Resolution Life

Application for alteration to policy

Adviser use only Adviser number:

Adviser name:

Policy details							
Policy number:							
Life/Person(s) insured							
First name	Last name		Date of birth				
			D D M M Y Y Y Y				
First name	Last name		Date of birth				
First name	Last name		Date of birth				
First name	L oot name		D D N N D Date of birth				
	Last name						
Alteration details							
Please indicate what you would like us	s to do by placing a ✓ in the appropriate b	ox:					
Increase amount of cover	Change CPI/indexation option	Change to E	Endowment				
Reduce amount of cover	Cancel cover	Other					
Please list existing and new details for	r the options you wish to change						
Existing d	etails	New details					
CPI/indexation option							
Premium							
Premium method							
Premium frequency							
Sum insured							
Table							
Bonuses							
Maturity date							
Other (please state)							
· · · · · · · · · · · · · · · · · · ·	rovides you with certain guarantees in respen ant that we understand your purpose if you ar and appropriate box(es).	,	•				
Retirement savings	Life cover Other (please specify)					
Important if changing an Endowment Policy: the illustration values are not guaranteed and are dependent upon bonus rates declared by Resolution Life from time to time.							
Insurer Financial Strength Rat	ing						

Resolution Life Australasia Limited (Resolution Life) has an A (Strong) Insurer Financial Strength Rating given by Fitch Australia Pty Limited (Fitch Ratings), an approved rating agency, whose rating scale is set out below in summary form. For Fitch Rating's full rating scale, please go to the Fitch Ratings website at www.fitchratings.com.

Fitch Rating Scale

AAA Exceptic strong	nally	AA Very strong	A Strong	BBB Good	BB Moderately weak	B Weak	CCC Very weak	CC Extremely weak	C Distressed
Strong					weak			weak	

Note: "+" or "-" may be appended to a rating to indicate the relative position of a credit within the rating category. Such suffixes are not added to ratings in the AAA category or to ratings below the CCC category.

Mailing address (where you want Resolution Life to send correspondence)							
Postal address							
Suburb	Town/City Postcode						
Policy owner(s)							
All policy owners please complete the details below and send us a copy of your driver licence or passport (signature, details and photo page).							
	(please state)						
First name	Last name						
Signature of 1st policy owner	Date						
	D D M M Y Y Y						
Home Mobile	Email address						
Mr Mrs Ms Miss Dr Other	(please state)						
Mrs Ms Miss Dr Other First name	Last name						
Signature of 2nd policy owner	Date						
Home Mobile	Email address						
()							
	(please state)						
First name	Last name						
Signature of 3rd policy owner							
	D D M M Y Y Y Y						
Home Mobile	Email address						

If more than three owners, please complete a further form and attach.

Checklist

All the questions are fully answered

Meridian/EasyQuote benefit illustration is attached

All Resolution Life Application and Personal Statements attached if cover is being increased

All declarations have been signed by the policy owner(s)

All required photo identification has been supplied by all policy owners

Resolution Life Australasia Limited ABN 84 079 300 379 (Resolution Life), Floor 15, 125 Queen Street, Auckland Central, Auckland 1010, is incorporated in Australia, operates in New Zealand and is part of the Resolution Life Group.

This document contains information of a general nature only. If you would like advice that takes into account your particular financial situation or goals, please contact your Adviser. A disclosure statement is available from your Adviser on request and free of charge. Applications for cover are subject to approval by Resolution Life Underwriting. Resolution Life is the issuer of any products described in this document.