

# Separation of Cover



Policy number

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I / We hereby authorise the changes below to the above policy.

## 1.0 Retain existing policy

Print full name of person to retain the existing policy:

I wish to retain cover for myself under the existing policy number above and pay premiums as I have specified below.  
I understand that I retain all benefits under this policy.

Tick where appropriate:

- ☐ I have authority from all owners of the bank account to continue deductions under the existing Direct Debit held with nib.
- ☐ I authorise premiums on the above policy to be deducted under the attached new Direct Debit showing the new bank account number.
- ☐ I authorise another form of payment by: ☐ Credit Card ☐ Cheque
- ☐ The following lives insured below should remain on this policy:

Child's full name

Child's full name

Note: The person moving to the new policy will not retain the benefits of the existing policy.

## 2.0 Remove from existing policy

Print full name of person to be removed from the existing policy:

I wish to be removed from the existing policy number shown above and transferred to my own separate policy. I understand that any benefits on the original policy with nib will not be transferred to my new policy as they are retained with the existing policy.

Tick where appropriate:

- ☐ I have authority from all owners of the bank account to continue deductions under the existing Direct Debit held with nib for payment of the premiums on my new policy.
- ☐ I authorise premiums on my new policy to be deducted under the attached new Direct Debit showing the new bank account number.
- ☐ I authorise another form of payment by: ☐ Credit Card ☐ Cheque
- ☐ The following lives insured below should transfer to my new policy:

Child's full name

Child's full name

## Declaration

- I / We declare and agree to the changes above, and that person number one retains the existing policy with all benefits, including the Premium Payback Benefit and No Claims Discount eligibility (if applicable on the policy).
- I / We also declare and agree that the person number two will be removed from the existing policy and will cease to have any cover or receive any benefits under that policy.
- I / We also declare and agree that person number two shall have cover under a new policy taken out in their name from the new commencement date and this new policy does not include the Premium Payback Benefit.
- I / We understand that if the Premium Payback Benefit applied to the existing policy, this benefit will stay with that existing policy.
- I / We also declare and agree that I / We have authority from all account owners as to the payment instructions above.

Name of person number one retaining existing policy:

Address

Phone number

Signature

Date

d	d	m	m	y	y	y	y
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Name of person number two moving to new policy:

Address

Phone number

Signature

Date

d	d	m	m	y	y	y	y
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Sign here