

4. Have you changed your occupation since the above Policy was issued or do you intend to change your occupation? Yes No
If answer is 'Yes' give full particulars.

5. Have you made any proposal for an insurance on your life to any Company since the above Policy was issued? Yes No
If the answer is 'Yes' state the result of every such proposal, i.e. whether accepted (and whether with or without loading or otherwise than as submitted) deferred, declined or withdrawn.

6. Do you intend to live, travel or work overseas? Yes No
If 'Yes' show dates outside New Zealand, countries to be visited and reasons for trip.

7. Do you engage in, or intend to engage in any of the following: Aviation (other than as a fare paying passenger), Underwater Diving, Motor Sports, Mountaineering, Power Boat Racing, Hang Gliding, Boxing, Martial Arts, Noncompetitive Motor Cycling or any other sports or pursuits? Yes No
If you answered 'Yes' to this question, please provide details below.

8. What was your income from personal exertion in the last year? Use last financial year (March 31) or more recent information if available. (Income Protection only)

Gross income from personal exertion	Business Expenses incurred in earning that income	Net income before tax
\$ <input type="text"/>	Less \$ <input type="text"/>	Equals \$ <input type="text"/>

NOTE: The amount of weekly benefit for which you are eligible is based on a percentage of your net income before tax, subject to a maximum limit. In the event of a claim, benefits may be received from other sources, as long as the combined benefit does not exceed your maximum weekly limit. Resolution Life will also request evidence of your income and business expenses, therefore please ensure the above figures reflect your current financial position.

AIDS declaration (to be completed in all cases)

Life Insurance is based on the ability to assess risks accurately. Life Insurers must differentiate between groups of risks on the basis of statistical and actuarial information. This is to protect the interests of all policyholders and to ensure the continuing financial viability of the Insurance Company.

Life Insurers already take into account a wide range of factors that affect an individual's life expectancy. Examples of such factors are the risks of cancer, diabetes or heart disease, pastimes of the proposer, and their smoking habits. The AIDS declaration below is part of this assessment process. It is necessary for all applicants to complete this declaration.

I declare that:

- I am not suffering from Acquired Immune Deficiency Syndrome (AIDS) and I am not infected with the HIV virus and I am not carrying antibodies to the HIV virus.
- Since 1980, I have not used intravenous drugs, I have not engaged in male to male sexual activity and I have not worked as a prostitute.
- I have not had sexual intercourse with someone I know or suspect to be HIV positive.

I am **ABLE** to declare that to the best of my knowledge ALL of the above statements are true.

I am **UNABLE** to declare that to the best of my knowledge ALL of the above statements are true.

Before signing, one of the boxes must be ticked

Signature of Life to be Insured

SIGN HERE

Date

D D M M Y Y Y Y

Declaration

I/We acknowledge that I/We have read the section headed: Important Notice – Your Duty of Disclosure on page 1.

I/We declare that all answers given are complete and true and I understand that Resolution Life will be relying on the complete accuracy of the answers when assessing my application for reinstatement.

I/We agree that any change of material circumstances between the time of this Application and its acceptance shall make the contract of insurance voidable by Resolution Life.

I/We waive privilege in relation to any medical information requested by Resolution Life concerning this Application.

Signature of Life to be Insured

SIGN HERE

Date

D D M M Y Y Y Y

If the Life Insured is not the Owner, please complete the section below.

I, the Owner of the above Policy, apply for reinstatement of the Policy.

Signature of Owner

SIGN HERE

Date

D D M M Y Y Y Y

Medical Authority

To

Reference

Name of Life to be Insured (block letters)

In connection with a proposal for Disability Insurance which I have submitted to Resolution Life I authorise and request you to make available from your records any information about my medical history which Resolution Life or its Medical Officer may request and I hereby expressly authorise and request Resolution Life at any time to complete and forward this authority to any doctor or other medical practitioner who is currently attending me or who has at any time in the past attended or examined me. In the event that I have instructed you not to release certain information to Resolution Life or to Insurance Companies generally, I expressly authorise you to disclose that fact to Resolution Life.