

Policy Cancellation Request

Adviser Request

This form tells us that your client intends to cancel their policy with Asteron Life. Please complete sections 1 to 3.

Once we have this completed and signed form, we will complete your request. If you have any questions about this change or your client's policy, please contact us on 0800 737 101.

Please print, complete and sign this form. Return to us by:

Email (scanned copies) to admin@asteronlife.co.nz

Fax to 0800 808 116 or +64 4 470 8992

Post to Asteron Life, PO Box 894, Wellington 6140, Freepost 795

Adviser/Office use only:

Adviser number

Adviser name

1. Policy Details

Policy number

Owner Name/s

2. Reason for Cancellation

- | | | |
|---|---|---|
| <input type="checkbox"/> Affordability of premiums | <input type="checkbox"/> Replaced with another policy | <input type="checkbox"/> Product doesn't suit my client's needs |
| <input type="checkbox"/> No longer need to be insured | <input type="checkbox"/> Poor service from Asteron Life | |
| <input type="checkbox"/> Other reason (<i>please specify below</i>) | | |

3. Owner's Signature(s)

I/we hereby request that the policy mentioned in Section 1 of this form be cancelled.

I/we understand that by signing this form I/we are ending the cover under this benefit and I/we release Asteron Life from all claims that have been made or may be made.

All owners must sign this form for the request to be processed

Policy Owner(s) 1

Full name

Date

Signature

Sign here

Policy Owner(s) 2

Full name

Date

Signature

Sign here

Checklist

Before returning this form, check that you have:

- Completed all sections 1 through 3
- All policy owners have signed the form