

Replacement Policy – Adviser Advice



As an Adviser you have an important role in helping the insured be aware of the risks and advantages of changing their insurance policy. The ISI requires you to complete this declaration when a life insurance policy is being replaced, exchanged, or converted. This form relates to Term Life and Disability, Trauma, and Income Protection policies.

You need to provide a copy of this form to the new insurer who will then provide a copy to the policy owner and the old insurer.

Full Name of Life Insured:

Date of Birth:

.....

NEW POLICY		
TYPE	POLICY NO	INSURER

POLICY BEING REPLACED			
TYPE	POLICY NO	INSURER	POLICY ISSUE DATE

Statement by Adviser (please complete a, b and c in all cases)

a. Please tick the specific reason(s) for the replacement of the existing policy:

- Reduction in premium
- Change of cover amount
- Change of cover type
- Dissatisfaction with insurer/service
- Dissatisfaction with adviser/service
- Changing the premium structure
- A stronger claims paying rating
- Improved benefits coverage
- Other – please specify below

b. The policy to be replaced cannot adequately fulfil the insured’s objectives because:

.....

c. The following risks are not covered by the new policy, but were covered by the old policy:

.....

Adviser Declaration

I confirm that I have taken all reasonable steps to advise the policy owner of the risks and benefits of replacing the policy(ies) mentioned in this form. To the best of my knowledge and belief the information contained in this form is true and correct. I confirm that this change is in the best interests of the life insured and/or policy owner identified on this form.

NAME: SIGNATURE:

FIRM: EMAIL ADDRESS:

DATE: PHONE NUMBER:



Before you replace your policy make sure you understand the pros and cons.

Life insurance provides important protection for you and your family. When you change your policy it is important that you are aware of the risks as well as the benefits.

This form helps make sure you are aware of the consequences of your decision. This completed form will be given to your old and new insurer.

Your old insurer may contact you to confirm that your old policy was not able to meet the requirements of your new policy.

Customer Acknowledgement and Declaration

1. I/We acknowledge there may be disadvantages when replacing an existing policy such as:

It may cost more to retain your original benefits as you grow older: If the policy being replaced was purchased for the life insured at a younger age, it may cost more to get the same or similar benefits in the new policy.

If there has been a change in your health, leisure activities or your occupation, this may influence your insurability with a new provider: The new policy might contain restrictions on covers, plus exclusions for any developed or pre-existing medical conditions you may now have.

There may be longer periods without cover: In a new policy, features like the suicide exclusion clause or the trauma benefit waiting period may recommence, and you may be without financial protection during this time.

Conditions or benefits may be more or less favourable: In a new policy, the date the policy ends, its terms and conditions, and/or benefit definitions may be different from your old policy.

Costs to set up a new policy: Remuneration is likely to be payable to your Adviser when you replace this policy. If you would like more information ask your Adviser.

2. I/We acknowledge that this information was provided and explained **before** I/we signed the application for the new policy.

Yes **No**

3. I/We acknowledge that a copy of 'Your Old Policy May Have More Life In It Than You Think' brochure has been explained to me/us.

Yes **No**

4. Did you establish whether the existing/terminated policy could be amended to provide similar benefits to the replacement policy?

Yes **No**

If **Yes**, can you please describe why you decided not to amend your existing policy?

.....

5. I/We confirm that the Adviser/Intermediary has fully explained the advantages and disadvantages of the replacement of the policy(ies) mentioned in this form and I/we understand the consequences of such replacement(s).

6. I/We acknowledge that a copy of the completed form will be given to both the old and new insurer.

7. I/We acknowledge that the Adviser/Intermediary explained the amount of remuneration payable from this change.

Yes **No**

8. I/We agree to ISI collating information contained in this form, that does not identify the applicant/policy holder/insured, for aggregate replacement statistics purposes for participant insurer members.

9. Where the Insurer is offering a 'free look' period, I am/We are aware I/we may withdraw my application in writing at any time within that period. (This free look period varies between Insurers but may be up to 14 business days.)

NAME OF POLICY OWNER: PLEASE PRINT

SIGNATURE OF POLICY OWNER:

DATE: