ends unless it is continued as stated in D4.
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 assured 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 assured 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 is payable subject to:
 - a) Proof of the death of a **life insured**, and
 - b) Proof of the date of birth of that **life insured**.
2. If the date of birth of the **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 correctly 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/ her own hand, no benefit shall be payable under this **Policy** for that **life insured**.
2. This **Policy** is not a savings or investment policy.
3. This **Policy** does not acquire a cash value or any surrender value.
4. 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.
5. 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.
6. 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.
7. The **Policy** provides cover 24 hours a day world-wide.
8. Your **Policy** is referable to the Fidelity Life Statutory Fund Number 1.
9. If **you** cancel this **Policy** the **premiums** paid will not be refunded unless **you** cancel this **Policy** during the 14 day free look period as set out in the General section 5.

E. 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 Manager
 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**.

F. DEFINITIONS

The words in bold and their derivatives have the following meaning:

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 .