Smoking Update

How to fill in this form

Complete sections 1 and 2. Print and sign this form.

Return to Resolution Life by:
Emailing a scanned copy of the form to: askus@resolutionlife.co.nz
Mail the form to: Resolution Life. P O Box 1692, Wellington 6140

1. Personal Details

Person Insured

Family name | Given name(s)

Policy Details

Policy number(s)

2. Declaration

Smoking Status

I wish to apply to change from smoker to non-smoker status on my policy and declare that:

- I have not used e-cigarettes/vaporisers (with or without nicotine), used or smoked any product containing tobacco, or used nicotine replacement therapy, in the last 12 months.
- I understand that if I provide any information in this request to change my smoking status that is substantially incorrect and material, then Resolution Life may not accept my request; or any update of my smoking status may be avoided. This will mean that any premium reduction will be unwound, and I will have to pay Resolution Life the premium reduction back to the date of the update, or Resolution Life can adjust the sum assured accordingly, at Claim time.

Privacy Act 2020 ("The Act")

Any Personal Information collected in connection with this application will allow Resolution Life to assess this application, and any other current or future application(s) made for insurance cover with Resolution Life. Collection of your Personal Information will be limited to what is necessary in the circumstances to meet the purposes for which the Personal Information is being collected.

The Personal Information will be held by Resolution Life and may be held overseas. Your Personal Information will be held securely, and in accordance with our Privacy Policy. We hold your Personal Information only so long as is necessary in accordance with the Privacy Act 2020. For further information regarding how Resolution Life collects, shares, uses and stores your Personal Information please refer to our Privacy Policy which can be found at **resolutionlife.co.nz/privacy-policy**.

You have the right to ask and obtain copies of the information Resolution Life holds about you. If you believe the information is inaccurate, you may ask that it be corrected by contacting **0800 808 267 or resolutionlifeprivacy@resolutionlife.co.nz**

I declare that my above smoking status is true and correct.
I have read and understood the Privacy Act section of this application.

Signature of person insured

✗

Date