

Funeral Cover Application Form



11 Don Street, Invercargill, PO Box 1404, Phone 0800 002 002

Who shall be Insured

Title	<input type="text"/>	First Names	<input type="text"/>
		Last Name	<input type="text"/>
Postal Address	<input type="text"/>	Gender	<input type="text" value="Male or Female?"/>
			<small>Please circle whichever applies</small>
Suburb	<input type="text"/>	Date of Birth	<input type="text" value="/ /"/>
City	<input type="text"/>	Smoker Declaration:	
Post Code	<input type="text"/>	I HAVE/ HAVE NOT smoked tobacco or any other substance in the last 12 months.	
Mobile Phone	<input type="text"/>		<small>Please circle whichever applies</small>
Other Phone	<input type="text"/>		
Are you a New Zealand Citizen or a Permanent Residents Visa holder?		<input type="text" value="Yes"/> <input type="text" value="No"/>	<small>Please circle whichever applies</small>

Insurance Cover

The required start date of the policy	<input type="text" value="/ /"/>	Amount of Cover Required	<input type="text" value="\$"/> (Select between \$5,000 and \$15,000)
Payment Frequency	<input type="text" value="Monthly"/>	Payment Method	<input type="text" value="Direct Debit"/>

Policy Owner Details

Title	<input type="text"/>	First Names	<input type="text"/>
		Last Name	<input type="text"/>
Postal Address	<input type="text"/>	Mobile Phone	<input type="text"/>
Suburb	<input type="text"/>	Other Phone	<input type="text"/>
City	<input type="text"/>		
Post Code	<input type="text"/>		

Please Read Carefully:

Privacy Act 1993 Statement

Pursuant to the Privacy Act 1993 the following is brought to your attention:

The information being collected on this application form is for the following purposes:

- For assessing this application, completing and maintaining a contract between Southsure and you
- For rendering and collecting of any accounts
- For compiling a customer database for Southsure's marketing activities

The intended recipients of the information are:

- Southsure and it's employees, contractors and advisers
- Southsure's associated companies

You are entitled to have access to or correct the information held by Southsure by writing to Southsure's Privacy Officer.

If the personal information requested on the application form is not supplied then it will not be possible for Southsure to process your application and it will be automatically declined.

Declaration

I being the named insured do hereby declare that the statements in this proposal (whether in my handwriting or not) are true and complete. I authorise Southsure at any time to obtain any information from any doctor, hospital, health agency, insurance office, or any other person or entity, required for the purpose of assessing this application or any claim in relation to this insurance.

I declare that I have read and understood Southsure's Privacy Act 1993 Statement.

Insurance pursuant to this application will not be effective or arranged (within the meaning of section 70 of the Credit Contract and Consumer Finance Act 2003) until Southsure has indicated that this application has been accepted and insurance cover will be extended accordingly.

Signature of the Life to be Insured

Date

Signature of the Policy Owner

Date