

Form:

# Non-Smoking Declaration

This form collects personal information about you that will be used to assess whether a life insured's smoker status is able to be changed – which affects the premiums paid. For information about our collection, use, disclosure and storage of personal information please see our privacy statement at [www.nzcoverdirect.co.nz/privacy-policy](http://www.nzcoverdirect.co.nz/privacy-policy)

**Please complete all sections and sign and date this declaration to enable us to assess and process your change.**

## Part A: Life Insured's details

First name

Date of birth

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

Surname

Policy number

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

## Part B: Life Insured's declaration

I declare that in the last 12 months:

- 1. I have not smoked tobacco or any other substances such as marijuana or other drugs
- 2. I have not used smoking alternatives such as e-cigarettes, vaping, nicotine gum or patches

I understand this declaration is used to determine whether my smoker status can be changed which affects the premium paid and the duty of disclosure applies. This means that if I do not answer these questions correctly the entire policy can be avoided back to the time of this declaration (treated as though it ended at this declaration) so no claims will be paid, or Fidelity Life may alter the policy to reduce the amount of cover to reflect what it would have been based on the premium paid.

Life Insured's signature

Date

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

Is the life insured the policy owner? If not, the policy owner needs to complete the section below:

## Part C: Policy Owner's declaration

I declare that the information given in Part B is correct. I understand these declarations are used to determine whether the smoker status of the life insured is changed which affects the premium paid and the duty of disclosure applies. This means that if these question have not been answered correctly the entire policy can be avoided back to the time of this declaration (treated as though it ended at this declaration) so no claims will be paid, or Fidelity Life may alter the policy to reduce the amount of cover to reflect what it would have been based on the premium paid.

Policy Owner's signature

Date

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

Please return the completed form to us. You can either:

- 1. Scan and email to [customerservice@nzcoverdirect.co.nz](mailto:customerservice@nzcoverdirect.co.nz) (please put 'CONFIDENTIAL, Policy Owner's surname, Policy Number' in the subject line); or
- 2. Mail to The Claims Manager, at PO Box 90382, Victoria Street West, Auckland 1142 (please mark the envelope as CONFIDENTIAL).

On 21 September 2020 we changed the branding of those Momentum Life policies issued up until 28 February 2018 to NZ Cover Direct. This brand change did not affect the cover which continues to be underwritten by Fidelity Life Assurance Company Limited.