Golden INSURANCE

Life Insurance Policy Document

Issue date: 21st January 2026

Please keep this document in a safe place for future reference

Welcome to Golden Insurance

This Policy Document is designed to help **you** understand the main considerations that **you** need to know when deciding whether to purchase a Golden Life Insurance **policy** and determining if it is right for **you**. It sets out the key features, benefits, terms, conditions, risks and exclusions of the **policy**. It also includes information about **premium** payments, the complaints process and how to make a claim.

Golden Life Insurance is designed to assist with any outstanding financial commitments that **you** may still have in the event of **your** death or diagnosis of a **terminal illness**; however, the **benefit amount** is paid as a lump sum and so it can be used for any purpose. As long as **you** meet all the terms and conditions of the **policy** and **your policy** is in force, it will provide 24/7 cover worldwide which means regardless of where **you** are, **your** cover will not change.

You can only insure **your** own life under Golden Life Insurance. This means **you** cannot purchase Golden Life Insurance to insure the life of another person.

If **you** decide to purchase a Golden Life Insurance **policy**, **you** will be issued with a **policy schedule** showing the details of **your** cover. **Your policy schedule** and this Policy Document make up **your** contract of insurance. It is important that **you** read all the information carefully so that **you** understand what **you** are buying, and then keep these documents in a safe place for future reference.

The information in this Policy Document is current as at the issue date. From time to time, **we** may update information in this Policy Document that is not materially adverse to **you** and notice of these updates will be made available on the Golden Insurance website at www.goldeninsurance.co.nz. **You** can contact **us** to ask for a free copy of any updated information. If necessary, **we** will issue a supplementary or replacement Policy Document.

Please note that any information given in this Policy Document is only general in nature and it does not consider **your** objectives, financial situation, or needs and is not financial advice. It is important that **you** make **your** own decisions on whether this product is suitable for **you** by considering **your** individual objectives, financial situation, or needs, and if **you** are unsure, please consider seeking appropriate independent financial advice.

This **policy** has no surrender value. This means **you** cannot access any value on cancellation of the **policy** other than a **premium** refund payable under the terms of this Policy Document.

About Golden Insurance

Your policy is distributed and promoted by Neilson Financial Services Pty Ltd (Neilson), ABN 52 668 314 896 trading as Golden Insurance as an agent of the insurer **Hallmark Life**.

Who is the Insurer

Your policy is underwritten by Hallmark Life Insurance Company Limited, NZBN 9429039172631 and FSP 13701, (**Hallmark Life**) a New Zealand branch of Hallmark Life Insurance Company Limited incorporated and registered in Australia with ABN 87 008 446 884. **Hallmark Life** is a licensed insurer in New Zealand and is the insurer of Golden Life Insurance.

Please refer to **your policy schedule** for disclosure of the Financial Strength Rating.

Governing law

This **policy** will be governed by the laws of New Zealand.

Statutory fund

The statutory fund relevant to **your policy** is **Hallmark Life**'s Statutory Fund Number Two

You can contact **Hallmark Life** on:

Phone: 0800 220 999

Email: customerservice@hallmarkinsurance.com.au

Mail: PO Box 108022, Newmarket, Auckland 1149

The language we use in this document

Some words or expressions used in this document have a special meaning. They will appear in bold font, and their meaning is explained in Section 11 *Glossary*. '**We**', '**us**' or '**our**' means **Hallmark Life** and, where applicable, Golden Insurance in its capacity as agent of the insurer. References to '**you**' and '**your**' means the person listed on the **policy schedule** as the **policy owner** (and is also the person insured under this **policy**).

Contents

Welcome to Golden Insurance **1**

About Golden Insurance 2
Who is the Insurer 2
Governing law 2
Statutory fund 3

1. Eligibility **6**

2. What is Covered **6**

3. Minimum and Maximum Benefit Amounts **6**

4. What is Not Covered? **7**

5. Cover Start and End Dates **9**

6. General Conditions and Important Information About Your Policy **9**

Automatic Benefit Amount Increase 9
Premium Payments 11
Premium Rate Changes 12
Non-Payment of Premiums 12
Changing Your Policy Details 13
Multiple Policies 14
Nominating Your Beneficiary 14
Insurance Risks to Consider 14
Information You Provide Must be True 15
Taxation 15

7. Cancellation **16**

Cooling Off Period 16
Cancellation by You 16
Cancellation by Us 17

8. How to Make a Claim **18**

Payment of Claims 18
Fraudulent Claims 19

9. Complaints **19**

Internal Dispute Resolution 19
External Dispute Resolution 19

10. Privacy and Data Protection **20**

11. Glossary **21**

1. Eligibility

You are eligible to apply for Golden Life Insurance as long as **you** are:

- a **New Zealand Resident**; and
- aged between 40 and 80 years old**.**

You will need to answer some health and lifestyle questions as part of the application process.

2. What is Covered

We will pay the **benefit amount** specified in **your policy schedule** as a lump sum payment if **you**:

- die; or
- are diagnosed with a **terminal illness**.

3. Minimum and Maximum Benefit Amounts

The minimum and maximum **benefit amounts you** can apply for are outlined below.

Age at policy commencement date	Minimum benefit amount	Maximum benefit amount
Age 40 – 60	$10,000	$250,000
Age 61 – 70	$10,000	$200,000
Age 71 – 80	$10,000	$150,000

Depending on **your** answers to the health and lifestyle questions, the maximum **benefit amount** available to **you** may be less than the amount indicated above.

If **you** wish to apply to increase **your benefit amount** after the **policy** commencement date, then the maximum **benefit amount** allowed when **you** apply will be based on **your** age and answers to health and lifestyle questions at the date of **your** application to increase. See Section 6 *Changing Your Policy Details* for further information.

4. What is Not Covered?

We will not pay the **benefit amount** if **you** die, or are diagnosed with a **terminal illness**, that is caused by an intentional self-inflicted injury or attempted suicide, and that intentional self-inflected injury or attempted suicide occurred before the **policy** commencement date or during the first 13 months from the:

- **policy** commencement date; or
- date **we** reinstate **your policy** after the **policy** cancellation date (see Section 7 *Cancellation by Us*), if that reinstatement occurs more than three months after the cancellation date.

A **waiting period** may apply, during which the **benefit amount** will not be paid for **your** death or **terminal illness**, unless **your** death was an **accidental death**. If applicable, the **waiting period** will be specified in **your policy schedule**.

If **you** die because of a **non-accidental death** during the **waiting period**, **we** will refund all premiums paid towards the **policy**.

If **you** increase **your benefit amount** (see Section 6 *Changing Your Policy Details*), **we** will not pay the amount of the increase if **you** die, or are diagnosed with a **terminal illness**, that is caused by an intentional self-inflicted injury or attempted suicide, and that intentional self-inflected injury or attempted suicide occurred during the first 13 months from the commencement date of the increased **benefit amount**. **We** will only pay the **benefit amount** in place prior to the increase plus the **Automatic Benefit Amount Increase** that would have applied to that **benefit amount**.

Example 1: Death due to an intentional self-inflicted injury

You bought a Golden Life Insurance **policy**, and 6 months later, **you** died due to an intentional self-inflicted injury that occurred on the day of **your** death. Since **your** death was a result of an intentional self-inflicted injury that occurred within the first 13 months from the **policy** commencement date, **we** will not pay the **benefit amount**.

*Example 2: Death due to an intentional self-inflicted injury after increasing **your benefit amount***

You bought a Golden Life Insurance **policy** with a **benefit amount** of $100,000, and 6 months later **you** increased the **benefit amount** to $150,000. **Your policy** is subject to the **Automatic Benefit Amount Increase** feature (and **you** have not opted out of this feature). 15 months after **you** purchased the **policy you** died due to an intentional self-inflicted injury that occurred on the day of **your** death.

Since **your** death was a result of an intentional self-inflicted injury that occurred within 13 months of **you** increasing **your benefit amount** (but more than 13 months after the commencement of **your policy**), **we** will only pay **your beneficiaries** $103,000 (that is, **your** original **benefit amount** plus the **Automatic Benefit Amount Increase** of 3% of **your** original **benefit amount** applicable on the first anniversary of **your policy**).

*Example 3: A **terminal illness** due to an intentional self-inflicted injury*

You bought a Golden Life Insurance **policy**, and 15 months later, **you** were diagnosed with a **terminal illness** due to an intentional self-inflicted injury that occurred 5 months after **your policy** commencement date. 2 months after the diagnosis **you** die. Since the **terminal illness** diagnosis, and the resulting death, was due to an intentional self-inflicted injury that occurred within the first 13 months from the **policy** commencement date, **we** will not pay the **benefit amount**.

*Example 4: Death from a medical condition during the **waiting period***

You bought a Golden Life Insurance **policy**. Due to **your** answers to the health and lifestyle questions **we** applied a 24 month **waiting period** to **your policy**. 8 months later, **you** had a heart attack and passed away. Because **your** death occurred within 24 months of the **policy** commencement date (the **waiting period**) and was not due to an **accident**, **your beneficiaries** will not receive the **benefit amount**. However, the premiums **you** had paid would be refunded.

5. Cover Start and End Dates

Cover under **your policy** starts on the **policy** commencement date, as specified in **your policy schedule**, and will end on the earlier of the following:

- the date of **your** death;
- the date **we** pay the **benefit amount** for a **terminal illness** claim;
- the date **you** cancel the **policy**; or
- the date **we** cancel **your policy** (including if **we** cancel **your policy** because of unpaid **premiums** (see Section 7 *Cancellation*)).

No amount will be paid for any events that occur before the **policy** commencement date or after the date cover ends.

If applicable, once **we** are notified of **your** death, **we** will refund any **premium(s)** collected after the date of **your** death.

6. General Conditions and Important Information About Your Policy

Automatic Benefit Amount Increase

Your policy provides an optional **Automatic Benefit Amount Increase** feature which allows for **your benefit amount** to increase on each **policy anniversary** date by 3% of the original **benefit amount** that **you** selected at **your policy** commencement date. This feature is automatically applied to **your policy** unless **you** choose to opt out.

In the event **you** have changed **your benefit amount** (for example, reducing or increasing cover) prior to the next **policy anniversary**, the **Automatic Benefit Amount Increase** will be applied to **your** chosen **benefit amount**.

*Example 1: No changes to **benefit amount** since **policy** commencement date*

You bought a Golden Life Insurance **policy** with a **benefit amount** of $100,000. On the first **policy anniversary**, the **Automatic Benefit Amount Increase** feature of 3% is applied to the original **benefit amount** (being $100,000), increasing the **benefit amount** to $103,000.

On the second **policy anniversary**, the **Automatic Benefit Amount Increase** feature is again applied by increasing the **benefit amount** by 3% of the original **benefit amount** (being $100,000), which increases the **benefit amount** to $106,000.

Since **you** haven't made changes to **your benefit amount** since the **policy** commencement date, and **you** haven't opted out of the **Automatic Benefit Amount Increase** feature, the **Automatic Benefit Amount Increase** will continue to apply by increasing **your benefit amount** on each **policy anniversary** by 3% of the original **benefit amount** (being $100,000).

*Example 2 – Changes to **benefit amount** since **policy** commencement date*

You bought a Golden Life Insurance **policy** with a **benefit amount** of $200,000. On the first **policy anniversary**, the **Automatic Benefit Amount Increase** feature of 3% is applied to the original **benefit amount** (being $200,000), increasing the **benefit amount** to $206,000.

Before the second **policy anniversary**, **you** reduce **your benefit amount** to $150,000. On the second **policy anniversary**, the **Automatic Benefit Amount Increase** feature of 3% is applied to the latest **benefit amount you** have chosen (being $150,000), increasing the **benefit amount** to $154,500.

Unless **you** change **your benefit amount** again, or opt-out of the **Automatic Benefit Amount Increase** feature, the **Automatic Benefit Amount Increase** will continue to apply by increasing **your benefit amount** on each **policy anniversary** by 3% of **your** most recently chosen **benefit amount** (being $150,000).

The 3% increase is not subject to further health and lifestyle questions and is applied automatically on **your policy anniversary** each year. This feature is not subject to the maximum **benefit amount** described at Section 3 *Minimum and Maximum Benefit Amounts* and will continue even when the maximum **benefit amount** is met or exceeded. If the **Automatic Benefit Amount Increase** feature causes **your benefit amount** to exceed the maximum **benefit amount**, **you** will no longer be able to apply to increase **your benefit amount**.

Each year and at least 30 days before **your policy anniversary**, **you** will be sent a new **policy schedule** which will notify **you** of **your** new **benefit amount** and **your** new **premium**. If **you** wish to accept the **Automatic Benefit Amount Increase**, **you** will not need to do anything. If **you** wish to opt out of this feature, **you** can contact **us** to let **us** know and **we** will send **you** an updated **policy schedule**.

Once **you** choose to opt out, **we** will not apply the **Automatic Benefit Amount Increase** again unless **you** choose to opt-back in. **You** can contact **us** at any time to reapply the **Automatic Benefit Amount Increase** feature.

Premium Payments

When **you** apply, **we** will ask **you** health and lifestyle questions. The **premium** rate **we** offer **you** will be based upon **your** answers to these questions. If **we** assess **you** as presenting a higher risk, **your policy** will be issued on a higher **premium** rate. In some cases, **we** may offer cover subject to a **waiting period** or may not be able to offer cover.

Your premium amount, i.e. the cost of **your policy**, is calculated based on the following factors:

- the **benefit amount** (the higher the **benefit amount**, the higher the **premium**);
- **your** age at the commencement date or **policy anniversary** (the older **your** age at that date, the higher the **premium**);
- **your** sex (if **you** are a male, **your premium** will be higher than for a female of the same age);
- **your** answers to the health and lifestyle questions (the greater **your** risk, the higher the **premium**); and
- **your** smoker status (if **you** are a smoker, **your premium** will be higher than for a non-smoker).

The amount of **premium** payable will be stated in **your policy schedule**.

Your premium may include allowances for current government charges and taxes if applicable.

Your premium can be paid fortnightly or monthly and will be collected from **your** nominated bank account by direct debit or payment card (credit or debit). **Your premium** must be paid in New Zealand dollars.

Your premium type is a 'variable age-stepped **premium**' which means each year on the **policy anniversary**, the **premium** is recalculated to reflect **your benefit amount** and age.

Please note that **your premium** will generally increase each year as **you** get older. Additionally, it will generally increase each year to reflect the **Automatic Benefit Amount Increase** (unless **you** have opted-out of that feature) and may also increase if **you** make changes to **your policy** (see Section 6 *Changing Your Policy Details*).

The amount of **premium** payable will be stated in **your policy schedule** which will be sent to **you** at the time **you** purchase a **policy** and at least 30 days before each **policy anniversary**.

Premium Rate Changes

Premium rates are not guaranteed. **We** may increase or decrease the **premium** rates applying to **your policy**, but only if **we** change the **premium** rates that apply to a group of customers. **We** will not single **you** out. For example, **we** may change **premium** rates due to unexpected increases in **our** claims cost, inflation, or changes in the economic environment. **We** will send written notice of any change to **you** at least 30 days prior to the change.

Non-Payment of Premiums

To ensure **your policy** continues, **you** must pay **your premium** when it is due. As soon as a **premium** payment is missed, **we** will attempt to contact **you** to discuss **your** payment arrangements and may also reattempt collection of **your premium** from **your** nominated bank account or payment card (credit or debit). Non-payment of **premium** may result in the cancellation of **your policy** (see Section 7 *Cancellation*).

If **you** are experiencing financial hardship, please contact **us** to discuss options available to **you**.

Changing Your Policy Details

You can request the following changes to **your policy**:

- updates to **your** personal details (e.g. name, contact number, address or payment details) – it is important **you** inform **us** if these change;
- a reduction to **your benefit amount**, subject to the minimum and maximum **benefit amounts** (see Section 3 *Minimum and Maximum Benefit Amounts*);
- an increase to **your benefit amount**, subject to **your** health and lifestyle answers and the minimum and maximum **benefit amounts** (see Section 3 *Minimum and Maximum Benefit Amounts*);
- opt-out or opt-back in to the **Automatic Benefit Amount Increase** feature; or
- to change **your** status from a smoker to a non-smoker, for the purpose of calculating **your premium**. To make this change, **you** will be required to complete a smoking declaration.

Any change must be agreed to by **us**.

As part of any application to increase **your benefit amount**, **you** will need to answer some health and lifestyle questions. Any agreed increase to **your benefit amount** may be subject to the payment of an additional **premium** based on **your** age, sex, answers to the health and lifestyle questions, and smoker status at the time of the request, and **your premium** will be adjusted accordingly.

If **we** agree to **your** changes, **you** will receive confirmation of these changes, including a new **policy schedule**, if applicable.

If **your** change results in a reduction to the **benefit amount**, the **premium** will be adjusted accordingly.

If **you** wish to make any changes, please call 0800 118 048 or email care@goldeninsurance.co.nz and we'll discuss the change with **you**.

Multiple Policies

The maximum **benefit amount we** will pay is the maximum **benefit amount you** could have applied for based on **your** age and answers to the health and lifestyle questions, when **you** first applied for a Golden Life Insurance **policy**, together with the **Automatic Benefit Amount Increase(s)** that would have applied to that **benefit amount**. If **you** are covered under more than one Golden Life Insurance **policy** issued by **us**, the total lump sum payment provided on death or **terminal illness** under all **policies** combined will be limited to that maximum **benefit amount**.

If a reduction to **your benefit amount** is necessary due to the maximum limit being exceeded, the reduction will be applied to the **policy** or **policies** most recently commenced and the same proportion of associated **premiums** paid will be refunded.

Nominating Your Beneficiary

You can nominate **beneficiary/ies** to receive the **benefit amount** upon **your** death. To nominate **your beneficiary/ies**, or to update or change **your beneficiary/ies** nomination, **you** can call 0800 118 048 or email care@goldeninsurance.co.nz to inform **us**.

Insurance Risks to Consider

When deciding whether this Golden Life Insurance **policy** is suitable for **you**, **you** should consider all the **policy** details and be aware of the following risks:

- This is an insurance **policy**, not a savings or investment plan, which means if **your policy** is cancelled after the 30-day Cooling Off Period, **you** will not receive anything back.
- Depending on how long **you** live, **you** may pay more in **premiums** than **your benefit amount**.
- If **you** become unable to pay **your premium** payments, then **your policy** may be cancelled (see Section 7 *Cancellation*), and **you** will not receive anything back.
- **Your** chosen **benefit amount** may not cover all **your** outstanding financial commitments and expenses upon **your** death, or the costs associated with a **terminal illness**. **You** will need to carefully consider **your** level of cover to ensure it suits **your** objectives, financial situation, and needs.

- The value of the **benefit amount** may not keep up with inflation and as such, the real value of **your** cover may reduce over time.
- Terms, conditions, limitations and exclusions apply to **your policy** and they may have an impact to **your** entitlement to benefits under **your policy**.
- If **you** are looking to replace an existing insurance policy, **you** should not cancel any existing cover until **your** Golden Life Insurance application is accepted and **you** have reviewed and understood **your policy**. There are general risks of replacing an existing insurance policy including the loss of any accrued benefits, the possibility of waiting periods starting again, there could be implications of any errors or omissions in **your** new application (for example, if **you** make a misrepresentation when answering health and lifestyle questions, this could result in **your** claim being declined or **your policy** being treated as never having existed), and differences in price and product terms and conditions.
- This is not financial advice. If **you** are unsure if a **policy** is right for **you**, **you** should seek independent financial advice.

Information You Provide Must be True

You must answer all of **our** questions truthfully and accurately and provide all **material information** to **us**. It is **your** responsibility to be honest with **us**, as **we** rely on the information **you** provide to issue **your policy** and assess any claims. If the information is not truthful or complete, **we** may reduce the amount **we** pay on a claim or cancel **your policy**. If **you** do not provide all **material information** to **us** , **we** may, at **our** discretion, avoid the **policy** from the **policy** commencement date, meaning it would be treated as though it never existed.

Taxation

Generally, **your premium** is not tax deductible, and no tax should be payable on **your benefit amount** paid under **your policy**. **You** should consider seeking professional tax advice on **your** own situation.

7. Cancellation

Cooling Off Period

You have 30 days from the **policy** commencement date to make sure **you** are happy with **your policy** and decide whether **you** want to keep it (this is called the 'Cooling Off Period'). If **you** want to cancel **your policy** within this period, please contact Golden Insurance:

Phone: 0800 118 048

Email: care@goldeninsurance.co.nz

Mail: Golden Insurance, DX Box EP71509,
Penrose, Auckland 1061

After **we** receive **your** cancellation request during the 30-day Cooling Off Period, **your policy** will be cancelled, and **you** will be sent a letter confirming the cancellation. Any **premium you** may have paid will be refunded, subject to no valid claim being made.

Cancellation by You

You can cancel **your policy** at any time either in writing or by calling Golden Insurance as follows:

Phone: 0800 118 048

Email: care@goldeninsurance.co.nz

Mail: Golden Insurance, DX Box EP71509,
Penrose, Auckland 1061

If **you** cancel **your policy** after the 30-day Cooling Off Period, **your policy** will be cancelled from the date that **your policy** is paid to, and **you** will not receive any refund of **premium**. If **you** decide to cancel **your policy**, **you** will not be able to apply to reinstate **your** cover.

Cancellation by Us

If a **premium** payment remains unpaid for more than 30 days from the date it was due, **your policy** will be cancelled. Prior to cancelling **your policy**, **we** will notify **you** in writing of **our** intention to cancel **your policy** due to non-payment of **premiums** and provide **you** with details of the overdue payment(s) and the timeframe in which **you** must rectify those overdue payment(s) before **your policy** is cancelled. If **your policy** is cancelled, **your** cover under the **policy** will cease and no amount will be payable for any event that occurs after the date of cancellation.

If **your policy** is cancelled by **us** due to non-payment of **premiums**, **you** can apply to reinstate the **policy** by contacting **us** within twelve months from the **policy** cancellation date and:

- If **you** apply within three months of the **policy** cancellation date then, provided that **you** pay any **premiums you** owe **us**, **we** will reinstate **your policy**.
- If **you** apply more than three months (but within twelve months) of the **policy** cancellation date, then **you** will be required to complete a Declaration of Continued Good Health and whether **we** agree to reinstate **your policy** will be subject to **your** answers to that declaration. Any agreed reinstatement is subject to the payment of all outstanding **premium**. Additionally, the exclusions under Section 4 *What is Not Covered* will apply if **your policy** is reinstated more than three months after the **policy** cancellation date.

If **your policy** is cancelled for any other reason other than non-payment of **premiums we** will not accept **your** reinstatement request.

Also refer to *'Information You Provide Must be True'* (see Section 6 *General Conditions and Important information About Your Policy*) and '*Fraudulent Claims*' (see Section 8 *How to Make a Claim*) for details of other circumstances when **we** have a right to cancel **your policy**.

8. How to Make a Claim

Unless it is impractical to do so, claims should be made as soon as possible after the death occurs or upon diagnosis of a **terminal illness**. If **you**, **your beneficiary/ies** or the legal personal representative of **your** estate wish to make a claim under this **policy**, please contact **us**:

Phone: 0800 118 051

Email: claims@goldeninsurance.co.nz

Mail: Claims - Golden Insurance, DX Box EP71509,
Penrose, Auckland 1061

Once notice of a claim is received, **we** will send a claim form to be completed, signed and returned. Where **we** reasonably require information about **your** death or **terminal illness** claim, **we** may also require **your** treating **medical practitioner** or **medical specialist** to complete a claim form. **We** may require a certified death certificate and/or medical report from the treating **medical practitioner** or **medical specialist** confirming death or **terminal illness** (though a report confirming diagnosis of **terminal illness** must be provided by a **medical specialist**). The cost of the certified certificate and/or report to support a claim is generally at the expense of the claimant. Depending on who is making the claim, **we** may ask for identification and/or confirmation that **you** are authorised to make the claim. If **you** experience any difficulty in obtaining the supporting documents, please let **us** know so **we** can help **you** find a solution.

We may require further information or documentary evidence to assess a claim, at **our** expense. This may include reports from **your** treating **medical practitioner** or **medical specialist**, access to **your** medical records, and/or any other information needed to confirm that the insured event has occurred. If any information or documentation that would reasonably be required to assess the claim is not provided, **we** will not be able to process the claim until the information or documentation is made available.

Payment of Claims

If a claim is accepted, **we** will pay the **benefit amount** to **you** (in the case of a **terminal illness** claim), or to **your beneficiary/ies** (in the case of a death claim). If no **beneficiary/ies** are nominated or none are living on **your** death, the **benefit amount** will be paid to **your** estate or the legal personal representative of **your** estate, whichever is appropriate.

Where **we** make a payment to a **beneficiary/ies**, **we** will ask for identification to confirm **we** are paying a benefit to the correct **beneficiary/ies**.

If **you** nominate multiple **beneficiary/ies** and a **beneficiary** dies before **you**, their nomination to receive the **benefit amount** will end and their share will be proportionally distributed to the remaining **beneficiary/ies**.

Claims will be paid in New Zealand dollars.

Fraudulent Claims

If **you** make a fraudulent claim under **your policy** or another **policy you** have with **us**, then **we** can choose to cancel **your policy**.

9. Complaints

Internal Dispute Resolution

We hope that **you** never have reason to complain, but if **you** do, **we** and Golden Insurance will do **our** best to work with **you** to resolve it quickly and fairly. Should **you** wish to make a complaint, please contact Golden Insurance who will manage the complaint with **you**.

Phone: 0800 118 048

Email: complaints@goldeninsurance.co.nz

Mail: Complaints - Golden Insurance, DX Box EP71509,
Penrose, Auckland 1061

Complaints are normally resolved within 30 days, however, if **your** complaint remains unresolved after this time **you** will be informed of the reasons for the delay and when to expect an outcome. **Your** complaint may also be referred to **Hallmark Life** to help resolve the issue.

External Dispute Resolution

If **your** complaint remains unresolved after 2 months of the date the complaint is received or it is not resolved to **your** satisfaction, **you** can refer **your** complaint to the Insurance & Financial Services Ombudsman Scheme (IFSO Scheme).

Their contact details are:

Phone: 0800 888 202

Mail: PO Box 10 – 845, Wellington 6143

Email: info@ifso.nz

Web: www.ifso.nz

The IFSO Scheme is a free service to **you** and its independent assessment of **your** complaint is binding. Any decision made by the IFSO is binding on **us** if **you** accept the decision. If **you** do not accept the decision, **you** may pursue the complaint in the Disputes Tribunal or Court.

10. Privacy and Data Protection

Your privacy is important. For further information on how Golden Insurance and **Hallmark Life** each collect and otherwise handle **your** personal information, as well as **your** privacy rights, please visit the applicable privacy policies at:

- www.goldeninsurance.co.nz/privacy-policy for Golden Insurance's privacy policy
- www.standrews.com.au/privacy/ for **Hallmark Life**'s privacy policy

You can contact Golden Insurance and **Hallmark Life** using the contact details in the applicable privacy policy if **you** have any privacy related questions, requests, comments or complaints.

If **you** have concerns about how any privacy issue has been handled, **you** may contact the Office of Privacy Commission in New Zealand www.privacy.org.nz/.

11. Glossary

In this document, some words appear in bold font, for example, **policy**. These words have special meanings as explained below.

Accident	means an event occurring whilst this **policy** is in force, resulting in bodily injury occurring, where the injury is directly and solely caused by accidental, violent and external means and where the injury is not self-inflicted.
Accidental Death	means the death occurring as a direct result of an **accident** and within 90 days of the **accident**.
Automatic Benefit Amount Increase	means the automatic increase of **your benefit amount** on each **policy anniversary** by 3% of **your** most recently chosen **benefit amount**.
Beneficiary/ies	means the natural person/s nominated by **you** to receive the **benefit amount** when **you** die.
Benefit Amount	means the amount payable for an event covered by this **policy**. The **benefit amount** is shown in the **policy schedule**.
Hallmark Life	means Hallmark Life Insurance Company (NZBN 9429039172631 and FSP 13701) a New Zealand branch of Hallmark Life Insurance Company Limited which is incorporated and registered in Australia with ABN 87 008 446 884.
Life Insured	means the person that **we** have agreed in writing to insure under this **policy** and is shown in the **policy schedule**.

Material Information	means all relevant information that **we** need in order to decide the terms relating to **your policy** and to accurately assess **your** cover. It includes, but is not limited to, all information about **your** health, medical history and occupation, or other information that may affect **your** eligibility for cover.
Medical Practitioner	means a **medical practitioner** who is legally qualified and registered as a **medical practitioner**. If practising other than in New Zealand, the **medical practitioner** must have qualifications equivalent to New Zealand standards. The **medical practitioner** must not be **you**, **your** spouse, partner, relative or business associate.
Medical Specialist	means a **medical practitioner** who is a specialist in the area of medicine related to the relevant illness. The **medical specialist** must not be **you**, **your** spouse, partner, relative or business associate.
New Zealand Resident	means a person who: • is a New Zealand or Australian citizen; or • is a New Zealand permanent resident; or • has been in New Zealand continuously for at least 6 months on a valid temporary work visa; and who at the time of application, resides in New Zealand.
Policy	means the legal contract between **you** and **us**. The Policy Document and **policy schedule** make up the **policy**.

Policy Anniversary	means each annual anniversary of the commencement date of **your policy**.
Policy Owner	means the owner of this **policy**, who is also the **life insured**.
Policy Schedule	means the schedule to this **policy**, or any replacement schedule to this **policy**, issued by **us** and showing the details of the coverage provided to **you** by this **policy**.
Premium	means the amount of money **you** pay on a fortnightly or monthly basis for the insurance coverage under this **policy**.
Terminal Illness	means an illness diagnosed by a **medical specialist** which the **medical specialist** certifies, after taking into account what they consider to be all reasonably available treatment, is expected to lead to death within 12 months or less.
Waiting Period	means the period of time during which limitations apply to the payment of the **benefit amount** under **your policy**.
We, us, our	means **Hallmark Life** and, where applicable, Golden Insurance in its capacity as agent of the insurer.
You, your	means the person listed on the **policy schedule** as the **policy owner** and who is also the person insured under this **policy**.

Golden INSURANCE

0800 118 034

Monday to Friday, excluding public holidays.

care@goldeninsurance.co.nz

Golden Insurance, DX Box EP71509,
Penrose, Auckland 1061

Customers with Disabilities
This document and other associated documentation are also available in other formats. If you require an alternative format, please contact Golden Insurance.