

Smoking Update

Use this form if, in the last 12 months you have not:

- Used e-cigarettes or vaporisers,
- Smoked any product containing tobacco, or
- Used nicotine replacements.

How to fill in this form

Complete your personal details and agree to the smoking status declaration by signing at the bottom.

Complete, sign and return this form by: Email: contactus@aalife.co.nz

Post: Asteron Life, PO Box 894, Wellington 6140.

Personal information disclosure

This form collects personal information which is necessary to provide the service you are requesting. If you do not provide all the requested information we may not be able to make the changes you request. Personal information you provide about yourself or other individuals will be used and stored by Asteron Life Limited, Level 13, 55 Featherston Street, Wellington and other members of the Suncorp Group for the purpose of administering your insurance policy and related services. Under the Privacy Act individuals have certain rights of access to, and to request correction of, any personal information we hold about them. More detail about Asteron Life's privacy practices is available in the the Asteron Life Privacy Statement which can be found at asteronlife.co.nz/privacy or on request.

Personal Details

Person Insured

Surname

Given Name(s)

Policy Details

Policy number(s)

Smoking Status Declaration

I wish to apply to change from smoker to non-smoker status on my policy and declare that:

- I have not used e-cigarettes or vaporisers, used or smoked any product containing tobacco, or used nicotine replacements in the last 12 months.
- I understand that if I provide any information in this request to change my smoking status that is substantially incorrect and material, then Asteron Life may not accept my request; or any update of my smoking status may be voided. This will mean that any premium reduction will be reversed, and I will have to pay Asteron Life the premium reduction back to the date of the update, or Asteron Life will adjust the sum assured accordingly, at claim time.

Signature of
person insured

Date signed

/ /

Asteron Life Limited

contactus@aalife.co.nz | 0800 874 444 | aalife.co.nz

Contact Centre Hours: Mon - Fri, 8am - 6pm

Level 13, Asteron Centre, 55 Featherston Street, Wellington