



# Trustees Liability Renewal Declaration

## SECTION 1: STATEMENT

I/We, on behalf of all Insured and after having made full enquiries, declare that the information given in the last completed Proposal Form and any other information provided during the Insurance Period has not materially altered (including the financial position of the Insured), and I/we make the following declarations:

- 1. Company Name: \_\_\_\_\_
- 2. There has not been any material change in the financial position or capital structure of the Trustee or Trust, and there is not matter that is not shown in the latest financial statements that may materially affect the financial position of the Trust, nor is any Employer of the Trust which may affect the ability of the Trustee to meet its debts should the fall due?
 

Yes [ ]	No [ ]
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 If YES please provide full details: \_\_\_\_\_
- 3. There has not been
  - a. any change in the Employer who makes the superannuation contribution in the last 12 month? Yes [ ] No [ ]
  - b. any change in the Investment Manager(s) managing the funds? Yes [ ] No [ ]
  - c. any change in the investment options available? Yes [ ] No [ ]
  - d. any change in the insurance benefit provider(s)? Yes [ ] No [ ]
  - e. an increase in growth in contributing member greater than 25% or growth in asset size greater than 25%? Yes [ ] No [ ]
  - f. any change in geographic location for any Employer contributing? Yes [ ] No [ ]
 Is the Proposer aware, after enquiry of any circumstances or incident, which may give rise to a Claim? Yes [ ] No [ ]
 

If YES, please provide further details: \_\_\_\_\_
- 4. The Insured agree to immediately, and before inception of the proposed insurance, inform DUAL New Zealand Limited of:
  - a. any change in the information provided or previously provided, to DUAL New Zealand Limited including but not limited to the financial position of the Insured? Yes [ ] No [ ]
  - b. any alteration in the state or condition of the subject matter of the proposed insurance, including but not limited to any conduct by the Insured/us/me that result in such an alteration or has effect of allowing such and alteration? Yes [ ] No [ ]
  - c. any claim, or circumstances that may give rise to a claim, against the Insured of which I/we the Insured become aware. Yes [ ] No [ ]
  - d. any breaches of regulation or any complaints made to Regulators? Yes [ ] No [ ]

## SECTION 2: FURTHER DECLARATION TO THE PROPOSAL

### AFTER INQUIRY

I/We on behalf of the Insured declare that the statements and particulars in this Renewal Declaration are true and that no material facts have been misstated or suppressed after enquiry. I/We on behalf of the Insured agree that should any of the information given by us (including in the last completed Proposal Form) alter between the date of this Renewal Declaration and the inception date of the insurance to which this proposal relates, I/We will give immediate notice thereof. I/We on behalf of the Insured agree that the Underwriters may use and disclose Our personal information in accordance with the "Privacy Statement" in the last completed Proposal. The undersigned agrees that this Renewal Declaration, together with any other information supplied by us (including in the last completed Proposal) form shall form the basis of any contract of insurance effected thereon.

Insured (Association Name) : \_\_\_\_\_

Insured (Principal) : \_\_\_\_\_

Signed : \_\_\_\_\_ Dated: \_\_\_\_\_