

SIMPLICITY FUNERAL INSURANCE PLAN[®]



F U N E R A L
I N S U R A N C E
M A D E S I M P L E

YOU CAN DEPEND ON US TO FIND THE
RIGHT COVER TAILORED TO
YOUR INDIVIDUAL NEEDS.
GIVE US A CALL TODAY!

HAWKE'S BAY
(06) 878-3391



- Automatic acceptance - no medical information is required.
- Immediate funeral cover for accidents.
- Death by natural causes covered after two years.
 - ALL premiums refunded if death occurs by natural causes within first two years.
- Premiums fixed - they will never go up or increase, ever!
- Worldwide cover.
- Underwritten by reputable and financially strong insurance companies.
- Easy payment options.

HAWKE'S BAY | simplicityhawkesbay.co.nz
(06) 878-3391
108 Alexandra Crescent, Hastings 4122
PO Box 525, Hastings 4156

WAIKATO | simplicitywaikato.co.nz
Ph: (07) 847-6851 | Fax: (07) 847-6852
8F Railside Place, Frankton, Hamilton 3204
PO Box 5731 Frankton, Hamilton 3242

Funeral Insurance Made Simple

Our funeral insurance plan pays out when you pass away. You're immediately covered for accidental death, and fully covered after 24 months. If you pass away from natural causes within the first 24 months, you will be refunded 100% of all premiums paid.

Funeral Insurance vs. Life Insurance

	Funeral Insurance	Life Insurance
Simple signup - Just one page and a direct debit form.	✓	
Automatic acceptance - unless terminal.	✓	
No medical info needed	✓	
Limited sum insured	✓	
Pay out at time of death	✓	✓
Fixed premiums	Always	Sometimes
Worldwide cover	✓	✓
All premiums refunded - if death by natural causes in less than 2 years.	Always	Sometimes
Immediate accidental death cover	✓	
Premiums stop - once cover amount is reached, and covered until death.	✓	

Cover starts from only \$8 per month.

To apply for the Simplicity Funeral Insurance Plan:

- Fill out the 'Details of First Person' to be Insured section, and
- Sign and date the bottom - that's it!

Simplicity will hold the policy towards your funeral costs, so leave 'Policy Owner Details' section blank.

Call us today to find the right cover tailored to your individual needs.

(06) 878-3391
www.simplicityhawkesbay.co.nz

SIMPLICITY
 FUNERAL INSURANCE PLAN®

The Funeral Plan Application Form

1.1 Details of First Person to be Insured

Surname..... First name

Date of birth..... Male Female Have you smoked tobacco in the last 12 months: Yes No

Address Suburb/Town

Telephone.....(.....)..... Email.....

Cover and Payment Options Cover amount: \$5,000 \$10,000 \$15,000 \$20,000

Payment frequency: Fortnightly Monthly Quarterly Yearly

Payment type: Visa Mastercard Direct Debit (complete authority form)

Card number Expiry..... Name

1.2 Policy Owner Details

Surname..... First name

Date of birth..... Male Female Have you smoked tobacco in the last 12 months: Yes No

Address Suburb/Town

Telephone.....(.....)..... Email.....

Cover and Payment Options Cover amount: \$5,000 \$10,000 \$15,000 \$20,000

Payment frequency: Fortnightly Monthly Quarterly Yearly

Payment type: Visa Mastercard Direct Debit (complete authority form)

Card number Expiry..... Name

3. Your Declaration and Privacy Act 1993 Acknowledgements

I acknowledge that:

Personal information concerning me provided to Greenwich, a business division of DPL Insurance Limited and related or associated companies and my advisor/agent, whether contained in an application or otherwise obtained is provided and may be held, used and disclosed by DPL Insurance Limited and my advisor/agent:

- To enable any application I may make or any policy I hold with DPL Insurance Limited, or any other insurance office to be processed, underwritten, reinsured and/or accepted;
- To enable any policy held with DPL Insurance Limited to be serviced and maintained and to enable any claim I make against such a policy to be processed;
- To enable DPL Insurance Limited and its authorised advisors/agents to provide me or have provided to me advice and information concerning life insurance or other products and services;
- The personal information provided in this application is collected by and will be held by DPL Insurance Limited (address at the top of the application form) and my advisor/agent (whose name and contact details are below);
- I have the right under the Privacy Act 1993 to request access to and request correction of any personal information held by DPL

Insurance Limited and my advisor/agent concerning me.

I understand that:

- This application will form part of the contract for an insurance policy.
- If I fail to provide any information requested in this application, DPL Insurance Limited may be unable to fairly assess and/or accept this application, and any policy subsequently issued may be cancelled or avoided, premiums forfeited and benefits paid will have to be refunded.
- DPL Insurance Limited may either cancel the insurance contract and/or forfeit premiums and reclaim paid and/or forfeit premiums and reclaim benefits paid and/or reduce insurance benefits if any information provided in this application is not true and complete.

I declare that:

- All the answers in this application are true and complete.
- I have told DPL Insurance Limited about every matter that I know (or could reasonably be expected to know) that may affect the decision to accept the risk and terms of the insurance applied for.
- I do not currently reside in a hospital or long-term care facility.
- I agree to accept the terms and conditions and exceptions specified in the Policy.
- I accept the full disclosure of terms, conditions, exclusions and definitions will be forwarded to me in due course.

1st Insured Signature X.....

2nd Insured Signature X.....

Date

Date

Authority to Accept Direct Debits

Not to operate as an assignment or agreement.

1. Life Insured / Owner Details

Policy number

Surname

First name

2. Account Details

Bank

Branch number

Account number

Suffix

Authorisation Code

3. To the Manager – please print full postal details clearly

Bank

Branch

Address

Suburb/Town

4. Information to appear on my/our bank statement and authorisation

Payer Particulars

Payer Code

Payer Reference

I/We authorise you until further notice in writing to debit my/our account with you with all amounts which DPL Insurance Ltd (Herein after referred to as the Initiator) the registered initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on this form.

Authorised Signature X

Authorised Signature X

Date

Date

For Bank Use Only

Original – Retain at Branch

Copy – Forward to Initiator if requested

APPROVED

2035

05 | 10

Date Received

Recorded By

Checked By

Bank Stamp

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

(a) Undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months). This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically). Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing the amount and each payment date. In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advance notice of at least 30 days before the changes comes into effect. This notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (by electronic means including SMS) to communicate electronically).

(b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

(a) At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by means agreed by the customer, Bank and Initiator.

(b) Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

(c) Where a variation to the amount agreed between the Initiator and the customer from time to time to be Direct Debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

(a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.

(b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

(c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.

(d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:- the accuracy of information about Direct Debits on Bank statements; and any variations between notices given by the Initiator and the amounts of Direct Debits.

(e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

(f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The Bank may:

(a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.

(b) At any time terminate this authority as to future payments by notice in writing to me/us.

(c) Charge its current fees for this service in force from time to time.