

Resolution Life Short Form Application

Policy number

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To be used for Lifetrack and Risk Protection Plan (RPP) Life, Trauma (incl. Trauma Plus Option), TPD Insurance and/or Premium Waiver Option/Premium Cover with combined sums insured up to \$1,000,000 (i.e. the total sum insured of all Term, Trauma and TPD insurance is \$1,000,000 or less).

Lifetrack, Businesstrack and Risk Protection Plan products are issued by Resolution Life Australasia Limited ABN 84 079 300 379, NZ Company No. 281363, AFSL No. 233671 (Resolution Life).

Application for:

☐ Risk Protection Plan ☐ Business ☐ Lifetrack

☐ Businesstrack Business name

Type of application

Please choose one of the following:

☐ New policy

☐ Existing Please tick:

☐ Increase ☐ Conversion/replacement business

☐ Addition ☐ Alteration to cover

☐ Other (please specify)

Policy number

Is this to be linked to another Risk Protection Plan? ☐ Yes ☐ No

If 'Yes', to which policy number?

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Full client name of linked policy

Date of birth

D	D	M	M	Y	Y	Y	Y
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Once your application for insurance has been accepted, can we activate your policy before any linked policy is activated? ☐ Yes ☐ No

Duty of Disclosure:

Until there is a contract of insurance resulting from this application, you have a continuing legal duty to tell us everything you know (or ought to know) material to the risk to be insured. This means you must tell us everything that would influence the judgement of a prudent insurer in deciding the premiums or whether to accept this application, and if so, on what terms. For example, you must tell us about any present or past health condition as well as any symptom that might indicate a health condition. This duty applies from the time you complete this application until cover commences, which is when we accept your application, issue a policy to you and we have received payment of the first premium. You must advise Resolution Life of any changes that occur up until cover commences. If you fail to do so, Resolution Life may at its discretion decline a claim, avoid or void the policy from inception, decline to pay any benefits, or take other action as specified in the policy. When in doubt, please disclose.

Life/Person Insured

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

First name

Last name

Which country were you born in?

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender

☐ Male ☐ Female

Street address

Suburb

Town/City

Country

Postcode

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Occupation

Industry

Contact details

Home

Work

Mobile

Email address

☐ Yes, I consent to receiving electronic messages regarding any products, services or promotions offered, managed or distributed by Resolution Life, including any related companies (whether incorporated in New Zealand or elsewhere).

Are you happy to be contacted by a Resolution Life Underwriter or a nurse?

☐ Yes☐ No

Best time to be contacted

am/pm

Policy Owner 1 (if different to Life/Person Insured)

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

First name

Last name

Street address

Date of birth

Gender

☐ Male☐ Female

Suburb

Town/City

Postcode

☐ Or are you a business owner?

Contact name

Business name

Home

Work

Mobile

Email address

☐ Yes, I consent to receiving electronic messages regarding any products, services or promotions offered, managed or distributed by Resolution Life, including any related companies (whether incorporated in New Zealand or elsewhere).

Policy Owner 2

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

First name

Last name

Date of birth

Gender

☐ Male☐ Female

Personal statement

Life/Person Insured details

Residency and Travel section

1. Are you a permanent resident or citizen of New Zealand or Australia?

☐ Yes☐ No

Please provide details including type of visa you hold.

2. Do you have any definite plans to travel or reside overseas, other than Australia, UK, EU or North America in the next 12 months?

☐ Yes☐ No

If 'Yes', which countries will you travel to and what is the purpose of your travels?

What is the planned duration?

What is the planned departure date?

Details of other insurance

3. Do you already have Life, Lump Sum Disablement and Trauma Insurance, with Resolution Life or any other company, or are you currently applying for Insurance with Resolution Life or any other company?

☐ Yes ☐ No

If 'Yes', please provide details below (exclude this application):

Company	Type of insurance	Benefit amount	Reason for Cover	Applied for	Inforce	To be replaced*
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If you are replacing a policy, please fill out the 'Advice on Replacement Business' form on pages 27 and 28 of the Resolution Life Application and Personal Statement form.

4. Have you ever had an application on your life declined, deferred or approved with special conditions applied?

☐ Yes ☐ No

If 'Yes', please provide details:

Your health section

5. Have you smoked in the last 12 months (such as cigarettes, cigars, marijuana) or used nicotine replacements? ☐ Yes ☐ No

If 'Yes', what?

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How many per day?

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6. Do you drink alcohol?

☐ Yes ☐ No

If 'Yes', over the past 12 months, what is the average number of standard alcoholic drinks you consumed? No#

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Per day or week?

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A "standard" drink means any of: 1 nip of spirits, 1 glass of wine, 1 sherry glass of port or sherry, a 1/2 pint of beer (300ml).

7. Do you use or have you ever used recreational drugs or any drugs not prescribed to you (other than for coughs, colds, flu or similar minor ailments)?

☐ Yes ☐ No

If 'Yes', please provide details

8. What is your height?

--

 metres Or

--

 feet

--

 inches

9. What is your weight?

--

 kilograms Or

--

 stone

--

 pounds

10. Has your weight varied by more than 5 kilograms in the last 12 months?

☐ Yes ☐ No

If 'Yes', please provide details

Family history

11. Has your mother, father, any brother or sister suffered from diabetes, cancer, hypertrophic cardiomyopathy, high blood pressure, heart disease, stroke, mental disorder or depression, haemophilia, Huntington's disease, polycystic kidney, multiple sclerosis or any disease which may be inheritable?

☐ Yes ☐ No

If 'Yes', please fill out this table:

Family member	Condition/Illness	Age at onset	Age at death
Example : Mother (e.g. mother, father, etc.)	Condition : Cancer (If cancer or heart disease, please specify condition AND type)	Type : Lung 53 (approximate)	— (approximate)

Health details

12. Have you ever suffered from, had any symptoms or received advice for OR are you considering seeking advice including tests, treatments, or investigations for any of the following (even if you have not seen a doctor)?

- | | | |
|---|------------------------------|-----------------------------|
| a) Heart attack, Chest pain, Angina, Rheumatic fever, High blood pressure or Raised cholesterol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Haemophilia, Haemochromatosis or Anaemia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Disorder of the kidney, bladder, prostate, urinary complaint or kidney stone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Irritable bowel syndrome, Crohn's disease, Hiatus hernia, Diverticulosis, Ulcerative colitis, Ulcer or Hepatitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Epilepsy, Seizures, Multiple Sclerosis, Stroke, Recurrent headaches, Dizzy Spells, Paralysis or Fainting Attacks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Depression, Schizophrenia, Anxiety, Stress, Suicide attempt, Breakdown, Panic attack or Post traumatic stress disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Cancer, tumour (malignant or benign), cyst, growth of any kind, breast lump or mole removed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Disorder of the ears, nose, eyes, speech or skin disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Asthma, lung condition, breathing or respiratory disorder or sleep apnoea | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j) Arthritis, bone, joint, muscle, ligament, cartilage, limb or other musculoskeletal disorder, pain, strain or injury | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k) Diabetes, insulin resistance, abnormal blood sugar or thyroid disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l) AIDs, HIV antibodies or AIDs related conditions. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. Other than any condition or disorder indicated above, in the last five years have you taken regular medication, or had any medical procedure, consultation, investigation or test (including blood test)? ☐ Yes ☐ No

14. FEMALES ONLY: Any condition relating to the breast, cervix, uterus, fallopian tube, ovary on the female genital track (e.g. abnormal smear, endometriosis, heavy/painful/irregular menstrual bleeding, fibroids) ☐ Yes ☐ No

If you answered 'Yes' to any of the above, please provide details in the table below:

Question reference	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of recovery (%)
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

Doctor information

15. Name and address of your usual doctor (if you do not have a usual doctor then the last doctor that you saw).

Name	Address	Phone number

16. How long have you been a patient? years months

17. Please provide details of your last consultation:

Date	Reason	Result
/ /		

Lifestyle and Sports section

18. Have you in the last 12 months, do you currently, or do you intend to take part in aviation, motor sport (including car, bike, boat or any other motor sports), mountaineering/rock climbing, underwater diving, rugby (any code e.g. Rugby union), any other hazardous activity, pursuit or sport not previously disclosed (including, but not limited to: hang-gliding, ocean racing, martial arts, horse riding)?

☐ Yes ☐ No

If 'Yes', complete the Lifestyle and Sports section on page 13 of the Resolution Life Application and Personal Statement.

Replacement of Plans

Replacement of existing insurance may be to the disadvantage of the proposer because it involves duplication of initial costs, and may involve loss of certain rights dependent on duration, health changes, hazardous pursuits or suicide.

Is this insurance to replace all or part of an existing insurance policy or one discontinued in the past 6 months?

☐ Yes ☐ No

If 'Yes', please complete the Advice on Replacement of Business form on page 27 and 28 of the Resolution Life Application and Personal Statement form.

A disclosure statement is available from your financial adviser on request and free of charge.

Verification details - To be completed and copies of original documents required to be provided to Resolution Life

Verification of identity for each Policy Owner or anyone paying premiums on this Policy

Resolution Life requires the identity of each Policy Owner and anyone paying premiums on policies to be verified.

This form is to be completed by an Adviser or Resolution Life employee.

Please complete below for each Policy Owner who is not a payer for the Policy. For example, where there are two Policy Owners and the premium is coming from an account that only one Policy Owner is signatory to, this form must be completed for the other Policy Owner.

Note: If this application relates to Level Life Cover to age 100, or with zero premium ages of 65 or 70, please complete (in lieu of the section below) the applicable Customer Identity Verification form found on resolutionlife.co.nz within the Find a Form Section under Investments.

Documents used to verify identity

Details (and a photocopy) of one primary or two secondary documents must be provided.

- A **Primary document** must contain a photograph and can be a passport (personal details page), firearms licence, credit card with photograph, foreign identify card, New Zealand driver's licence.
- A **Secondary document** can be a birth certificate, certificate or membership of a professional body, credit card, evidence of a bank account in your name (e.g. deposit slip), community services card, tertiary identification, employee identity card, international driver's licence.

For a Policy Owner under the age of 18, a copy of either a birth certificate or a passport (personal details page) will be sufficient. No additional documents are required.

A company or incorporated society

- A **primary document** can be a certificate of incorporation, certificate of registration.
- A **secondary document** can be a credit card, evidence of a bank account in the company's name.

Identity verification - Policy Owner

Please complete below for each Policy Owner or anyone paying premiums on this Policy.

Identification details - Policy Owner 1 or person paying.

Does the person have an existing policy/product with Resolution Life which they pay using a direct debit from an account in their name?

☐ Yes Policy/client number

☐ No If 'No', please complete the identification details and declaration below:

Primary/secondary document description

Document number

Expiry date

Secondary document description

Document number

Expiry date

Identification details - Policy Owner 2 or person paying.

Does the person have an existing policy/product with Resolution Life which they pay using a direct debit from an account in their name?

☐ Yes Policy/client number

☐ No If 'No', please complete the identification details and declaration below:

Primary/secondary document description

Document number

Expiry date

Secondary document description

Document number

Expiry date

Declaration

I declare that I have seen an original of each document detailed above, verifying identity. I have no reason to believe that each person is not who he or she claims to be.

Signature of Adviser or Resolution Life employee

Date

Third party payer

If the payer is not a Policy Owner or Life/Person Insured, please provide name and address details below.

Name	<input type="text"/>	or Business name	<input type="text"/>
Address	<input type="text"/>		Phone (<input type="text"/>) <input type="text"/>

Payment Details for Risk Protection Plan

Is payment by an existing direct debit?

<input type="checkbox"/> Yes	Please provide Policy number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> No	Please complete the Direct Debit Authority Form on page 13.
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Credit Card payment options

Please select Option 1 or Option 2 as your preferred payment method and complete the Credit Card Authority Form on page 15.

Option 1

☐ Please deduct my first premium payment only from my credit card.

Please select frequency for first premium: ☐ Quarterly ☐ Half-Yearly ☐ Yearly

Please note that fortnightly and monthly frequencies are not available if you only pay your first premium by credit card.

Under this option, subsequent premiums will be by Direct Debit - please complete the Risk Protection Plan Direct Debit Authority Form on page 13.

Option 2

☐ Please deduct all my premiums from my credit card.

Please select frequency from the following options: ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

If your application for insurance is accepted, we will set up your recurring credit card arrangement after we issue your policy documentation and send confirmation of subsequent premium payments separately.

Note: for changes to existing credit card details, please call the Resolution Life contact centre.

Payment Details for Lifetrack and Businesstrack

Is payment by an existing direct debit?

<input type="checkbox"/> Yes	Please provide Policy number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> No	Please indicate payment frequency below and complete the Direct Debit Authority Form on page 11.
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Frequency of payments

Please indicate your payment frequency: ☐ Yearly ☐ Half-Yearly ☐ Quarterly ☐ Monthly ☐ Four weekly (Lifetrack only) ☐ Fortnightly

If you have a preferred monthly payment date please nominate a day between day 1 and 28 of the month:

If your chosen lodgement date does not coincide with the date we activate your policy, can we debit your bank account/ credit card for an interim payment without contacting you? *Please note by selecting 'No', activation of your policy may be delayed.* ☐ Yes ☐ No

Credit Card payment

If you wish to pay by credit card, please complete the Credit Card Authority Form on page 17.

Please read - Important information, Declaration and Agreement

Duty of Disclosure

Until there is a contract of insurance resulting from this application, you have a continuing legal duty to tell us everything you know (or ought to know) material to the risk to be insured. This means you must tell us everything that would influence the judgement of a prudent insurer in deciding the premiums or whether to accept this application, and if so, on what terms. For example, you must tell us about any present or past health condition as well as any symptom that might indicate a health condition. This duty applies from the time you complete this application until cover

commences, which is when we accept your application, issue a policy to you and we have received payment of the first premium. You must advise Resolution Life of any changes that occur up until cover commences. If you fail to do so, Resolution Life may at its discretion decline a claim, avoid or void the policy from inception, decline to pay any benefits, or take other action as specified in the policy. When in doubt, please disclose.

Privacy Act Acknowledgement

The following relates to the personal information provided in this application (and any accompanying documents and communications) and the personal information that may be held about you by Resolution Life already or in the future.

- The personal information collected will be held by Resolution Life and used to evaluate and process this application (including completion of any necessary medical tests) to administer and service any product you have with Resolution Life and to consider any claims. If any of the information asked for is not provided this application may be declined or the service may be withdrawn.
- The Policy Owner may be told of your health assessment.

- The information may also be used to identify other products or services available by or through Resolution Life that may be suitable to your needs, and to offer those products to you.
- Resolution Life holds information about you securely.
- You have the right to ask and see the information Resolution Life holds about you. If you believe the information is wrong you may ask that it be corrected by contacting **0800 808 267**.
- For further information regarding how Resolution Life collects, uses and stores your personal information please refer to our Privacy Policy which can be found at resolutionlife.co.nz/privacy-policy

Insurer Financial Strength Rating

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

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**.

Declaration and Agreement - Life/Person Insured and, or Policy Owner(s)

Please read each statement and sign below to show you understand and agree with all of them:

- I/We request that Resolution Life provides insurance to which this application relates.
- Resolution Life's standard terms and conditions will apply and any special conditions including premium loadings and/or exclusions applied from the policy's commencement. I/We will be deemed to have accepted those special conditions unless I notify Resolution Life in writing.
- I/We confirm the truth, accuracy and completeness of all statements and answers given in support of this application (whether in this application form, orally, in any tele-interview or in any other form or document in connection with this application) regardless of whether or not they are in either of our handwriting, which shall form the basis of any contract of insurance resulting from this application.
- I/We have read and understand the section headed 'Duty of Disclosure' and agree that everything material to the risk to be insured has been disclosed. If I/We failed to do so, Resolution Life may at its discretion decline a claim, avoid or void the policy from inception, decline to pay any benefits, or take other action as specified in the policy. I/We understand that the duty of disclosure is not released solely because Resolution Life request further information as a result of this application.
- Any insurance granted by Resolution Life in connection with this application will be granted on the basis that there has been no change in the Life/Person Insured's occupation, personal health, family medical history, or anything else that might affect the risk for which Resolution Life is providing cover for prior to written acceptance of the risk by Resolution Life and the payment of the first premium.
- I/We have read and understand the section in this application headed 'Privacy Act Acknowledgement' and the Life/Person Insured authorises Resolution Life (including its agents) to obtain from, and to disclose to, anyone the Life/Person Insured's personal information (including any medical and lifestyle information held by any health or medical practitioner, medical laboratory, hospital, ACC, previous insurer or other relevant entity or organisation) to the extent that is reasonably necessary for Resolution Life to evaluate and administer this application, administer the policy and consider any claim. The Life/Person Insured agrees that a photocopy of this authority shall be sufficient evidence to anyone of my consent to such release of the Life/ Person Insured's personal information to Resolution Life (including its agents).
- The preceding authorisation specifically acknowledges that it may be reasonably necessary for Resolution Life to request such information for a specified period in certain circumstances. This includes (but is not limited to) circumstances in which Resolution Life considers any medical or health condition(s) the Life/Person Insured has (had or may have now or in the future) to be material or potentially material in evaluating and administering this application, administering the policy and considering any claim, including obtaining advice and/or approvals in respect of that claim, managing any complaint or dispute that may arise in respect of the claim, and coordinating with any other insurer in respect of the assessment of the claim; and administer any insurance policies held with Resolution Life, including arranging and administering reinsurance in respect of insurance policies issued by Resolution Life. If the Life/Person Insured does not authorise Resolution Life to request and

obtain such information, Resolution Life may be unable to evaluate or administer this application and the policy or consider any claim.

- You authorise Resolution Life to disclose your information to its advisers, reinsurers and any other third party solely to the extent reasonably necessary for the above purposes. You also acknowledge that Resolution Life may be required to disclose your personal information if disclosure is required by law, for example where required by a government body or regulatory authority.
- The Life/Person Insured is aware that a registered nurse may be in contact if the Life/Person Insured requires a Paramedical to complete this application.
- If blood tests are required in connection with this application, the tests may include one for the presence of antibodies to the AIDS virus. In the event that the test for AIDS antibodies is positive, the Life/Person Insured understands that the general practitioner or doctor (as named in the tele-interview or 'Doctor information' section on page 4) will be advised of the result unless another doctor is named below.
- The Life/Person Insured authorises Resolution Life to use a photocopy of this signed Declaration and Agreement as confirmation of the preceding authorisations.
- I/We request that any policy issued by Resolution Life as a result of this application be issued on the New Zealand Register of Resolution Life.
- I/We understand and agree that if any direct debit or credit card premium payment for this policy is dishonoured, any outstanding premium will be collected at the same time as the next direct debit.
- We may exchange your personal information with Resolution Life's related companies (whether incorporated in New Zealand or elsewhere), including their subsidiaries, associated companies, agents, and any third parties authorised by Resolution Life to collect, administer and manage information on its behalf, as further explained in the Resolution Life Privacy Policy.
- I am aware that by reason of the Life Insurance Act 1908, the amount payable under any policy issued by Resolution Life as a result of this application may:
 - a. if the Life/Person Insured dies under the age of 10 years, be limited to the total of:
 - the premiums paid under the Policy issued on the Life/Person Insured and interest thereon at the date of the death of the Life/Person Insured; and
 - the amount that, when added to any other sum permitted to be paid by any other company or by any friendly society, equals \$2,000 or such larger sum as may from time to time be prescribed; and
 - b. if the Life/Person Insured dies under the age of 16 years, the amount payable will be payable only to a person who is part of a limited class of persons, including the parents or guardians of the Life/Person Insured, the executor or administrator of such a person and any assignee of the Policy approved by the District Court.
- If the Life/Person Insured is under the age of 20 at the commencement date of this policy the premiums will be based on smoker rates. If on reaching the age of 20 the Life/Person Insured is a non-smoker you can request Resolution Life to change the Life/ Person Insured's status to that of a non-smoker, with effect from the next anniversary date of this policy. Smoker and non-smoker premium rates for Life/ Person Insured under the age of 20 are the same, but differ for those Lives/Persons Insured over the age of 20.

Signature

I authorise Resolution Life to use a photocopy of this signed Declaration and Agreement as confirmation of the above authorisations.

Name of proposed Life/Person Insured

Full name of Parent or Legal Guardian if signatory is under age 16

Signature of proposed Life/Person Insured

Signature of Parent or Legal Guardian if signatory is under age 16

Location (Town/City) of signing

Location (Town/City) of signing

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Policy Owner(s) - If a Company is a Policy Owner, please provide the signatures (x2) of the duly authorised signatories of the company.

Name of Policy Owner 1

Name of Policy Owner 2

Signature

Signature

Location (Town/City) of signing

Location (Town/City) of signing

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

For Adviser use only

I confirm that I am a:

☐ Financial Adviser ☐ Nominated Representative or ☐ Other Please specify

and I certify the information provided in this section is correct and that I have complied with the requirements of the Financial Markets Conduct Act 2013, (as amended by the Financial Services Legislation Amendment Act 2019) and all other applicable laws.

Adviser name

FSPN: (please use Financial Advice Provider [FAP] FSPN if you are a Nominated Representative)

Phone

Agency number

Email address

% new business commission

% renewal

	Servicing Adviser	Adviser	Adviser
Name			
Number			
Stamp			

If commission is split:

Adviser 2 name

Phone

Agency number

Email address

% new business commission

% renewal

Adviser 3 name

Phone

Agency number

Email address

% new business commission

% renewal

Commission Options (tick one)

Lifetrack

☐ Upfront ☐ Level

Risk Protection Plan

☐ Upfront ☐ Level ☐ Hybrid 1 ☐ Hybrid 2 ☐ Hybrid 3 ☐ Dial Down (applies to Upfront only)

Adviser notes

Have you attached an illustration to this proposal?

☐ Yes

Is any other documentation attached to this proposal?

☐ Yes ☐ No

If 'Yes', provide details below:

Sales reference

☐ Mortgage referral ☐ Other campaign (please specify)

If you are taking over the servicing of an existing Policy from another Adviser, have you enclosed written approval from the client?

☐ Yes ☐ No

Direct Debit Authority Form -
Lifetrack or Businesstrack applications only

Authority to accept Direct Debit. Not to
operate as an assignment or agreement.

Authorisation code 1 2 1 3 6 3 3

Bank account details for Direct Debit

Bank account from which payments are to be made:

Account name	Bank	Branch	Account	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To the bank manager

Bank name	Branch name	Town/City
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We authorise you until further notice to debit my/our account with all amounts which Resolution Life Australasia Limited (hereon referred to as the initiator), the registered initiator of the above authorisation code, may initiate by direct debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on the bottom of this page.

Information to appear on my/our bank statement

Payer particulars	Payer code
D I R E C T D E B I T	R E S L I F E L T D

Payer reference
R E F E R E N C E N O

Your signature(s)	Date
<input type="text"/>	D D M M Y Y Y Y

For bank use only

Date received:	Recorded by:	Checked by:
D D M M Y Y Y Y	<input type="text"/>	<input type="text"/>
Approved 1363 11 12	Bank <input type="text"/>	Bank stamp <input type="text"/>

Conditions of this Direct Debit Authority

1. The Initiator

- a. Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first direct debit is drawn (but not more than 2 calendar months). This notice will be provided either:
 - i. in writing; or
 - ii. by any other means which provides a verifiable record of the initiated transaction and where the Customer has provided prior written consent to the Initiator. Where the Direct Debit system is used for the collection of payments which are regular as to frequency but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the direct debits, the Initiator has agreed to give advance notice at least 30 days before the change comes into effect. This notice must be provided either:
 - iii. In writing; or
 - iv. by electronic mail where the Customer has provided prior written consent to the Initiator.
- b. May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- c. May, upon receiving an "authority transfer form" (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority for the account identified in the authority transfer form.

2. The Customer may:

- a. At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- b. Stop payment of any direct debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank.
- c. Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1. above, request the Bank to reverse or alter any such direct debit initiated by the Initiator by debiting the amount of the reversal or alteration of a direct debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the direct debit was debited to my/our account.

3. The Customer acknowledges that:

- a. This authority will remain in full force and effect in respect of all direct debits made from my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- b. In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- c. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
- d. Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
 - i. the accuracy of information about Direct Debits on Bank statements
 - ii. any variations between notices given by the Initiator and the amounts of Direct Debits.
- e. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/ us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- f. Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

- a. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- b. At any time terminate this authority as to future payments by notice in writing to me/us.
- c. Charge its current fees for this service in force from time-to-time.
- d. Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.

Direct Debit Authority Form -
Risk Protection Plan only

Authority to accept Direct Debit. Not to
operate as an assignment or agreement.

Authorisation code 1 2 1 3 6 2 5

Bank instructions

Bank account from which payments are to be made:

Name of Bank Account	Bank	Branch	Account	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach an encoded deposit slip to ensure your number is loaded correctly

Please select frequency from the following options: ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

To the bank manager

Bank name:	Branch name:	Town/City:
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We authorise you until further notice, to debit my/our account with all amounts which Resolution Life Australasia Limited (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed below.

Information to appear on my/our bank statement

Payer particulars	Payer code
<input type="text"/>	<input type="text"/>

Plan/policy number

Your signature(s)	Date
<input type="text"/>	<input type="text"/>

For bank use only

Date received:

Recorded by:

Checked by:

Approved
1362
11 | 12

Bank

Bank stamp

Original - retain at branch

Conditions of this Authority to accept Direct Debits

1. The Initiator

- a. Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first direct debit is drawn (but not more than 2 calendar months). This notice will be provided either:

- i. in writing; or
- ii. by electronic mail where the Customer has provided prior written consent to the Initiator

Where the Direct Debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts. The initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the Direct Debits, the initiator has agreed to give advance notice of at least 30 days before changes come into effect. This notice must be provided either:

- iii. In writing; or
- iv. by electronic mail where the Customer has provided prior written consent to the Initiator.

Or

- a. Will not initiate a direct debit on my/our account unless authorisation is received from me/us in accordance with the terms and conditions agreed between me/us and the initiator of each amount to be debited from my/our account.
- b. Has agreed to send notice of the net amount of each direct debit and the due date of debiting after receiving authorisation from me/us under clause (a) but no later than the date the direct debit will be initiated. This notice must be provided either:
- i. In writing; or
 - ii. by electronic mail where the Customer has provided prior written consent to the Initiator.

The notice will include the following message: "The amount \$..... was direct debited to your bank account on (initiating date)."

- c. May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

- a. At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- b. Stop payment of any direct debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank.

- c. Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1. (a) above, request the Bank to reverse or alter any such direct debit initiated by the Initiator by debiting the amount of the reversal or alteration of a direct debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the direct debit was debited to my/our account.

3. The Customer acknowledges that:

- a. This authority will remain in full force and effect in respect of all direct debits made from my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- b. In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- c. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
- d. Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
- i. the accuracy of information about Direct Debits on Bank statements
 - ii. any variations between notices given by the Initiator and the amounts of Direct Debits.
- e. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- f. Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

- a. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- b. At any time terminate this authority as to future payments by notice in writing to me/us.
- c. Charge its current fees for this service in force from time-to-time.

Credit Card Authority Form - Risk Protection Plan only

Credit card details

Cardholder's name

Title

Given name (s) (please print)

Surname

☐

Visa

☐

Mastercard

Credit Card number

Expiry date

Premium payer daytime telephone number

Once this application for insurance has been accepted, can we debit your credit card for your first premium payment without contacting you?

☐

Yes

☐

No*

**Please note, by selecting 'No', activation of your policy may be delayed.*

Cardholder's signature

Date

Paying premiums by instalments may increase the total annual premiums payable. Should you require further information please contact us.

Initial terms of the arrangement

In terms of the recurring credit card payment arrangements between us and signed by you, we undertake to periodically debit your nominated credit card for the agreed amount stated in your Policy Schedule.

Changes to the arrangement

If you want to make changes to the drawing arrangements, contact us. These changes may include deferring the drawing or altering the schedule or stopping an individual debit or suspending the payment authority or cancelling the payment authority completely.

Confidentiality

All personal customer information held by us will be kept confidential except the information provided to other financial institutions to initiate the drawing to your nominated credit card account and to administer your policy by us.

Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly by contacting us. If you do not receive a satisfactory response from us to your dispute, you can also contact your financial institution. You will receive a refund of the drawing amount disputed if we can not substantiate the reason and evidence your authorisation for the drawing. Note that your financial institution will ask you to contact us to resolve your dispute prior to involving them.

Your Commitment to us

It is your responsibility to ensure that: your nominated credit card account can accept direct debits (your financial institution can confirm this); that on the drawing date there are sufficient cleared funds in the nominated credit card account; and that you advise us if the nominated account is transferred or closed. If your drawing is returned or dishonoured by your financial institution, we may re-draw on your account after four (4) business days, or contact you to arrange alternate payment. Any transaction fees payable by us in respect of the above may be added to your account at our discretion.

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Credit Card Authority Form -
Lifetrack and Businesstrack only

Credit Card payments

☐ Visa ☐ Mastercard

Card number

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Expiry date

M	M	Y	Y
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Cardholder's name (Please print as shown on card)

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I authorise Resolution Life to debit my specified card with Lifetrack/Businesstrack regular insurance premiums for which this application relates. This authority shall stand, in respect of the above specified card and in respect of any card issued to me as a replacement, until I notify Resolution Life in writing of cancellation (for regular insurance premiums).

Cardholder's signature

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Date

D	D	M	M	Y	Y	Y	Y
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