At Sovereign, we want to help you live more healthily, and our aim is to empower people with tools to ensure that they can make a positive difference to their health. These tools will be communicated via social media, Sovereign Advisers and community events.

Community partnerships
Our community programme focuses on helping to address one key social issue: building better mental health and wellbeing for New Zealand communities into the future.

This includes:
- **The Sovereign Wellbeing Index**: A partnership with the AUT Human Potential Centre to deliver the, the most comprehensive survey of the quality of life of New Zealanders. From this survey, we identify areas where Sovereign, government and communities can make the biggest impact to enhance people’s wellbeing, and make New Zealand a better place to live.
- **Charity partnerships**: Allowing our youth to have the opportunity to be the best that they can be is essential to the future of New Zealand. To support this goal, Sovereign has partnered with two organisations that help protect and support youth – Youthline and Child Matters.

It’s really important to us that we complement the work we do at claim time (in times of illness and distress), with intervention and prevention strategies that have a positive focus, and provide clients with tools enabling them to take charge of their health.

**Free interim cover**
At Sovereign we know how important it is to have cover, which is why we provide you with free interim cover (up to 60 days) whilst underwriting is completed. This certificate provides details about the free cover. Please keep this certificate for your records.

<table>
<thead>
<tr>
<th>Adviser name</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint policy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Full name(s) of Life/Lives to be Assured**

<table>
<thead>
<tr>
<th>First name(s)</th>
<th>Last name</th>
<th>First name(s)</th>
<th>Last name</th>
<th>First name(s)</th>
<th>Last name</th>
</tr>
</thead>
</table>

**Full name(s) of policy owner(s)**

<table>
<thead>
<tr>
<th>First name(s)</th>
<th>Last name</th>
<th>First name(s)</th>
<th>Last name</th>
<th>First name(s)</th>
<th>Last name</th>
</tr>
</thead>
</table>

**Date of application**

| / | / |
Free Interim Cover

<table>
<thead>
<tr>
<th>Policy</th>
<th>Maximum payable (Limited by the amount proposed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>$500,000</td>
</tr>
<tr>
<td>Total Permanent Disability</td>
<td>$500,000</td>
</tr>
<tr>
<td>Living Assurance, Progressive Care (only kidney failure, major organ transplant surgery, paraplegia or quadriplegia is covered)</td>
<td>$50,000</td>
</tr>
<tr>
<td>Disability income Protection, Loss of Earnings, Mortgages and Income Protection, Business Continuity, Business Overheads, Rural Continuity, Start-up, and Lucum Cover</td>
<td>$60,000 per annum for Disability Income Protection and Business Overheads cover combined</td>
</tr>
</tbody>
</table>

3. How much cover do I have?

3.1 The maximum payable for claims arising from the one accident or illness in $50,000 (including all similar cover issued before the application).

3.2 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the policy is not in force at the time of the claim; or

e. the claim is made in an area where there is no office or branch of the Company.

4. When does this cover expire?

4.1 This cover expires without notice on the earlier of:

a. the date 60 days after the Application was completed; or

b. the risk commencement date of the policy; or

c. the date 60 days after the Application was completed; or

d. the date of the Application.

5. What terms are applicable?

5.1 All conditions, definitions and exclusions applying to the Application (as set out in the specimen document) shall apply to this pre-acceptance cover.

5.2 Any premium outstanding at the time a claim is made under this cover shall be deducted from any benefit paid by Sovereign.

5.3 Any claim paid under the pre-acceptance cover shall be subject to the standard terms and conditions of the policy.

5.4 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

5.5 The Application will not be proceed with if Sovereign pays a claim under the Special Pre-Acceptance Certificate.

5.6 The Application will not be proceeded with if Sovereign pays a claim under the Special Pre-Acceptance Certificate.

6. When is a Benefit not payable?

6.1 A Benefit is payable if death occurs before or within 12 months after the policy is issued, or

b. a total and permanent disability is caused by a specified event or condition;

c. the claim is made within the period specified in the policy.

6.2 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.3 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.4 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.5 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.6 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.7 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.8 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.9 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.10 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.11 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.12 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.13 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.14 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.

6.15 No Benefit is payable if:

a. the policy is amended or cancelled;

b. the policy is terminated under the terms of the policy;

c. the policy is not in force at the time of the claim;

d. the claim is made in an area where there is no office or branch of the Company.
**WHAT HAPPENS NOW?**

When you apply for insurance, our aim is to make the process as simple as possible. We review your application to ensure that you are charged the correct premium and that you qualify for the cover you have applied for. The questions you have answered in your application usually provide us with sufficient information but sometimes we may need to obtain further details, in some instances this may require you to either see your doctor, meet with one of our HealthScreen nurses or provide additional information via our telephone underwriting service. We may also write to your doctor to obtain further medical history.

**Will I ever pay more than my quoted premium?**

In some circumstances we may only be able to offer you cover with special terms and additional premium loadings due to your individual situation.

**When will I be contacted?**

We will contact you only if we require essential information not already provided on your application. Our service operates between 8:00am to 6:00pm, Monday to Friday. If you have any questions, please contact your Adviser or call us on 0800 500 108.

**Underwriting**

We review your application to ensure that you are charged the correct premium and that you qualify for the cover you have applied for. The questions you have answered in your application usually provide us with sufficient information but sometimes we may need to obtain further details, in some instances this may require you to either see your doctor, meet with one of our HealthScreen nurses or provide additional information via our telephone underwriting service. We may also write to your doctor to obtain further medical history.

**Is the information you provide over the telephone confidential?**

All information provided to Sovereign is kept strictly confidential and will not be disclosed to any other parties without your authority, except where required by law.

**WHAT YOU NEED TO TELL US**

<table>
<thead>
<tr>
<th>1. Always tell the truth</th>
<th>Insurance is based on the principle of good faith. You have a duty to provide truthful, complete and correct information about yourself, including your health and medical history. Your duty of disclosure extends to the date the contract of insurance is concluded between us. For example, you are required to tell us if you are diagnosed with a medical condition after the date of your application but before you agree to any terms of cover we may offer. If we offer to cover you, you will be insured on the basis of the information you have provided.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Answer questions as fully as you can</td>
<td>Applying for insurance involves responding to a number of questions. Your answers need to include as much detail relating to your current and past circumstances as possible. While this may take time, it is important that we have all the information we need when we make the decision to insure you, and on what terms.</td>
</tr>
<tr>
<td>3. If in doubt, tell us</td>
<td>If you are uncertain of the relevance of any information, our advice is to include it on your form because, even if you aren’t sure, it may be important to us. If someone else is completing the form on your behalf, it is important that you check the information is correct and nothing has been left out.</td>
</tr>
<tr>
<td>4. If you don’t know something, say so</td>
<td>If you say that you don’t know the answer to a question and we need more information to answer the question so we can offer you insurance, we will need to obtain the information from somewhere else. By signing the declaration and consent, you give us your permission to get this information.</td>
</tr>
<tr>
<td>5. Know what you’re signing</td>
<td>By signing the declaration on your form, you are saying that you have answered all the questions completely and to the best of your knowledge, as well as providing any other information that may influence our decision about your policy. If you are uncertain about any of your answers, ask us or your Adviser before signing the declaration.</td>
</tr>
<tr>
<td>6. How non-disclosure affects claims</td>
<td>When you make a claim, we may look further into your personal history. If we discover that you did not provide us material information, i.e. information that would have changed our decision to insure you or the terms of that insurance, we may amend the terms of your insurance policy. It does not matter if the new information is about a condition unrelated to your claim. If we discover that you haven’t told us something material, we may either alter the terms of your policy - which might affect your claim - or we may avoid your policy from its inception, which means that you would not be able to make a claim, as no policy would exist.</td>
</tr>
<tr>
<td>7. Help us to help you when you need to claim</td>
<td>Depending on what you tell us on your claim form, we might need more information to make a decision about your claim. We may get this information by calling you and asking you to fill out another form or asking you to take a medical test. Sometimes we will need to get information from other people, who may include your doctor, your employer, ACC or other government departments. By signing the claim form you give us your permission to do this.</td>
</tr>
<tr>
<td>8. Know what you are consenting to</td>
<td>When you provide information to us, we use it to assess your application for insurance, administer your policy and any claims, for promotion of insurance and financial services to you and for market research purposes. We store your information at Sovereign’s head office (74 Taharoto Road, Takapuna, Auckland 0622) and by our data storage providers (including cloud-based data storage providers). You have the right to access and correct your personal information.</td>
</tr>
<tr>
<td>9. Just ask</td>
<td>If there is anything you’re not sure of, please just ask us for help. Contact your Adviser, or phone Sovereign on 0800 500 108.</td>
</tr>
</tbody>
</table>

**It’s not too late to tell us...**

Take a minute to think about the information that you included on your application form. If you think there’s anything you might have forgotten to mention, it’s not too late to tell us. However, we need to know before issuing your policy so we can make an informed decision. As a reminder about the information required and why it’s so important, we’ve included the guidelines section on the next page.
MAKING IT EASY

When you apply for insurance, our aim is to make the process as simple as possible. That’s why we offer two underwriting services – telephone underwriting and HealthScreen®.

Key benefits of these services

› The processing time for your insurance application is shortened
› Confidentiality and discretion are assured
› You will be notified of the required tests prior to consultation
› Tests are done at your convenience – at your home or office
› Service is personalised

Telephone underwriting

Telephone underwriting is a service that helps us process your application quickly and simply. If we require further information, a Sovereign underwriter will phone you at a time and place convenient to you. They may ask you questions about your health, your occupation or your hazardous pursuits so we can process your application. We use this additional information to assess the acceptance terms of your application.

The information you provide will be captured electronically and a copy of the questions and your answers will be posted to you for your records. Please check the details are correct and advise us of any amendments (if necessary), within seven days of receiving this information.

In most cases, we will have all the information we require after the first phone call; however, in some cases we may need to call again. We may also need to collect more information from other sources such as your GP or specialist. We will keep you informed if this becomes necessary.

HealthScreen

Depending on the amount of cover you are applying for and/or your medical history, different tests or medical questionnaires may be necessary.

Usually your doctor, or a designated specialist, is responsible for providing this service and the necessary documentation. Sovereign’s HealthScreen® service provides an easier, more efficient way of gathering this information.

HealthScreen® consultants are experienced, registered nurses who may ask you a series of detailed questions, including questions about:

› Your medical history; and
› Any medications you are taking now, or have taken in the past (including names and dosage).

HealthScreen® will complete most medical tests. Where they don’t, your Adviser will let you know the tests required by your doctor or specialist. Once all information has been gathered, the relevant documentation will be sent to Sovereign for assessment.

Should you not wish to use the HealthScreen® service, you are welcome to see your own doctor.

Note: HealthScreen® is solely a medical information gathering service. All material and applications are handled in the strictest of confidence and in accordance with privacy laws, medical standards and ethics.