

INDIVIDUAL RETIREMENT PLAN

Insurance Request/Alteration

Please use BLOCK letters. Complete this side in full and if applying for or increasing your level of insurance, complete the Personal Statement on the reverse and return to the adjacent address in an envelope marked confidential.

*The Administration Manager
Individual Retirement Plan
Mercer (N.Z.) Limited
P O Box 1849
Wellington*

*Telephone: 0800 477 111
Direct Line: 04 890 7000
Fax: 04 914 0434*

- **Name: Mr/Mrs/Miss/Ms:**

Surname
Given Names
- **Postal Address:**

- **Contact Telephone Number:** **Date of Birth**/...../.....
- **Contract Number:** *(if known)*
- **Please tick one**
 - I wish to apply for insurance
 - I wish to alter my level of insurance
 - I wish to cease my insurance
- **Insurance required:** *(please tick one)*
 - Death or Total and Permanent Disablement \$.....

(multiple of \$10,000)
 - Death Only \$.....

(multiple of \$10,000)

Refer to the insert in your Investment Statement for details of the monthly premiums.

Privacy Declaration

I understand that health and other personal information about me is collected and held to obtain and enable the provision of personal insurance (death and total and permanent disablement) under the Plan and, that I can request access to it and to have it corrected. The information will be held at 109 Featherston Street, Wellington. I authorise the Administration Manager to use the information and to disclose it to AXA New Zealand, the Insurer, or any other agency appointed by the Trustees to assist with arranging and assessing me for personal insurance cover and to disclose to each other for that purpose all health and other personal information they hold about me.

SIGNED..... **DATE**/...../.....

<i>Mercer Use:</i>			
Date Received/...../.....		Contract Number	
Member Confirmation		Insurer Notified	
Health Evidence Requested	Health Evidence Received	System Entry	Confirmation Letter

INDIVIDUAL RETIREMENT PLAN

Personal Statement

For Insurance Cover with the Plan's Insurer (AXA New Zealand)

Name: Mr/Mrs/Miss/Ms:
Surname *Given Names*

Sex: Date of Birth:/...../..... Occupation:

Employer:

I wish to apply for (please tick one)

- Death Cover Only \$..... (multiple of \$10,000)
 Death or Total and Permanent Disablement \$..... (multiple of \$10,000)

Questions

	Answer (yes/no)
1. In the last 12 months, have you had any medical check up, examination, operation, test, treatment or advice ?	1
2. Are you at present undergoing medical treatment or receiving any medication ?	2
3. Have you ever had any serious operation or illness?	3
4. Do you know any information which may effect the granting of insurance on your life?	4

If you have answered "yes" to any of the above questions, please give details below.
 If illness or injury, give duration, treatment and date of recovery. Continue separately if necessary.

Date	Name and Address of Doctor/Hospital	Reason

AIDS Declaration

1. I have not been infected by the virus which causes AIDS (the Human Immunodeficiency Virus) and I am not carrying antibodies to the virus,
2. I have not had and am not suffering from Persistent Night Sweats, Unintentional Weight Loss or Persistent Fever, Persistent Diarrhoea or Swollen Glands,
3. I have not engaged in male to male anal sexual activity on any occasion since 1 January 1980,
4. I have not worked as a prostitute since 1 January 1980,
5. I have not had or been treated for any Sexually Transmitted Disease since 1 January 1980,
6. I have not injected myself, or been injected, with any drugs not prescribed by a registered medical practitioner since 1 January 1980,
7. I did not receive a blood transfusion or treatment with human blood products during the period from 1 January 1980 to 31 December 1985 and
8. I believe that all the above statements are true in respect of my spouse and all other sexual partners.

I am ABLE to declare to the best of my knowledge ALL of the above statements are TRUE

I am UNABLE to declare that to the best of my knowledge ALL of the above statements are TRUE*
 * if unable, a Confidential Supplementary Personal Statement is required.

I declare all the above answers to be correct and true. I irrevocably authorise and request any Medical Practitioner or other person who has attended or examined me or may hereafter attend or examine me to disclose to AXA New Zealand any knowledge or information thereby acquired and for the purpose of this Application I waive all provisions of law forbidding the disclosure of any such knowledge or information. I authorise any Insurance Company which has received an application for personal insurance on my life to disclose to AXA New Zealand any information it seeks concerning me.

SIGNED..... DATE/...../.....