

Smoking Update

How to fill in this form

Complete sections 1 and 2. Print and sign this form.

Return to Asteron Life by: Email (scanned copies) to contactus@asteronlife.co.nz Post to Asteron Life, PO Box 894, Wellington 6140, Freepost 795

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Person Insured	
Family name	Given name(s)
Policy Details	
Policy number(s)	
2. Declarati	ion
Smoking Status	3
I wish to apply to c	change from smoker to non-smoker status on my policy and declare that:
	e-cigarettes/vaporisers (with or without nicotine), used or smoked any product containing tobacco, e replacement therapy, in the last 12 months.
incorrect and m may be avoided	at if I provide any information in this request to change my smoking status that is substantially aterial, then Asteron Life may not accept my request; or any update of my smoking status. This will mean that any premium reduction will be unwound, and I will have to pay Asteron Life duction back to the date of the update, or Asteron Life can adjust the sum assured accordingly,
Privacy Act	
personal information Your details are stoned Zealand or overseas	the Privacy Act, we confirm that we collect and use your personal information and may disclose your on to third parties for the purpose of administering your policy or in order to comply with legal requirements. Ored securely within Asteron Life and may also be securely stored electronically on servers located in New as, by third parties on our behalf. You can contact us at any time to request access to and correction of rmation. The collection of this information is required under the terms of your policy.
	ation about how we deal with your personal information, please refer to Asteron Life's Privacy Policy. e at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894,
_	bove smoking status is true and correct. derstood the Privacy Act section of this application.
Signature of person insured	Sign here
Date	