



This form is to be used by applicants who have worked at their current farm for two or more years

This form is to be used when applying for AXA Rural Income Protection and can be completed instead of answering questions 21 to 36 in the AXA Risk Protection Plan Application booklet.

LIFE TO BE INSURED

TITLE GIVEN NAME(S) (PLEASE PRINT) SURNAME

MALE FEMALE
 DATE OF BIRTH AGE AT LAST BIRTHDAY COUNTRY OF BIRTH

FARM NAME POSTAL ADDRESS

SUBURB TOWN/CITY POSTCODE

HOME PHONE BUSINESS PHONE MOBILE PHONE EMAIL

OCCUPATION DETAILS

1 Please describe specific duties performed

2 Percentage of manual work %

3 Hours worked per week on this farm hours

4 Type of Farm ownership Sole proprietor Partnership Company Trust

5 Percentage of ownership %

6 Details of farm ownership and income distribution or Trust details (include trustees and beneficiaries etc)

7 Do you own the stock? No Yes If yes, percentage of stock ownership %

8 How long have you been a farmer? YEARS MONTHS

9 Number of income producing employees FULL-TIME PART-TIME
 Number of non-income producing employees FULL-TIME PART-TIME

10 Do you pay ACC levies? No Yes

11 Are you considering changing occupations or selling your farm? No Yes
If yes, provide details.

12 If you were to become disabled would all or part of your income continue? No Yes
If yes, provide details.

13 Have you, or any business with which you have been associated ever been made bankrupt or placed in receivership, liquidation or under statutory management? No Yes
If yes, provide details.
 If yes, when? / / Date of discharge / /

14 Do you have a second occupation or a financial interest in any other business entity? No Yes
 If yes, provide details.

Number of hours worked per week Gross annual income derived from second occupation \$

DUTY OF DISCLOSURE

Until there is a contract of insurance resulting from this Application, you have a continuing legal duty to disclose to the Insurer everything that is material to the risk to be insured under that contract. If you do not do this then the Insurer may have the right to void your Policy and decline to pay any Benefits.

PRIVACY ACT 1993 (THE ACT)

Personal information collected in connection with this Application will allow the insurer to evaluate and process the Application and to administer any Policy issued by AXA New Zealand, and may also be used to provide you with information about other products or services offered by AXA New Zealand. Under the Act you have the rights of access to, and correction of, any personal information about you. The personal information will be held by AXA New Zealand at 80 The Terrace, Wellington.

DECLARATION

- 1 I confirm the truth, accuracy and completeness of all statements given in support of this Application (whether in this Application form, given orally or in any other document in connection with this Application) which shall form the basis of any contract of insurance resulting from this Application.
- 2 I have read and understand the section in this Application form headed 'Duty of Disclosure'.
- 3 I have read and understand the section in this Application form headed 'Privacy Act 1993'. I authorise AXA New Zealand to disclose any personal information about me that it holds to any person where that disclosure is necessary for one or more of the purposes for which the personal information was collected.

SIGNATURE

/ /

SIGNATURE

DATE

GROSS INCOME FOR APPLICANT'S FARM

This section is to be completed and signed by the applicant's accountant.

Gross farm income for the last three years

FINANCIAL YEAR ENDING	GROSS FARM INCOME	NET FARM INCOME
/ /	\$	\$
/ /	\$	\$
/ /	\$	\$

To the best of my knowledge I consider the clients business to be sustainable No Yes
 If no, provide details.

ACCOUNTANT'S DETAILS

ACCOUNTANT'S NAME

ACCOUNTANT'S COMPANY

ADDRESS

TOWN/CITY

POSTCODE

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BUSINESS PHONE

MOBILE PHONE

EMAIL

I confirm that the above income details are true and correct.

/ /

SIGNATURE OF ACCOUNTANT

DATE