

Declaration Form - Insurance

Financial Advice Provider	MONEYBOX LTD
Address	209 Victoria Street, Te Aro, Wellington 6011
Financial Adviser	ALLISTER McINTYRE
Insurer	means an insurance product provider (including their associated parties)

Please **complete and review** this Declaration Form carefully. By signing this Declaration Form you are acknowledging that you understand and agree to each of the statements set out in Sections A - F below.

Section A: Authority to act

I/we give the Financial Advice Provider express authority to act on my/our behalf with all Insurers in respect of obtaining and servicing insurance products.

Section B: Commission Arrangements

I/we understand that neither the Financial Adviser or the Financial advice Provider charge me for these services, unless specifically agreed in writing in advance, but may receive a commission from the insurer providing the insurance cover.

Section C: Relationship of Financial Advice Provider

I/we understand that:

- the Financial Adviser is a director, employee and/or contractor of the Financial Advice Provider and acts on behalf of the Financial Advice Provider.
- the Financial Adviser and the Financial Advice Provider are members of NZ Financial Services Group Limited. NZ Financial Services Group Limited provides services which can include a client management system, facilitating payment of commission, training, and access to the Insurers.
- the Financial Adviser and the Financial Advice Provider are **not** employees, agents, partners or joint venture partners of the Insurer(s) or NZ Financial Services Group Limited.
- the Financial Adviser and the Financial Advice Provider do **not** act on behalf of the Insurer(s) or NZ Financial Services Group Limited.

Section D: Privacy

D.1 Privacy Authorisation

I/we authorise my/our personal information (**client information**) to be collected, used and disclosed in accordance with the Financial Advice Provider's privacy policy (available on the Financial Advice Provider's website or provided with this Declaration Form); and

I/we authorise my/our client information to be shared with the Insurer(s) and collected and used by them in accordance with their privacy policies available on the Insurer(s)' website(s).

D.2 Privacy Summary

The key terms of the Financial Advice Provider's privacy policy are summarised below:

Collection:	The Financial Advice Provider may collect client information from a number of third parties in accordance with its privacy policy. These can include accountants, insurers and employers with your authorisation.
Purpose	The Financial Advice Provider will collect and hold client information for the purpose of recommending insurance products to me/us.
Disclosure:	Client information may be disclosed to third parties in accordance with the Financial Advice Provider's privacy policy. These include the following: <ul style="list-style-type: none"> the Insurer(s) NZ Financial Services Group Limited the Financial Markets Authority and other regulators organisations involved in auditing the Financial Advice Provider.
Further Use & Disclosure:	The third parties referred to above may also use and disclose client information. For example, Insurer(s) will use client information in accordance with their own privacy policy. In the case of an Insurer, this includes using and sharing the information for the purpose of assessing the application and administering the policy – e.g. medical professionals or accountants in the event of a claim, authorities to assist in fighting fraud; money laundering or other criminal offences. If the Financial

	Advice Provider has an ongoing commission arrangement in place with the Insurer over the term of the policy, the Insurer will periodically disclose the premium to the Financial Advice Provider.
Marketing:	The Financial Advice Provider or Insurer(s) might use client information for market research purposes and for direct marketing purposes (whether through mail, email or telephone (including SMS/MMS) or other electronic means) to notify me/us of products or services that may be of interest to me/us. You have the right to opt-out of electronic direct marketing.
Consequences:	I/we are not required by law to provide any personal information to the Financial Advice Provider, but any failure to do so might prejudice my/our chances of obtaining the correct insurance cover.
Rights:	I/we have the right to request access to and correction of my/our personal information held by the Financial Advice Provider and Insurer(s).
Obligations:	If I/we provide any personal information about anyone else to the Financial Advice Provider or to an Insurer (or authorise the Financial Advice Provider or Insurer to collect that information), I/we confirm that such persons consent to and authorise the collection and use of their personal information in accordance with Financial Advice Provider's and Insurer's respective privacy policies. I/we confirm that I/we have advised such persons of their rights to access and request correction of their personal information.

Section E: Change in Circumstances

I/we understand that:

- should my/our circumstances change after completion of an insurance application, but before the insurance cover has been accepted, I/we need to disclose this to the Insurer.
- omitting to do this could result in subsequent claims being declined.

Section F: Declaration

I/we confirm that I/we have read and understood the content of this Declaration form.

Signed

Signed

Name

Name

Date

Date