

Lifetrack Abridged Personal Statement

☐ Reinstatement

☐ Conversion

☐ Increase

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 the 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 the policy from inception, decline to pay any benefits, or take other action as specified in the policy. When in doubt, please disclose.

Person Insured details

Last name

Given names

Date of birth

D

D

M

M

Y

Y

Y

Y

What is your present occupation?

What industry do you work in?

1. Health details

1. Have you smoked in the last 12 months (such as cigarettes, cigars, marijuana) or used nicotine replacements?

☐ Yes

☐ No

If 'Yes', what?

How many per day?

2. Since your last application:

a) Have you taken regular medication, or had any medical procedure, consultation, investigation or are you considering seeking medical advice? (include such things as ultrasounds, ECGs, scans, changing moles and self-detected breast lumps, but do not include contraception, colds, flu, normal pregnancy check-ups or occasional mild headaches).

☐ Yes

☐ No

b) Has there been any change in any condition, illness, injury or symptoms that you declared previously?

☐ Yes

☐ No

c) Have you suffered any serious illness or disability, such as heart disorders, cancer or tumour, stroke, diabetes or respiratory disease?

☐ Yes

☐ No

d) Do you plan to have any medical procedure, consultation, investigation or test (including blood test)?

☐ Yes

☐ No

If you have answered 'Yes' to any of these questions, please provide details:

2. Family history

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, Alzheimers 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 Type : Lung (If cancer or heart disease, please specify condition AND type)	53 (approximate)	— (approximate)

3. Lifestyle and sports section

Since your previous application have you engaged in, or do you intend to engage in, any hazardous activities, such as aviation, rugby/football (any code), motor sport (including car, bike and boat), underwater diving, parachuting, hang-gliding, rock climbing, caving, martial arts, equestrian activity or mountaineering?

☐ Yes ☐ No

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

4. Additional question for regular Income Disability Covers

What is your present annual salary or wage (before tax) including benefits or, if you are self-employed, what was your annual taxable income for the last year?

\$

5. Additional question for Income Covers

Have you ever been made bankrupt or become insolvent (including receivership or liquidation) or been convicted of fraud or any offence including dishonesty or and any business made bankrupt, been liquidated or in receivership, or been placed under administration?

☐ Yes ☐ No

6. Questions for Children's Covers Only (under age 10)

1. What is the state of the Child's health?

2. Has the Child had any illness or accident since the policy was taken out?

☐ Yes ☐ No

If you have answered 'Yes', please provide details in the Health Table below.

Date symptom(s) started:

Date of last symptom(s):

Name and address of institution or attending doctor/person:

Details (including condition, treatment and results):

3. Has there been any other change in circumstances since the policy was taken out which may affect the risk, apart from those noted in question 2?

☐ Yes ☐ No

Please read – Important information, declaration and agreement

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Privacy Act 1993 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 and offer other products or services available by or through Resolution Life that may be suitable to your needs.
- Resolution Life holds information about you securely.
- You have the right to ask, see and if incorrect, request correction of the information Resolution Life holds about you by contacting **0800 808 267**.

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

Declaration

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

- a. I/We confirm the truth, accuracy and completeness of all statements and answers given in support of this application (whether in this application, 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 my own handwriting, which shall form the basis of any contract of insurance with Resolution Life resulting from this application.
- b. I/We have disclosed everything I/we know (or ought to know) material to the risk to be insured, including all material facts that would influence the judgment of a prudent insurer in deciding the premiums or whether to accept this application, and if so, on what terms, in accordance with the duty of disclosure. This duty applies from the time the application is completed until cover commences, when Resolution Life accepts this application, issues a policy and receives payment of the first premium. If I/we 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. I/We understand that the duty of disclosure is not released solely because Resolution Life request further information as a result of this application.
- c. 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 occupation, personal health, family medical history, or anything else that might affect the risk for which Resolution Life is providing cover prior to the policy being issued by Resolution Life and the payment of the first premium.
- d. I/We have read and understand the section in this application headed 'Privacy Act 1993 Acknowledgement' and the Person Insured authorise Resolution Life (including its agents) to obtain from, and to disclose to, anyone the 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 Person Insured agree that a photocopy of this authority shall be sufficient evidence to anyone of consent to such release of the Person Insured's personal information to Resolution Life (including its agents).
- e. 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 conditions(s) the 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. If the 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.
- f. 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 Person Insured's general practitioner will be advised of the result.
- g. 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.

Signature of proposed Person Insured

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

Name of proposed Person Insured

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

Signature of proposed Person Insured

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

Location (Town/
City) of signing

Date

D

D

M

M

Y

Y

Y

Y

Signature of Policy Owner(s)

Print name

Signature

Print name

Signature

Location (Town/
City) of signing

Date

D

D

M

M

Y

Y

Y

Y