

Office use only

Policy number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Adviser number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Compulsory sections Optional sections

Pursuits questionnaire

This section to be completed by the proposed person insured

Title

Mr Mrs Ms Miss Dr Other

Date of birth

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

First names

Surname

Please complete the general hazardous pursuits questions plus specific questions if you participate in rock climbing OR aviation, OR diving, OR motor racing.

Your answers help us to assess your insurance 'risk'. You need to disclose all 'material facts'. A material fact is one that may influence us in deciding on what terms and conditions and for what premiums we may offer you cover. If you don't tell us 'all material facts', we can refuse to pay a future claim, cancel your policy, and retain any premiums paid.

General hazardous pursuits questions – To be completed for ALL pursuits

- Please describe the activity
- How long have you been involved in this activity? months years
- Do you belong to a club, association or organisation? Yes No
If 'Yes', please give details
- Do you hold any certificates or have you had any formal instruction? Yes No
If 'Yes', please give details
- How many times do you participate each year?
- Approximate hours spent in this activity in last 12 months
- Where do you participate (geographically)?
- Do you ever go alone? Yes No
If 'Yes', please give details
- What is the maximum height/depth/speed/grade you participate at?
- Do you compete in this activity, or are you sponsored or paid for it? Yes No
If 'Yes', please give details
- Have you ever had an accident relating to this activity?
If 'Yes', please give details
- Please give details of equipment used
- Do you expect any of the details in 1 to 12 to change in the next few years? Yes No
If 'Yes', please give details

Rock climbing

1 Type of involvement

- Seconding on multiple pitch climbs
 Lead climbing
 Top belaying
 Top roping
 Seconding on single pitch climbs
 Aided climbing
 Free climbing
 Other Please specify

Aviation – civilian

1 What type of licence do you hold?

Air transport Commercial Private None

Other Please give details

2 How long have you held a pilot’s licence? months years

3 What is the total number of hours flown? hours

4 Please complete the table below:

For types of flying, use Civil Aviation Authority definition, e.g. airline operations (max. authorised weight over 5,700kg), public aircraft operations, air transport (including charter flying), aerial work agriculture*, other aerial work*, aero clubs and flying schools, aerobatics*, private flying, gliding, microlights*, ultralights*, gyroplanes*, other (specify)*

Type of flying	Fixed wing or helicopter	Number of hours in last 12 months	Number of hours in next 12 months

5 For types of aviation marked* Please give details

6 Is any of your flying low level (below 500 ft)? Yes No

7 For aerobatics, do you perform below 3,000 feet? Yes No
 For minimum aircraft please also answer 8 and 9

8 Is the aircraft registered? Yes No

9 Do you have a current certificate to fly? Yes No

Diving

1 Have you had a diving fitness medical examination? Yes No

2 What types of diving do you do?

Surface demand Scuba Saturation Clearance Inside wrecks*
 Night dives* Close in shore Deep Sea Offshore Caves*
 Potholes* Dive alone Dams Inland waters

Other* Please give details

3 For types of diving marked* Please give details

4 Is your diving connected in any way to your occupation? Yes No

5 Are explosives used? Yes No

6 Do you expect any of the details in questions 2, 4, or 5 to change in the future? If ‘Yes’, please give details Yes No

7 Please complete the following table:

Diving details	Last 12 months	In future (average per year)
(a) Number of dives per year	p.a.	p.a.
(b) Average duration of dive?	minutes	minutes
(c) Average depth of dive?	metres	metres
(d) Maximum depth of dive?	metres	metres
(e) Number of dives per year to maximum depth?	p.a.	p.a.

Motor racing

1 Please indicate which of the following forms of motor sport you currently compete in or intend to compete in:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Boats | <input type="checkbox"/> Open wheel racing cars | <input type="checkbox"/> Off road events – car | <input type="checkbox"/> Motor cycle road or circuit racing |
| <input type="checkbox"/> Drag racing | <input type="checkbox"/> Sports cars | <input type="checkbox"/> Vintage/veteran | <input type="checkbox"/> Off road events – motor cycle |
| <input type="checkbox"/> Sedans – circuit racing | <input type="checkbox"/> Stunts* | <input type="checkbox"/> Truck racing | <input type="checkbox"/> Record attempts or speed trial* |
| <input type="checkbox"/> Speedway | <input type="checkbox"/> Rallies | <input type="checkbox"/> Go karts (State in question 3 whether sprint or enduro) | |
| <input type="checkbox"/> Other* | Please give details <input type="text"/> | | |

2 For types of motor racing marked* Please give details

3 Please give the following details:

- (a) Category and class
- (b) Vehicle engine capacity type of fuel
- (c) Maximum speed (kph) PLUS for drag racing the elapsed time for the quarter mile (secs)
- (d) Number of events, in last 12 months and in the next 12 months
- (e) Usual number of vehicles per event

4 If you hold a competition licence please give the following details:

- (a) Type of competition licence held
- (b) Name of the organisation which issued the licence
- (c) How many years have you had the licence?

5 For motor boat races, please give location:

- Harbour Offshore Other – Please give details

Customer declaration and agreement

Personal information

Privacy acknowledgement:

This statement relates to the personal information that I (as the Proposed Person Insured) am providing here and the personal information that may be held about me by Resolution Life already or in the future:

- The personal information collected will be held securely by Resolution Life and used to evaluate and process this application, 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.
- 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.

You authorise Resolution Life to use your information to:

- assess, and administer the 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.

You also 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 Policy Owner may be told of my pursuits assessment.
- The information may also be used to identify other services or products available from or through Resolution Life that may be suitable to my needs and to offer those products to me.
- References to “Resolution Life” includes Resolution Life Australasia Limited’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 Resolution Life’s behalf.
- Resolution Life holds information about me securely.
- I have the right to ask to see the information Resolution Life holds about me. If I believe that the information is wrong I may ask that it be corrected. To request information about myself I can contact **0800 808 267**. For further information regarding how Resolution Life collects, uses and stores my personal information I can refer to Resolution Life’s Privacy Policy which can be found at resolutionlife.co.nz/privacy-policy

Insurer financial strength rating

Resolution Life Australasia Limited (Resolution Life) has an AA- (Very Strong) Insurer Financial Strength Rating given by 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
------------------------------------	--------------------------	--------------------	--------------------	------------------------------	------------------	-------------------------	-----------------------------	------------------------

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:

- I have answered all the questions in this personal statement truly and correctly regardless of whether or not they are in my own handwriting.
- I have read all the questions and answers. The information I have provided is full and complete and I have kept nothing back that might cause you to assess me as a greater risk to insure.
- I authorise Resolution Life to obtain from and to provide to any other insurer or medical practitioner information relating to this insurance or to any insurance I have held and to any claim that I have made or may make.
- Any insurance granted by Resolution Life Australasia Limited 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 prior to written acceptance of the risk by Resolution Life Australasia Limited and the payment of the first premium.

Location (town/city) of signing

Date

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

Signature of proposed person insured:

SIGN HERE

Signature of parent or legal guardian (if signatory is under age 16)

SIGN HERE

Important information - please read

Have you received financial advice from an Adviser on this product? Yes No

If 'Yes', please ensure the 'For Adviser use only' section is completed by your Adviser.

For Adviser use only

Adviser name (if applicable)

B	L	O	C	K		L	E	T	T	E	R	S				
---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--

Adviser number

--	--	--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I confirm that I am:

- Financial Adviser
- Nominated Representative
- Other _____

And I certify that the information provided in this Adviser information 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.

Signature of Adviser

SIGN HERE

Date

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

Office use only

Policy number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Adviser number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Compulsory sections Optional sections

Residence overseas questionnaire

This section to be completed by the proposed person insured

Title

Mr Mrs Ms Miss Dr Other

Date of birth

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

First names

Surname

Your answers help us to assess your insurance 'risk'. You need to disclose 'all material facts'. A material fact is one that may influence us in deciding on what terms and conditions and for what premiums we may offer you cover. If you don't tell us 'all material facts', we can refuse to pay a future claim, cancel your policy, and retain any premiums paid.

Residence overseas questions

1 List all the countries in which you intend to reside/visit and how long you will stay in each:

Country	Location			days	months	years
	<input type="checkbox"/> City	<input type="checkbox"/> Town	<input type="checkbox"/> Rural			
	<input type="checkbox"/> City	<input type="checkbox"/> Town	<input type="checkbox"/> Rural			
	<input type="checkbox"/> City	<input type="checkbox"/> Town	<input type="checkbox"/> Rural			

2 When do you expect to leave New Zealand? (approx)

<input type="text"/>	month	<input type="text"/>	year
----------------------	-------	----------------------	------

3 What nationality passport will you be travelling on?

4 Please use this space to provide any additional information you consider necessary to give a complete picture of your residence overseas.

<input type="text"/>
<input type="text"/>

Customer declaration and agreement

Residence overseas questions

Privacy acknowledgement:

- This statement relates to the personal information that I (as the Proposed Person Insured) am providing here and the personal information that may be held about me by Resolution Life already or in the future:
- You authorise Resolution Life to use your information to:
 - assess, and administer the 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.
- You also 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 Policy Owner may be told of my residence.
- The information may also be used to identify other services or products available from or through Resolution Life that may be suitable to my needs and to offer those products to me.
- References to "Resolution Life" includes Resolution Life Australasia Limited'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 Resolution Life's behalf.
- Resolution Life holds information about me securely.
- I have the right to ask to see the information Resolution Life holds about me. If I believe that the information is wrong I may ask that it be corrected. To request information about myself I can contact **0800 808 267**. For further information regarding how Resolution Life collects, uses and stores my personal information I can refer to Resolution Life's Privacy Policy which can be found at resolutionlife.co.nz/privacy-policy.

Insurer financial strength rating

Resolution Life Australasia Limited (Resolution Life) has an AA- (Very Strong) Insurer Financial Strength Rating given by 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
------------------------------------	--------------------------	--------------------	--------------------	------------------------------	------------------	-------------------------	-----------------------------	------------------------

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:

- I have answered all the questions in this personal statement truly and correctly regardless of whether or not they are in my own handwriting.
- I have read all the questions and answers. The information I have provided is full and complete and I have kept nothing back that might cause you to assess me as a greater risk to insure.
- I authorise Resolution Life to obtain from and to provide to any other insurer or medical practitioner information relating to this insurance or to any insurance I have held and to any claim that I have made or may make.
- Any insurance granted by Resolution Life Australasia Limited 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 prior to written acceptance of the risk by Resolution Life Australasia Limited and the payment of the first premium.

Location (town/city) of signing

Date

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

Signature of proposed person insured:

SIGN HERE

Signature of parent or legal guardian (if signatory is under age 16)

SIGN HERE

Important information - please read

Have you received financial advice from an Adviser on this product? Yes No

If 'Yes', please ensure the 'For Adviser use only' section is completed by your Adviser.

For Adviser use only

Adviser name (if applicable)

B	L	O	C	K		L	E	T	T	E	R	S				
---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--

Adviser number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I confirm that I am:

- Financial Adviser
- Nominated Representative
- Other _____

And I certify that the information provided in this Adviser information 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.

Signature of Adviser

SIGN HERE

Date

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