

- they will ever again work for reward in any occupation* which they are reasonably capable of performing, or
- is totally and permanently dependent on at least one other person's physical assistance, for six consecutive months and is expected at the end of the period to continue to be dependent on this assistance, to perform at least two of the five activities of daily living*, or
 - has lost two limbs through physical separation, completely and irredeemably lost the sight in both eyes, or lost one limb through physical separation together with the complete and irredeemable loss of sight in one eye.

The insured person* must be following the advice of their doctor* or their medical specialist* in relation to the illness or injury for which they are claiming.

Pinnacle Life may seek independent opinion(s) from a doctor* or medical specialist* of its choice to confirm (or otherwise) the prognosis or diagnosis concerning the Total and Permanent Disability*.

Pinnacle Life, at its sole discretion, will consider the medical and other evidence we have requested to form our opinion that the insured person's* injury or illness meets the Total and Permanent Disability* definition.

Any occupation

Means any type of work that the insured person* is reasonably suited to perform, for reward or expected reward, based upon their education, skills, training or experience.

Contact Us

Contact us with questions about your policy.

contact us

Any time by emailing ask@pinnaclelife.co.nz
 Call us on 0800 22 22 23 or internationally on +64 9 522 5515.
www.pinnaclelife.co.nz

First insured person's details

first name	Sarah	middle name	
last name	Sample	phone number	01234567
email address	sarah@sample.co.nz		
address	20 Kent Street	suburb	
city	Auckland	postal code	1023
country	New Zealand	doctors name	

How you answered your application

when you applied for this policy on [23 October 2024](#) we asked you, [Sarah](#), the following questions. Included below are the answers you gave us;

you are	Female
have you smoked tobacco or any other substance in the past 12 months?	No
you live in	New Zealand
you have a	NZ passport / NZ citizenship
In the past 2 years, have you been in continuous paid employment in NZ averaging at least 30 hours per week, either as an employee or self-employed?	Yes
Are you intending to live or work outside New Zealand?	No
your birthdate is	05 June 1989
your height is	180cm
your weight is	65kg
Have you had cancer of any kind, including melanoma, skin cancer, a malignant tumour, leukaemia, lymphoma, any tumour of the brain or spinal cord, or non-invasive forms of cancer such as CIS or had any abnormal cervical smear such as CIN?	No
Have you ever been diagnosed with diabetes , a pre-diabetic condition, or Impaired Glucose Tolerance?	No
Do you have any blood disorder including haemophilia, anaemia or haemochromatosis?	No
Have you ever been diagnosed with high blood pressure ?	No
Have you ever been diagnosed with high cholesterol ?	No
Have you ever had a heart or vascular problem including a stroke, heart attack, rheumatic fever, heart murmur, heart valve problem, chest pain or heart palpitations?	No
Have you had any gastro-intestinal problems associated with your liver, gall bladder, stomach, bowel or colon, including hepatitis B or C?	No
Have you been diagnosed with a kidney or bladder problem including kidney failure, nephritis, pyelitis or lupus nephritis?	No
Have you ever been diagnosed with a breathing or lung problem including Covid-19, asthma, emphysema, chronic obstructive airways disease, TB, cystic fibrosis or sleep apnoea?	No
Have you ever been diagnosed with a neurological disorder including paralysis, RSI, chronic fatigue, chronic pain, epilepsy, MS, Parkinson's, eye problem or hearing impairment?	No
Have you ever been diagnosed with a muscular-skeletal or joint problem including arthritis, gout, lupus, osteoporosis or tendonitis?	No

Within the past 5 years have you had a mental health or psychological condition including depression, anxiety or stress that required professional advice, treatment or time off work?	No
Do you usually drink more than 8 standard alcoholic drinks in a single session or more than 28 alcoholic drinks in a typical week?	No
In the past 5 years, have you injected or otherwise used illegal drugs ?	No
To the best of your knowledge, are you infected with HIV or are you carrying antibodies to HIV, or have you ever engaged in any high risk activity related to HIV?	No
Do you have plans to travel outside New Zealand, within the next 12 months?	No
Aside from what you've already told us, do you have any other medical condition for which you're currently seeking medical advice , receiving treatment, awaiting surgery or undergoing tests?	No
Do you earn your living from any of these risky occupations ?	
a helicopter pilot, charter pilot or aerial photographer	No
a person handling explosives	No
a person working externally more than 15m above ground	No
a professional boxer	No
a professional hunter	No
a professional racing driver	No
a professional scuba diver	No
a professional stunt person	No
a steeplechase jockey	No
an underground miner	No
an agricultural pilot	No
an offshore oil, gas or petroleum worker	No
none of these	Yes
Have you ever had a parent, brother or sister who, prior to age 60, was diagnosed with cancer, heart disease, stroke, diabetes, kidney disease, multiple sclerosis (MS); muscular dystrophy, Parkinson's, motor neurone disease, Huntington's disease or familial polyposis?	No
Do you participate in any of these recreational activities ?	
competitive boxing	No
competitive car, bike or powerboat racing	No
hang gliding or other self launch flying	No
micro-light or ultra-light flying	No
mountaineering, outdoor rock climbing or abseiling	No
private fixed wing or helicopter flying exceeding 100hrs per year	No
scuba diving deeper than 40 meters or any cave or wreck diving	No
skydiving or parachuting	No
trans-ocean racing	No
recreational quad-biking or trail-bike riding	No
white water rafting exceeding 80hrs per year	No
rugby (any code) or soccer	No
none of these	Yes

Declaration

You must be absolutely truthful with us and disclose all information that is relevant to our decision to provide you cover. If not, we may refuse to pay any claim, and/or change the terms of this policy, or be entitled to void this policy.

- I, [Sarah Sample](#), confirm that effective [23 October 2024](#)
- the information in this application is true and correct, and
 - I am not aware of any other information which could lead me to have a shortened lifespan or to suffer any of the illnesses or conditions covered under this policy, and
 - I am aware of no other medical, lifestyle or family history information which might be relevant to Pinnacle Life's decision to offer me cover, and
 - I have read and understood this policy, and I agree to abide by the terms as set out in this policy document, and
 - I will notify Pinnacle Life of any changes that occur to my state of health or lifestyle or family history before the new policy start date if there is any delay to the start date of my policy, and
 - I understand that Pinnacle Life may review my application even after my policy becomes active. Pinnacle Life may contact me within 14 days with questions and will notify me if my answers change the terms and conditions of the policy.
- I, [Sarah Sample](#) cannot confirm, because:
- There are other circumstances which might be relevant to Pinnacle Life's decision to provide me cover. I would like Pinnacle Life to contact me.

Second insured person's details

first name	Sam	middle name	
last name	Sample	phone number	021234567
email address	sam@sample.co.nz		
address	20 Kent Street	suburb	
city	Auckland	postal code	1023
country	New Zealand	doctors name	

How you answered your application

when you applied for this policy on [23 October 2024](#) we asked you, [Sam](#), the following questions. Included below are the answers you gave us;

you are	Male
have you smoked tobacco or any other substance in the past 12 months?	No
you live in	New Zealand
you have a	NZ passport / NZ citizenship
In the past 2 years, have you been in continuous paid employment in NZ averaging at least 30 hours per week, either as an employee or self-employed?	Yes
Are you intending to live or work outside New Zealand?	No
your birthdate is	17 November 1985
your height is	190cm
your weight is	75kg
Have you had cancer of any kind, including melanoma, skin cancer, a malignant tumour, leukaemia, lymphoma, any tumour of the brain or spinal cord, or non-invasive forms of cancer such as CIS or had any abnormal cervical smear such as CIN?	No
Have you ever been diagnosed with diabetes , a pre-diabetic condition, or Impaired Glucose Tolerance?	No
Do you have any blood disorder including haemophilia, anaemia or haemochromatosis?	No
Have you ever been diagnosed with high blood pressure ?	No
Have you ever been diagnosed with high cholesterol ?	No
Have you ever had a heart or vascular problem including a stroke, heart attack, rheumatic fever, heart murmur, heart valve problem, chest pain or heart palpitations?	No
Have you had any gastro-intestinal problems associated with your liver, gall bladder, stomach, bowel or colon, including hepatitis B or C?	No
Have you been diagnosed with a kidney or bladder problem including kidney failure, nephritis, pyelitis or lupus nephritis?	No
Have you ever been diagnosed with a breathing or lung problem including Covid-19, asthma, emphysema, chronic obstructive airways disease, TB, cystic fibrosis or sleep apnoea?	No
Have you ever been diagnosed with a neurological disorder including paralysis, RSI, chronic fatigue, chronic pain, epilepsy, MS, Parkinson's, eye problem or hearing impairment?	No
Have you ever been diagnosed with a muscular-skeletal or joint problem including arthritis, gout, lupus, osteoporosis or tendonitis?	No
Within the past 5 years have you had a mental health or psychological condition including depression, anxiety or stress that required professional advice, treatment or time off work?	No

Do you usually drink more than 8 standard alcoholic drinks in a single session or more than 28 alcoholic drinks in a typical week?	No
In the past 5 years, have you injected or otherwise used illegal drugs ?	No
To the best of your knowledge, are you infected with HIV or are you carrying antibodies to HIV, or have you ever engaged in any high risk activity related to HIV?	No
Do you have plans to travel outside New Zealand, within the next 12 months?	No
Aside from what you've already told us, do you have any other medical condition for which you're currently seeking medical advice , receiving treatment, awaiting surgery or undergoing tests?	No
Do you earn your living from any of these risky occupations ?	
a helicopter pilot, charter pilot or aerial photographer	No
a person handling explosives	No
a person working externally more than 15m above ground	No
a professional boxer	No
a professional hunter	No
a professional racing driver	No
a professional scuba diver	No
a professional stunt person	No
a steeplechase jockey	No
an underground miner	No
an agricultural pilot	No
an offshore oil, gas or petroleum worker	No
none of these	Yes
Have you ever had a parent, brother or sister who, prior to age 60, was diagnosed with cancer, heart disease, stroke, diabetes, kidney disease, multiple sclerosis (MS); muscular dystrophy, Parkinson's, motor neurone disease, Huntington's disease or familial polyposis?	No
Do you participate in any of these recreational activities ?	
competitive boxing	No
competitive car, bike or powerboat racing	No
hang gliding or other self launch flying	No
micro-light or ultra-light flying	No
mountaineering, outdoor rock climbing or abseiling	No
private fixed wing or helicopter flying exceeding 100hrs per year	No
scuba diving deeper than 40 meters or any cave or wreck diving	No
skydiving or parachuting	No
trans-ocean racing	No
recreational quad-biking or trail-bike riding	No
white water rafting exceeding 80hrs per year	No
rugby (any code) or soccer	No
none of these	Yes

Declaration

You must be absolutely truthful with us and disclose all information that is relevant to our decision to provide you cover. If not, we may refuse to pay any claim, and/or change the terms of this policy, or be entitled to void this policy.

I, **Sam Sample**, confirm that effective **23 October 2024**:

- the information in this application is true and correct, and
- I am not aware of any other information which could lead me to have a shortened lifespan or to suffer any of the illnesses or conditions covered under this policy, and
- I am aware of no other medical, lifestyle or family history information which might be relevant to Pinnacle Life's decision to offer me cover, and
- I have read and understood this policy, and I agree to abide by the terms as set out in this policy document, and
- I will notify Pinnacle Life of any changes that occur to my state of health or lifestyle or family history before the new policy start date if there is any delay to the start date of my policy, and
- I understand that Pinnacle Life may review my application even after my policy becomes active. Pinnacle Life may contact me within 14 days with questions and will notify me if my answers change the terms and conditions of the policy.

I, **Sam Sample** cannot confirm, because:

- There are other circumstances which might be relevant to Pinnacle Life's decision to provide me cover. I would like Pinnacle Life to contact me.



pinnaclelife.co.nz



Pinnacle Life
 PO Box 1471
 Auckland 1140

Change the owner of your policy Fold last and seal down

Only the current policy owner(s) can authorise this change of ownership. If there are more than 2 policy owners, you can print off and use as many of these forms as you need. If you want to add an owner and continue being one yourself, you will need to fill in your details as both a current and a new owner. To own this policy, you must be at least 18 years old. A Trust cannot own a policy but the Trustees can, provided that all the Trustees are owners. In this case, we'll need a copy of the Trust deed.

All the owners' signatures must be witnessed but owners cannot witness each other's signatures.

PINNACLE LIFE ONLY

policy number	date registered	
date of change	authorised signature	
current owner 1		current owner 2
owner's name	owner's name	
signature	signature	
witness' name	witness' name	
witness' signature	witness' signature	
witness' occupation	witness' occupation	
witness' address	witness' address	
new owner 1		new owner 2
new owner's name	new owner's name	<small>Fold up first</small>
address	address	
occupation	occupation	
email address	email address	
mobile phone number	mobile phone number	
signature	signature	
witness' name	witness' name	
witness' signature	witness' signature	