



THE PROFESSIONALS SUPERANNUATION AND BENEFITS GROUP

APPLICATION FOR TERM LIFE/INCOME CONTINUANCE INSURANCE COVERS

Full Name of Life to be Insured:		
Relationship to member:	Date of Birth:	
Occupation: (full details)		

Home Address:	Phone (Bus)	
	(Private)	
	(Mobile)	
Postal Address: (If Different from Above):	E-Mail	
	Starting Date for Cover:	

Beneficiary (if different from the Life to be Insured):	Premium to be paid by:
Name of Beneficiary/s:	Name:
	Postal Address:

To apply to: Life Cover (Please Tick ✓) Income Continuance Cover (Please Tick ✓)

Details of Life Insurance	YES/NO	Sum Insured	Premium Incl. GST where applicable
Have you Smoked in the last twelve Months :	Tick ✓		
Life Cover	<input type="checkbox"/>	\$	\$
Total and Permanent Disablement Cover	<input type="checkbox"/>	\$	\$
Trauma / Living Insurance	<input type="checkbox"/>	\$	\$

Income Continuance	Annual Insured Benefits	Premium incl. GST where applicable
	Tick ✓	
4 weeks deferment for 2 year benefit period	<input type="checkbox"/>	\$
4 weeks deferment for benefit period to age 65	<input type="checkbox"/>	\$
8 weeks deferment for benefit period to age 65	<input type="checkbox"/>	\$
13 weeks deferment for benefit period to age 65	<input type="checkbox"/>	\$

Signature of Life to be Insured

Date: _____

Privacy Act 1993

I authorise the Trustee to disclose the personal information contained within this application for insurance cover, together with any other information necessary for the administration of the plans, to both the insurance company and to Aon New Zealand. This is to assist in the ongoing administration of the plans. All information, which is collected, will be held at Aon New Zealand, Level 8, BP House, 20 Customhouse Quay, Wellington 6011. Copies of Personal Statements will be held at both the insurance company and Aon New Zealand. You are entitled to access this information, and if necessary to request the correction of this.