

Application for alteration to policy

Adviser use only Adviser number:	
Adviser name:	

Policy details							
Policy number:		_					
Life/Person(s) insured							
First name		Last name	e		Da	ate of birth	
						D D M M Y	/ Y Y Y
First name		Last name)		Da	te of birth	
						D M M Y	YYY
First name		Last name)		Da	ate of birth	/ \/ \/ \/
						D D W W Y	YYY
First name		Last name)		Da	ate of birth	/
						D IVI IVI I	
Alteration details							
Please indicate what you	would like us to do b	y placing a ✓ i	n the appropriate t	oox:			
Increase amount of cov	Increase amount of cover			Ch	ange to Endov	wment	
Reduce amount of cove	Reduce amount of cover		Cancel cover		Other		
Please list existing and ne	w details for the opt	ions you wish	to change				
	Existing details			New deta	ails		
CPI/indexation option							
Premium							
Premium method							
Premium frequency							
Sum insured							
Table							
Bonuses							
Maturity date							
Other (please state)							
The Consumer Guarantee: Life in fulfilling its obligations Please confirm your purpose Retirement savings	s, it is important that we by ticking the appro	ve understand y	our purpose if you a		our policy fro		
Important if changing an En Life from time to time.	dowment Policy: the i	llustration value	es are not guarantee	d and are depe	ndent upon bo	onus rates declared	by Resolution
Insurer Financial Str	ength Rating						
Resolution Life Australasia Lir an approved rating agency, w www.fitchratings.com							
Fitch Rating Scale							
AAA Exceptionally strong AA Very st	rong A Strong	BBB Good	BB Moderately weak	B Weak	CCC Very weak	CC Extremely weak	C Distressed
Note: "+" or "-" may be append	lad to a rating to indicat		in an are a supplied that is				

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.

For more information contact your Adviser or call Resolution Life on 0800 808 267.

$\textbf{Mailing address} \ (\text{where you want}$	Resolution Life to send co	orrespondence	2)					
Postal address								
Suburb			Town/City Postcode					
Policy owner(s)								
All policy owners please complete	the details below and s	end us a copy	of your driver licence or passport (signature, details	and photo page).				
Mr Mrs Ms Miss	Dr Other	(pi	lease 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	(p)	lease state)					
First name			Last name					
Oissanting of Oracle addison sources			D-4-					
Signature of 2nd policy owner			Date					
Home	Mobile		Email address					
()	()							
Mr. Mrs Ms Maiss	Dr. Othor	(n)	lease state)					
Mrs Ms Miss Dr Other First name		(ρι	(please state) Last name					
Signature of 3rd policy owner			Date					
orginatare of ora policy owner.			D D M M Y Y Y					
Heme	Mahila		Empil address					
Home	Mobile		Email address					
()	()							
If more than three owners, please	complete a further form	and attach.						
Checklist								
All the questions are fully answer	ered							
Meridian/EasyQuote benefit illu	stration is attached							
All Resolution Life Application a	nd Personal Statements a	attached if cov	er is being increased					
All declarations have been sign								
All required photo identification		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.