

Golden Life Plan



At a glance

A simple life insurance plan

The Golden Life Plan is a simple life insurance plan that pays out a lump sum when you die. It could be paid to a family member or someone else that you've chosen. The premium depends on your age when you start the insurance cover, and is payable for life. It remains the same throughout the term of your insurance.

Simple to apply

There is only one simple question. You do not need to provide any evidence of good health.

You select the premium you want to pay. The amount of cover this buys you will be based on your age. The older you are, the lower the level of insurance your money will buy. You can insure two lives on the one form if you want.



Why you need it

- ▶ It's important that your insurance remains affordable throughout your life, as well as providing you with security. In many life insurance plans, the premium rate rises each year. Golden Life is a "level premium" plan, which means premiums are the same each year throughout the contract. It provides certainty and simplicity. It is suitable for anyone from age 20 to 79 who wishes to leave a cash lump sum benefit on their death. This may be to pay off a debt or for their family.
- ▶ The Golden Life plan is ideal for providing security if you have ongoing debts, such as a mortgage. It also can help to ensure there is money available after your death to pay for funeral expenses or any costs of looking after your estate. It could also provide money to assist with any family obligations such as education of children or grandchildren.

Key facts

Ages

- ▶ Cover is available if you are between ages 20 and 79.
- ▶ There is no expiry age. The cover remains in place as long as premiums are paid.

Level of cover

- ▶ Under this plan, you can insure one or two people.
- ▶ You select how much premium you would like to pay for each person (subject to age). The maximum premium is \$160 per month, per person.
- ▶ The amount of life insurance cover available is determined by the premium you have selected and your age. The older you are, the lower the level of cover.
- ▶ The maximum amount of cover is \$50,000 per person.

Premiums

- ▶ You pay the premium either fortnightly or monthly.
- ▶ The premium remains the same each year. The level of life cover also remains the same.

Main benefit

There are some limitations on how much we'll pay out if you die in the first two years.

Year One

If you die by "accidental means" we will pay the full amount of life insurance.

If you die from "natural causes", such as a heart attack, we'll refund all premiums paid.

Year Two

If you die by "accidental means" we will pay the full amount of life insurance.

If you die from "natural causes", such as a heart attack, we'll pay one and a half times the total premiums paid.

Year Three and beyond

You are fully covered for both accidental and illness-related death.

* We define accidental death as "death caused solely and directly by violent, accidental, external and visible means within 12 months of an accident".





Golden Life Plan

[This section contains the main body of the factsheet, which is currently blank.]


Important note about this factsheet

This factsheet is a convenient summary of the key points of this insurance policy. It is not, and is not intended to be, a policy document. Details of definitions, benefits, terms and conditions are contained in the official policy document which is available from your financial adviser. You should read the policy document carefully to make sure you understand exactly what cover is provided under each benefit.

Fidelity Life Assurance Company Limited

Auckland – Head Office
Fidelity House, 81 Carlton Gore Road, Newmarket
PO Box 37-275, Parnell, Auckland 1151

Telephone: 09 373 4914 or 0800 882 288
Facsimile: 09 308 9953
Website: www.fidelitylife.co.nz

 **Did you know?** This product is printed on paper with fibre sourced from sustainable resources – Fidelity Life preserving our environment

FIDELITY LIFE ASSURANCE
COMPANY LIMITED HAS AN

A- (EXCELLENT)
RATING

GIVEN BY A.M. BEST, A SPECIALIST INSURANCE RATING AGENCY

1. FIRST LIFE TO BE INSURED

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Residential address

Postcode

Male Female Smoker: Yes No Age next birthday Date of birth
Day Month Year

Telephone numbers Home – Daytime After hours Work – Daytime After hours Mobile – Daytime After hours

2. SECOND LIFE TO BE INSURED

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Residential address

Postcode

Male Female Smoker: Yes No Age next birthday Date of birth
Day Month Year

Telephone numbers Home – Daytime After hours Work – Daytime After hours Mobile – Daytime After hours

3. CONTACT POLICY OWNER (If different from above)

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Middle name

Relationship to life/lives to be insured Male Female Date of birth
Day Month Year

Telephone Home Work Mobile

4. OTHER POLICY OWNER (Optional)

Title Mr Mrs Ms Miss Dr Other

Surname

First name(s)

Middle name

Relationship to life/lives to be insured Male Female Date of birth
Day Month Year

Mailing address of contact policy owner or First Life to be Insured

Postcode

Note: If no policy owners are shown, the plan will be owned by the first life to be insured or if there are two lives to be insured, the plan will be owned by those two people jointly.

Do you wish to be sent mail by Post Email or to both Email

5. SUM INSURED/PREMIUM

	Sum insured	Premium	Total premium
First life to be insured	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Second life to be insured	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

6. DECLARATION

Your Duty of Disclosure for the Life to be Insured and Policy Owner(s)

Before you enter a contract of insurance and before your contract of insurance commences you have a duty to disclose to Fidelity Life every matter that you know or could reasonably be expected to know is relevant to Fidelity Life's decision whether to accept the risk of insurance and if so on what terms. If you fail to comply with your duty of disclosure, Fidelity Life may cancel your policy from inception, alter the amounts and terms of the insurance or decline to consider any claim/s. If Fidelity Life cancels your policy from inception, all premiums paid may be forfeited.

- ▶ I confirm that I have not been diagnosed with any illness or disease that is expected to cause death within 12 months.
- ▶ I acknowledge that this application collects personal information about me that I have the right to access and to correct. The information will be used by Fidelity Life, its officers, third parties for processing on Fidelity Life's behalf, its reinsurers and its advisers to calculate and administer the plan and for the purposes of promotion of insurance and investment services. This information may also be used for statistical purposes provided you are not identified Fidelity Life holds the information securely at 81 Carlton Gore Road, Newmarket, Auckland.
- ▶ The information may be disclosed outside of Fidelity Life group of companies where the disclosure is necessary for one or more purposes for which the personal information was collected, to the adviser named on this application (or allocated to your business), where required by law, to the policy owner and with your consent.
- ▶ I declare that I have read the notice explaining duty of disclosure, and have completed or read this application and the information given is true, accurate and complete. I have not withheld or misstated any material fact.
- ▶ No statement affecting this insurance has been made to any representative of Fidelity Life that is not recorded in this proposal.
- ▶ The information I have provided and the information provided by anyone else on my behalf in this proposal will form the basis of the contract between Fidelity Life and me.
- ▶ The contract of insurance will not commence until Fidelity Life has accepted this application and the first premium has been paid.
- ▶ I authorise Fidelity Life to obtain any information about the state of health of any life insured from any medical practitioner that I may have consulted.
- ▶ If I am not satisfied I may cancel the plan within 14 days of the policy document and receive a full refund of premiums paid.
- ▶ I shall be bound by the standard terms and conditions in the policy to be issued to me by Fidelity Life.
- ▶ If I have provided my email address in this application, or if I provide it at some stage in the future, I consent to receiving email from Fidelity Life in respect of Fidelity Life and any further services.

Signature of First Life to be Insured

Signature of Second Life to be Insured

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Signature of policy owner(s) only if different to those above:

Signature of contact policy owner

Signature of other policy owner

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Signature of Adviser

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

ADVISER TO COMPLETE

	Adviser name	Adviser number	I/C % split	R/C% split
Adviser 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adviser 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount collected for first premium \$

Commencement date for Direct Debits only – Monthly 1st to 28th **OR** Fortnightly premium payment 1st to 31st
 Day of week Month Year

To speed up the acceptance of this application, if we need further information we will contact your client directly (e.g. via email or telephone),

unless you indicate otherwise. No, please do not contact my client If 'Yes', when is the best time? am/pm

Conditions of this authority to accept Direct Debits

1. The Initiator ...

- (a) undertakes to give written notice to me/us of the commencement date, frequency and amount of Direct Debit at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). 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 me/us 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 Debit, the initiator has agreed to give written advance notice at least 30 days before the change comes into effect.
- (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 this 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 both the Bank and 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), 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 passed to 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 any 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) the Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on Bank Statements.
- (e) the Bank is not responsible for, or under any liability in respect of
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
 - 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.