

Policy(ies)/Plan(s) to be cancelled

Policy(ies)/Plan(s) no.

Details of ALL policy owners

Policy owner Mr/Mrs/Miss/Ms

Address

Postcode

First name

Last name

Phone

()

Policy owner Mr/Mrs/Miss/Ms

Address

Postcode

First name

Last name

Phone

()

Policy owner Mr/Mrs/Miss/Ms

Address

Postcode

First name

Last name

Phone

()

TO IMPROVE THE PRODUCTS AND SERVICES WE OFFER OUR CLIENTS, PLEASE INDICATE YOUR REASON FOR CANCELLING. THANK YOU.

Personal circumstances

☐

Retirement

☐

Moved overseas

☐

Mortgage repaid

☐

Change in personal circumstances

Please state

Performance

☐

Unhappy with the investment performance

Affordability

☐

Affordability of premium due to changes in circumstances (e.g. redundancy)

☐

Premium increases

☐

Fees or charges too high

Suitability

☐

Policy is not suitable for my/our requirements

☐

Policy matured

Service

☐

Adviser service provided was not satisfactory

☐

Sovereign service provided was not satisfactory

Replacement

☐

Replaced with another policy issued by Sovereign

☐

Replaced with another policy issued by

☐

Advised to change policy by my broker

Other

☐

Other, please give details

Request and acknowledgement

(1) I/We request that the policy(ies)/plan(s) listed above be cancelled immediately.

(2) I/We consent to the use of the personal information provided in this form by Sovereign and/or any of its related companies so that they can process my/our cancellation of the policy(ies)/plan(s) listed above and to determine my/our reasons for cancellation. I/We understand that my/our personal information will be stored at Sovereign's head office, 74 Taharoto Road, Takapuna and by Sovereign's data storage providers, including cloud-based data storage providers (whether in New Zealand or elsewhere). I/We understand that Sovereign will take reasonable steps to keep such information secure. I/We understand that Sovereign may be required to disclose my/our personal information if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities. I/We understand access to and correction of my/our personal information may be requested by me/us.

(3) I/We acknowledge that we no longer have this protection in place and therefore will no longer be covered should an event occur in regards to this policy.

IMPORTANT NOTICE: Signatures are required from ALL policy owners on joint policy(ies)/plan(s). Written confirmation will be sent to the policy owners named above.

Policy owner

Policy owner

Policy owner

Full name

Full name

Full name

Signature

Signature

Signature

Date

/ /

Date

/ /

Date

/ /

Please return this form to: Sovereign Assurance Company Limited, Private Bag Sovereign, Victoria Street, Auckland 1142, Facsimile +64 9 487 8003, Freefax 0800 329 768

Sovereign House,
74 Taharoto Road,
Takapuna,
Auckland 0622

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Auckland 1142

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Freefax 0800 329 768
Email enquire@sovereign.co.nz
Web sovereign.co.nz



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