

Policy Cancellation Request



How to fill in this form

This form tells us that you intend to cancel your policy with Asteron Life.

Complete sections 1 to 3.

Once we have this completed and signed form, we will complete your request.

If you have any questions about this change or your policy, please contact us on 0800 737 101.

**Print, complete and sign this form. Return to us by: E-mail (scanned copies) to admin@asteronlife.co.nz,
Fax 0800 808 116 or +64 4 470 8892,
Post to Asteron Life, PO Box 894, Wellington 6140, Freepost 795**

Section 1 Policy Details

Policy Number/s

Owner Name/s

Section 2 Reason for Cancellation

- | | |
|--|--|
| <input type="checkbox"/> Affordability of premiums | <input type="checkbox"/> Product doesn't suit my needs |
| <input type="checkbox"/> Replaced with another policy | <input type="checkbox"/> No longer need to be insured |
| <input type="checkbox"/> Adviser recommended I cancel | <input type="checkbox"/> Other reason (please specify) |
| <input type="checkbox"/> Another person recommended I cancel | |
| <input type="checkbox"/> Poor service from Asteron Life | |
| <input type="checkbox"/> Poor service from Adviser | |

Section 3 Owner's Signature(s)

Declaration

I/We hereby request that the policy mentioned in Section 1 of this form be cancelled.

I/We understand that by signing this form I/we are ending the cover under this benefit and I/we release Asteron Life from all claims that have been made or may be made.

All owners must sign this form for the request to be processed

Owner(s) Name	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Signature	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Date	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Checklist

Before returning this form, check that you have...

- Completed all sections 1 through 3
- All policy owners have signed the form