



Covid19 Financial Hardship Declaration

Completion of this form will help us assess your request

Your Family Details

| | |
|------------------------------|--|
| Your policy number(s): | |
| Your full name: | |
| Full name of spouse/partner: | |
| Ages of any dependents? | |
| Your email address: | |

As a result of COVID 19 virus do any of these apply to you?

Yes No

| | | |
|---|--|--|
| Has your household income reduced by more than 30%? | | |
| Are you the owner of a business that has been granted government support? | | |
| Have you or your spouse/partner lost your job? | | |
| Are you stranded / living overseas and not earning an income? | | |
| Are you self-employed in a non-essential industry and not able to work? | | |

If 'Yes', please clarify:

| | |
|--|--|
| What industry are you in? | |
| What industry is your spouse/partner in? | |
| If stranded / living overseas, which country are you in? | |

| | |
|--|--|
| Premium Holiday period requested – maximum 3 months at any one time | |
| Premium and Cover Suspension period requested | |

Declaration and Privacy Act 1993 consent

For the purpose of the Privacy Act 1993, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely with companies within the Suncorp Group and you can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information, please refer to the "Asteron Life Privacy Statement" which is specific to New Zealand law and the Suncorp Group's "Suncorp Privacy Policy". Both are available at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life, PO Box 894, Wellington 6140.

I have read, understood and given consent to the Privacy Act section above and declare that all the information I have given is true.

I declare that I consider myself to be suffering financial hardship

| | | |
|----------------------------|------------|-------|
| Policy owner name: | Signature: | Date: |
| (Joint) Policy owner name: | Signature: | Date: |