

Financial Hardship Withdrawal **Application and Release Form**

About this form

You will need to use this form if your investment is locked-in and you are experiencing severe financial hardship. This application helps us to assess your financial circumstances. Please note that this financial assessment can only be based on the members personal situation, not that of the owners. If your application for financial hardship is accepted, we will withdraw the amount and either pay it to your nominated account or to the person/account you have asked us to. All withdrawals will be processed as of the date Asteron Life receives the request and not on the date the form is signed. Please note that the final value you receive could be more or less than previously advised, due to changing unit prices.

We will contact you if we need to discuss your application further.

Complete sections 1 to 12 (pages 1-5). Sections 3 to 8 relate to members financial situation.

Please complete and return to us by:

Email: (scanned or digital copies) to contactus@asteronlife.co.nz

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

1. Plan details	
Plan/policy number	Owner name(s)
2. Preferred methods of communicat	tion
My preferred method of communication: Email Phone Please tick one:	Letter Fax
Contact details for communications (email, fax, address, etc)	
3. Member's occupation details	
Main occupation	Second occupation
Employers name	Employers address
4. Member's family details	
Name of Spouse/partner	
How many dependents do you have?	
What are the ages of all your dependents?	

Member's income

Monthly (net) income	Amount
Income from your occupations	\$
Spouse/partner income	\$
Income from other sources	\$
Total income	\$

5. Member's outgoings

Monthly outgoings	Amount
Monthly rent or mortgage	\$
Montly hire purchase payments	\$
Other monthly loan payments	\$
Monthly insurance premiums	\$
Monthly living expenses (e.g. food, power, phone, etc)	\$
Other monthly outgoings	\$
Total monthly outgoings	\$

6. Member's assets

Please provide copies of the accounts listed below:

Description	Amount
Savings/cheque account(s) balance	
(Bank)	\$
Life insurance with surrender value	\$
Investments (e.g. shares, bonds, etc)	\$
Other assets	\$
Total value of assets	\$

7. Member's liabilities

Please provide copies of the accounts listed below:

Description	Amount
Mortgage balance outstanding	\$
Hire purchase balance	\$
Credit card liabilities	
(Credit card type)	\$
(Credit card type)	\$
Outstanding accounts	
(Company)	\$
(Company)	\$
(Company)	\$
Other loans	
Loan details	\$
Bank overdraft	\$
Total liabilities	\$

8. Withdrawal details

L Ple	ease make a	oartial v	withdrawal from	mν	plan/	policy	(this w	ill keep	vour i	policv	active)
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Please cash in the full value of my plan/policy. (By withdrawing the full value you will be ending the Plan and releasing all claims that have been made or may be made on Asteron Life under this plan)

Complete the fields below if you wish to make a partial withdrawal:

Please indicate which investment fund(s) you would like to take the withdrawal from and the amount(s) desired. If you choose not to complete this section we will withdraw the total amount requested proportionately across all of your investment funds. Please note that depending on your plan/policy the minimum and maximum withdrawal amount would vary.

Investment fund	Withdrawal amount
	\$
	\$
	\$
	\$
Total withdrawal	\$

If you are unsure about how much you are able to withdraw from your plan, please call us on 0800 737 101.

9. Additional information

Please provide an overview of your situation or any additional information which would help us assess your situation.

10. Payment details

Please note that the final value you receive could be more or less than previously advised, due to changing unit prices.
Please pay into my nominated account (the account from which the premiums/contributions are being taken out)
OR
Please pay into the alternative account noted below.
If you want us to pay into an alternative bank account, please provide the following documents for payment to be processed.
· A copy of the policy owner(s) photo ID (Passport, Drivers Licence, etc) OR two other forms of ID (Bank statement, power bill, etc)
Account name
Account number
BANK BRANCH ACCOUNT NUMBER SUFFIX

11. Member's declaration

Privacy Act

For the purpose of the Privacy Act, 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 within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. 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 about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

Declaration

I have read and understood 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.

All plan/policy owners must sign this form for the payment to be processed.

Please withdraw the amount shown in Section 3 from this plan/policy which I understand will be based on the date Asteron Life receives my request.

	Full name	Signature	Date	
Owner(s) name 1				Sign here
Owner(s) name 2				Sign here
Owner(s) name 3				Sign here

If electronically completing form, type your name here

Checklist

Before returning this form, check that you have	Before returning	this form,	check t	hat you have
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Completed all sections 1 through 12

All plan owners have signed the form

Attached copies of accounts to support the assets and liabilities declared in section 7 & 8

In the case of payment to another account you have

Supplied a copy of the policy owner(s) photo ID OR two other forms of ID