



easywrite Application

In order to complete your insurance application, we need a certain amount of personal information from you. We recognise this can often be a time-consuming task, which is why our *easywrite* tele-service is so popular. Conducted entirely over the phone at a time and place that's convenient for you, *easywrite* is specially designed to ensure the information sharing process is easier and faster.

An AMP staff member will phone you to arrange an *easywrite* tele-interview at a time that is convenient for you. During the interview you'll be asked questions that will enable *easywrite* to assess your application.

What to do before your interview

- Complete the *easywrite* interview checklist below with your Adviser.
- Review the interview checklist in this form to ensure you have all the information you need at hand. Without all the required information, the *easywrite* interview can't be completed and we will need to schedule a follow-up interview.
- Please complete the 'Your *easywrite* interview appointment' section on page 3 to ensure your most suitable date and time is captured.

What to do after your interview

Your Adviser will let you know if your application has been accepted or if more information is needed before your application can be assessed. Because the interview is recorded, AMP will send you a copy of your completed Application and Personal Statement. If changes need to be made, simply sign and return the Application and Personal Statement to us.

Adviser: Please ensure this page is removed and given to the customer, prior to the *easywrite* application being sent to AMP.

Your *easywrite* interview checklist

In order for *easywrite* to accurately assess your level of risk and any special circumstances, we need to ask you questions that will enable us to gain as much relevant information as we can about your lifestyle and medical history. Use this checklist as a guide to the sort of information you'll need to have handy.

1. Country of citizenship/residency

If you're not a New Zealand resident, we will need details of your visa, permanent residency application and future travel plans.

2. Sports and leisure activities

Your sporting and pastime activities and any hazardous pursuits that you take part in or plan to pursue.

3. Your doctor's details

Names, addresses and phone numbers of doctors and specialists.

4. Personal habits

Do you smoke any substances, use/have used drugs or drink alcohol, how much and how often?

5. Height and weight

6. Medical history

Details of any medical advice or treatment for any past and/or current medical conditions you have or have had, including:

- Treatment(s) and medicine(s) prescribed
- Doctors or medical providers that you have seen, intend to see or were referred to
- Tests performed and dates they were performed. These tests include blood or other laboratory tests and results. It will be helpful if the results of these are known.
- Investigations performed and dates they were performed. (e.g. X-ray(s), MRI's, colonoscopy, gastroscopy etc.).

easywrite interview tip:

If you have high blood pressure or high cholesterol we will need to know when you last had your blood pressure checked and/or your cholesterol tested, and the results of these tests (i.e. the blood pressure reading e.g. 120/80 and/or the total cholesterol reading e.g. 4.5mmol).

If you are unsure or don't have these results, contact your doctor for the date and/or results before your interview.

7. Family history

Details of medical conditions suffered by immediate family members - mother, father, brother(s), sister(s). These conditions include heart problems/disorders, diabetes, stroke, cancer, or other hereditary conditions such as Huntington's Chorea, Motor Neuron disease, Muscular Dystrophy or Polycystic Kidney Disease.

8. Duties of your occupation

We are interested in the duties of your occupation (i.e. what your job involves) rather than your occupation title.

Your current occupation as completed on page 3 of this application is:

Occupation

Employer name and address

Duties and location

9. Income

We will be asking you for your income details. This information is used in confirming that the insurance being applied for is providing the appropriate level of cover for you.

If you're self-employed

Please indicate your share of the business income/expenses etc. for the last two financial years for which tax returns, assessment notices and accounts are available.

Tax year ending	31/03/20	31/03/20	31/03/20
Gross income	\$	\$	\$
Expenses incurred	\$	\$	\$
Net profit or loss before tax	\$	\$	\$
Add back any salary, wages, director's fees, superannuation	\$	\$	\$
Your total income*	\$	\$	\$

If you're an employee – with no ownership interest in your employer's business.

What is your base annual salary from your main occupations (including salary packaged items)?

Current financial year	Previous financial year 31/03/20
\$ *	\$ *

Do you receive any regular commission, bonuses or overtime?

Current financial year	Previous financial year 31/03/20
\$ *	\$ *
\$ *	\$ *
\$ *	\$ *

* These figures will be used to assess the benefit amount you are eligible for.

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easywrite Application

Lifetrack, Businesstrack and Risk Protection Plan products are issued by AMP Life Limited ABN 84 079 300 379 (Incorporated in Australia) ("AMP Life").

Application for:

Lifetrack Risk Protection Plan

Businesstrack Business name:

Is there more than one proposed Life/Person Insured?

Yes No

Important note: One application form to be completed for each Life/Person Insured.

If more than one Life/Person Insured, please provide details below of all Lives/Persons to be included with this application. Please indicate the type of application to be completed (i.e. Application and Personal Statement, *easywrite* Application - more than one option can apply).

Full name(s) of other proposed Life/Person Insured	Date of birth	<i>easywrite</i> Application	Application/Personal Statement								
<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/>	<input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y				
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D	D	M	M	Y	Y	Y	Y				

Your *easywrite* interview appointment

Please confirm below for each Life/Person Insured the *easywrite* interview appointment time.

Name of Life/Person Insured	Date	Time	Contact 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"/>

To allow a message to be left on your phone by one of our *easywrite* team members, please tick here.

Important notes

Please ensure that you have read and completed the *easywrite* interview checklist on page 1.

The *easywrite* interview will last between 30 minutes to an hour, depending on the type of cover you are applying for or the declarations you will make.

Life/Person Insured

Mr Mrs Ms Miss Dr Other

Last name

Given names

Preferred name

Date of birth

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

Gender

Male Female

Which country were you born in?

What is your occupation? *Please provide details*

What are the duties of your occupation?

Mailing address

Street address

Suburb

Town/City

Postcode

Country

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 the AMP group of companies and agree that sending any such message need not include a functional unsubscribe facility in the message.

Do you already have Life, Disablement, Trauma, Income Insurance, Business Insurance or Group Salary Continuance Cover with AMP or any other company, or are you currently applying for Insurance with AMP or any other company?

Yes No

If 'Yes', please provide details below:

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 15 and 16.

Children's Trauma/Crisis Cover

Is Children's Trauma/Crisis Cover required?

Yes No

If 'Yes', please select required cover option and provide details below.

Inbuilt Lifetrack Child's Trauma Cover

Inbuilt Risk Protection Plan Child's Trauma Insurance

Optional Lifetrack Children's Crisis Cover

Optional Risk Protection Plan Children's Trauma Insurance

Child's full name	Gender	Date of birth
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<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"/> Male <input type="checkbox"/> Female	<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"/> Male <input type="checkbox"/> Female	<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"/>

Please complete page 16 (AMP Application) - Personal Statement for Children Under age 10 and page 17 for Children over age 10.

Policy Owner 1

Correspondence will be sent to the address of only Policy Owner 1.

If the Life/Person Insured is Policy Owner 1, please tick here.

Mr Mrs Ms Miss Dr Other

Last name

Given names

Preferred name

Date of birth

Gender

Male Female

Or are you a business owner?

Contact name

Business/Trading name

Policy Owner 1 address details

Street address

Suburb

Town/City

Country

Postcode

Mailing address *If different from above*

Street address

Suburb

Town/City

Country

Postcode

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 the AMP group of companies and agree that sending any such message need not include a functional unsubscribe facility in the message.

Policy Owner 2

Mr Mrs Ms Miss Dr Other

Given names

Last name

Preferred name

Date of birth

Gender

Male Female

Policy Owner 3

Mr Mrs Ms Miss Dr Other

Given names

Last name

Preferred name

Date of birth

Gender

Male Female

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

Please provide identification documents for all owner(s) **and third party payers (signatories)** on the policy to verify their identity. If you cannot provide a document from option 1, then provide documents from option 2 or 3. Identity documents must be current and not expired.

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 amp.co.nz within the Product Information and Forms Investments section.

Documents used to verify identity

Option 1: ONE document from this section

<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity
<input type="checkbox"/> Overseas passport (Identity page)	

Option 2: NZ Driver's Licence **PLUS** (ONE of the of the documents from this section)

<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 6 months

Option 3: 18+ Identity card **PLUS** (ONE of the documents from this section)

<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government	<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government
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For a Policy Owner under the age of 18, a copy of either a:

- Birth Certificate, or
- NZ passport (Identity page)

No additional documents are required

A Company or incorporated society a Primary document can be:

- Certificate of Incorporation
- Certificate of registration

A secondary document can be evidence of:

- A bank account in the company's name

Identity verification - Policy Owner

Please complete the sections(s) below for each Policy Owner **and** each signatory for the account that is being used to pay premiums for the policy (only if the account signatories are not also policy owners).

Identification details - Policy Owner 1 or Third party payers (signatories).

Does the person have an existing policy/product with AMP 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	<input type="text"/>																			
Document 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"/>	Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary document description	<input type="text"/>																			
Document 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"/>	Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identification details - Policy Owner 2 or Third party payers (signatories).

Does the person have an existing policy/product with AMP 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	<input type="text"/>																			
Document 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"/>	Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary document description	<input type="text"/>																			
Document 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"/>	Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 AMP employee

Date

Third party payer

If the payer is not a Policy Owner or 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

Is payment by an existing direct debit?

Yes Please provide policy number No Please complete the Direct Debit Authority Form

Payment details for Lifetrack and Businesstrack only

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

Payment details for Risk Protection Plan only

Please select **option 1** or **option 2** as your preferred payment method.

Option 1

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

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

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

Under this option subsequent premiums will be by Direct Debit - please complete the Risk Protection Plan Direct Debit Authority Form on page 9.

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.

For new business only – Credit Card payment

If you wish to pay by credit card, please complete the appropriate credit card section on page 19 or page 21.

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

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
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Bank account details for Direct Debit

Bank account from which payments are to be made:

Account name	Bank	Branch	Account	Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

To the bank manager

Bank name	Branch name	Town/City
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

I/We authorise you until further notice to debit my/our account with all amounts which AMP Life 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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Payer reference

R	E	F	E	R	E	N	C	E		N	O
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Your signature(s)	Date								
SIGN HERE	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

For bank use only	Date received	Recorded by	Checked by								
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D	D	M	M	Y	Y	Y	Y				
	Approved 1362 <hr style="width: 50%; margin: 0 auto;"/> 01 13	Bank	Bank stamp								
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 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.

This page has been left blank intentionally

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
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Bank account details for Direct Debit

Bank account from which payments are to be made:

Account name	Bank	Branch	Account	Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

To the bank manager

Bank name	Branch name	Town/City
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

I/We authorise you until further notice to debit my/our account with all amounts which AMP Life 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																								
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D	I	R	E	C	T		D	E	B	I	T														
A	M	P		L	I	F	E		L	T	D														

Payer reference

R	E	F	E	R	E	N	C	E		N	O
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Your signature(s)	Date								
<div style="border: 1px solid black; padding: 10px; text-align: center; min-height: 30px;">SIGN HERE</div>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">D</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">M</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td><td style="width: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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For bank use only	Date received	Recorded by	Checked by								
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D	D	M	M	Y	Y	Y	Y				
	Approved 1363 <hr style="width: 50%; margin: 0 auto;"/> 11 12	Bank	Bank stamp								
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>								

Conditions of this Direct Debit Authority

1. The Initiator

- g. 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.
- h. 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.
- i. 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:

- d. At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- e. 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.
- f. 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:
 - iii. the accuracy of information about Direct Debits on Bank statements
 - iv. 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:

- d. 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.
- e. At any time terminate this authority as to future payments by notice in writing to me/us.
- f. Charge its current fees for this service in force from time-to-time.
- g. 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.

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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. 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 AMP of any changes that occur up until cover commences. If you fail to do so, AMP 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 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 AMP already or in the future.

- The personal information collected will be held by AMP and used to evaluate and process this application (including completion of any necessary medical tests) to administer and service any product you have with AMP 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 AMP that may be suitable to your needs.
- AMP holds information about you securely.
- You have the right to ask, see and if incorrect, request correction of the information AMP holds about you by contacting 0800 808 267.

Declaration and Agreement - Life/Person Insured

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

- I request that AMP provides insurance to which this application relates.
- AMP's standard terms and conditions will apply and any special conditions including premium loadings and/or exclusions applied from the policy's commencement. I will be deemed to have accepted those special conditions unless I notify AMP in writing.
- I 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 my own handwriting, which shall form the basis of any contract of insurance resulting from this application.
- I have read and understand the section headed 'Duty of Disclosure' and have disclosed everything material to the risk to be insured. If I fail to do so, AMP 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 understand that my duty of disclosure is not released solely because AMP request further information as a result of my application.
- Any insurance granted by AMP in connection with this application will be granted on the basis that there has been no change in my occupation, personal health, family medical history, or anything else that might affect the risk for which AMP is providing cover prior to written acceptance of the risk by AMP and the payment of the first premium.
- I have read and understand the section in this application headed 'Privacy Act 1993 Acknowledgement' and I authorise AMP (including its agents) to obtain from, and to disclose to, anyone my 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 AMP to evaluate and administer this application, administer the policy and consider any claim. I agree that a photocopy of this authority shall be sufficient evidence

- to anyone of my consent to such release of my personal information to AMP (including its agents).
- The preceding authorisation specifically acknowledges that it may be reasonably necessary for AMP to request such information for a specified period in certain circumstances. This includes (but is not limited to) circumstances in which AMP considers any medical or health conditions(s) I have (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 I do not authorise AMP to request and obtain such information, AMP may be unable to evaluate or administer this application and the policy or consider any claim.
- I am aware that a registered nurse may be in contact with me if I require 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, I understand that my general practitioner or doctor (as named in my tele-interview or 'Doctor information' section on page 7 of the AMP Application and Personal Statement) will be advised of the result unless another doctor is named below.
- I request that any policy issued by AMP as a result of this application be issued on the New Zealand Register of AMP.
- I 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 my next direct debit.
- 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 AMP to change the 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 Life/Persons Insured over the age of 20.

Name of doctor/clinic

Phone ()

Address

Signature

- I authorise AMP to use a photocopy of this signed Declaration and Agreement as confirmation of all the above authorisations.
- References to "AMP" includes the AMP group of companies, their subsidiaries (including AMP Life Limited), associated companies and agents including companies authorised by AMP to collect information on AMP's behalf.

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

Date

Insurer Financial Strength Rating

AMP Life Limited (AMP Life) has an A+ Insurer Financial Strength Rating given by S&P Global Ratings Australia Pty Limited (S&P), an approved rating agency. Insurer Financial Strength Ratings may change from time to time. Contact AMP or your Adviser to confirm AMP Life Limited's current rating or go to S&P's website standardandpoors.com for the current rating and the full rating scale.

A summary of the S&P's Insurer Financial Strength Rating Scale is as follows:

AAA Extremely strong financial security characteristics	AA Very strong financial security characteristics	A Strong financial security characteristics	BBB Good financial security characteristics	BB Marginal financial security characteristics	B Weak financial security characteristics	CCC Very weak financial security characteristics	CC Extremely weak financial security characteristics	R Regulatory Supervision	SD or D Selective Default or Default	NR Not rated
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Plus (+) or minus (-) signs following ratings from 'AA' to 'CCC' show relative standing within the major ratings categories.

For more information contact your Adviser or call AMP on **0800 808 267**.

Declaration and Agreement – Policy Owners – Important please read

Each Policy Owner please read each statement and sign below to show you understand and agree with all of them.

- I request that AMP provides insurance to which this application relates.
- AMP's standard terms and conditions will apply and any special conditions including premium loadings and/or exclusions apply from the policy's commencement. I will be deemed to have accepted those special conditions unless I notify AMP in writing.
- I 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 my own handwriting, which shall form the basis of any contract of insurance resulting from this application.
- I have read, understand and agree to the 'Important information' section on page 13 in its entirety.
- I have read and understand the 'Duty of Disclosure' section of page 13 and I agree that the Life/Person Insured has disclosed everything material to the risk to be insured. If the Life/Person Insured fails to do so, AMP 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.
- Any insurance granted by AMP in connection with this application will be granted on the basis that there has been no change in Life/Person Insured's occupation, personal health, family medical history, or anything else that might affect the risk for which AMP is providing cover prior to written acceptance of the risk by AMP and the payment of the first premium.
- I 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 my next direct debit.
- I am aware that by reason of the Life Insurance Act 1908, the amount payable under any policy issued by AMP 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.
- "AMP" includes the AMP group of companies, their subsidiaries (including AMP Life Limited), associated companies and agents including companies authorised by AMP to collect information on AMP's behalf.

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	<input type="text"/>	Signature	<input type="text" value="SIGN HERE"/>
Name of Policy Owner 2	<input type="text"/>	Signature	<input type="text" value="SIGN HERE"/>
Name of Policy Owner 3	<input type="text"/>	Signature	<input type="text" value="SIGN HERE"/>
Town/City where this was signed	<input type="text"/>	Date	<input type="text" value="D D M M Y Y Y Y"/>

Parent/Guardian: Please print full name and sign if the Child (proposed Life/Person Insured) is aged under 16 Parent Guardian

Name	<input type="text"/>	Signature	<input type="text"/>
Parent/Guardian - Date of birth	<input type="text" value="D D M M Y Y Y Y"/>	Date	<input type="text" value="D D M M Y Y Y Y"/>

For Adviser Use Only

I confirm that I am a: AFA QFE Adviser RFA 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 Advisers Act 2008 and all other applicable laws.

Name	<input type="text"/>	FSPN*	<input type="text"/>
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*Please use your QFE's FSPN if you are a QFE Adviser.

Advice on Replacement Business

Information

The completion of this form is a requirement of AMP aligned with the FSC Standard for Term Life and Disability, Trauma and/or Income Protection products. A Policy Owner or Life/Person Insured may find this advice helpful in deciding whether to replace an existing contract or policy.

Details of new policy contract

Type	Policy number	Insurer

Policy being replaced

Type	Policy number	Insurer	Policy issue date

Details of replacement – statement by Adviser

a. The specific reasons for the replacement of this existing contract/Policy are:

b. The Policy to be replaced cannot adequately fulfil the owner's objectives because:

c. The following risks are NOT covered by the new contract/Policy which WERE covered by the old contract/Policy:

Name of Adviser

--

Address of Adviser

Phone

()
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Adviser signature

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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Applicant acknowledgement

I/We acknowledge there may be advantages and disadvantages involved in replacing an existing contract/policy such as:

1. There are sometimes establishment costs (including commission) in setting up a contract/policy. Replacing it with a new contract/policy may involve further establishment costs;
2. If the policy which is being replaced was purchased on the life insured at a young age, the same or similar benefits in the new policy may now cost more;
3. A change in health, pastimes or occupation of the life insured may affect insurability and the new policy may contain restrictions, limitations, and/or be more costly;
4. In a new policy the Suicide Exclusion Clause may recommence;
5. Conditions or benefits may be more (or less) favourable under the contract/policy which is being replaced (for example, the contract duration, wordings and/or benefit definitions may differ).

I/We also acknowledge that this information was provided and explained before I/We signed the application for the new contract/policy.

I am/We are aware I/We may cancel this application, in writing, within the 'free look' period of 14 days, which begins on the third business day after the Policy Document is posted to me/us. In the event, AMP will refund any premium, deposit or other payment made in respect of the new contract/policy.

Signature of Applicant

Print name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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For Adviser Use Only

Commission Options *(tick one)*

Lifetrack

Upfront Level

Risk Protection Plan

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

% new business commission % renewal

Adviser name

Phone Agency number Email address
 ()

	Servicing Adviser	Adviser	Adviser
Name			
Number			
Stamp			

If commission is split (RPP):

Adviser 2 name

Phone Agency number Email address
 ()

% new business commission % renewal

Adviser 3 name

Phone Agency number Email address
 ()

% new business commission % renewal

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

Other reference

If you are taking over the servicing of an existing Policy from another Adviser, have you enclosed written approval from the client? Yes No

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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)

--

I authorise AMP 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 AMP in writing of cancellation (for regular insurance premiums).

Cardholder's signature

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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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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Client details/reference

Interim Cover Certificate

Proposed Life/Person Insured

Full name

Policy Owner(s)

Full name

Date of application

D	D	M	M	Y	Y	Y	Y
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Lifetrack and Businesstrack - Interim cover terms and conditions

This is a limited form of free cover, which we provide while assessing an application for a new policy or an increase to an existing policy. To qualify, this application must be accompanied by a cheque for the first premium or a completed direct debit or credit card authority.

At the time of application, the Person Insured is covered by interim cover. This cover means that should they:

- die;
- suffer an injury; or
- suffer an illness,

we will consider paying a claim. Any interim cover claim payments are at our discretion and are made on an ex-gratia basis.

Cover amounts

The total maximum interim cover for any Person Insured is the proposed amount of cover within the application to a maximum of:

- \$600,000 for all lump sum covers.
- \$2,500 monthly sum insured for all income covers payable on disablement.

Claim conditions

Note that a claim due to illness under interim cover will only be paid if:

- the Person Insured certifies that they are well at the time of application;

- they were not contemplating seeking medical advice in the 30 days following their application; and
- their sickness is not the result of a condition that was already apparent at the time of application.

Interim cover will cease at the earliest of:

- the start date of the cover;
- the date AMP declines the risk proposed for cover on the application;
- 60 days after the date on which the application was signed; or
- if the customer withdraws their application – the date of withdrawal.

Interim cover exclusions

AMP will not under any circumstances consider making a payment if the event giving rise to the claim arose from:

- the Person Insured or Policy Owner causing the Person Insured to die or suffer an injury or illness that we would have covered;
- any form of motor racing if motor racing is a usual pastime;
- any person who owes a duty of care to the child proposed for cover under children's trauma (that duty arising from family or household relationships), intentionally committing an act which gives rise to the claim; or
- accidents occurring before the application was signed.

Risk Protection Plan - Interim cover terms and conditions

1 PROVISIONAL DEATH COVER

This cover is provided until the Policy Commencement Date or until 60 days after the date of your application shown above, whichever is the earlier, provided:

- the proposed Life Insured is aged between 10 and 65; and
- the cover does not cease earlier in accordance with clause 4.

THE BENEFIT AND CONDITIONS

What amount is payable on Death? The amount proposed for Life insurance on the proposed Life Insured up to a maximum Benefit of \$1,000,000 under this and all similar covers or any other maximum sum fixed by law.

What types of insurance are covered? Risk Protection Plans providing a Life Insurance sum insured payable on death.

Is a premium required? A deposit equal to the first annual premium or instalment of premium must have been paid with the proposal and received by us, or an effective deduction authority held by us.

What Deaths are NOT covered?

- Suicide, whether sane or insane;
- Death directly or indirectly caused or contributed to by any of the events or conditions in clause 3.

2 PROVISIONAL MAJOR TRAUMA AND/OR PROVISIONAL DISABLEMENT PROTECTION COVER

This cover is provided until the Policy Commencement Date or until 60 days after the date of your application shown above, whichever is the earlier, provided that the cover does not cease earlier in accordance with clause 4.

THE BENEFIT AND CONDITIONS

What amount is payable on Major Trauma or Disablement? The amount proposed for Major Trauma or Disablement Protection cover on the Life Insured up to a maximum benefit of \$500,000 under this and all similar covers.

Is a premium required? A deposit equal to the first annual premium or instalment of premium must have been paid with the proposal and received by us, or an effective deduction authority held by us.

What do we mean by Major Trauma or Disablement? Where the Life Insured suffers a Major Trauma (as defined in the policy document – excluding Major Traumas with a Ninety Day Waiting Period) or becomes Totally and Permanently Disabled. The definition of Total and Permanent Disablement for the purpose of this cover will be based on the 'Any Occupation' version. The Claimable Event must occur for the first time after this cover commences.

What Major Traumas and Disablements are NOT covered? Where the Major Trauma or Disablement is directly or indirectly caused or contributed to by any of the events or conditions listed in clause 3.

3 TERMS AND CONDITIONS FOR PROVISIONAL COVERS

Death, Major Trauma or Disablement directly or indirectly caused or contributed to by any of the following events or conditions are excluded:

- intentional self-injury, including intentionally contracted infection by bacteria or virus, or any attempt thereat;
- making or attempting to make a flight in an aircraft (other than as a fare paying passenger on a regularly scheduled flight);
- taking intoxicating liquor or drugs;
- any condition which occurred, or for which symptoms existed (or for which medical treatment was recommended by a doctor) before the date shown on this certificate;
- participating in criminal acts.

We will not pay if you or the proposed Life Insured have not complied with their duty of disclosure or have misstated any facts in relation to this application. We will also not pay where an existing contract of insurance held with AMP is being replaced.

No Benefit is payable if (based on full disclosure of all relevant matters) this application would not have been accepted by our Underwriters standard terms.

4 PROVISIONAL COVER PERIOD

When does each Provisional Cover commence?

If the signed and completed application, and either a premium or deduction authority referred to above are received at AMP:

- within three days of the date of your application shown on this certificate – then provisional cover commences on the date of your application; or
- later than three days after the date of your application shown on this certificate – then provisional cover commences on the date of receipt at AMP.

Any provisional cover ceases:

- If your application is deferred or declined, on the date on which you are notified by AMP of its decision; or
- If you withdraw the application, on the date of the withdrawal; or
- On the Policy Commencement Date; or
- 60 days after the date of your application shown on this certificate.