

## Premium & Cover Pause Application

Please complete a new form for each policy you wish to pause.

**Policy number**

**Policy owner**

**Date of birth of policy owner**

**Address of policy owner**

Suburb  State  Postcode

If there is more than one policy owner, please complete the below for the second policy owner.

**Policy owner**

**Date of birth of policy owner**

**Address of policy owner**

Suburb  State  Postcode

### Eligibility

- Your policy has been in place for at least 12 months.
- Your policy is currently paid up to date and there are no outstanding premiums due.
- The policy has not (or will not, because of this application) exceed the maximum period of Premium and Cover Pause of 12 months over the life of the policy.

### Terms

- The Premium and Cover Pause will take effect from the last paid to date on your policy.
- If selecting less than 12 months, you can always apply to extend before the Premium and Cover Pause period end, subject to eligibility.

### Premium and Cover Pause period

I would like to pause my premium and cover for the following period:

- 3 months
- 6 months
- 12 months

### Declaration

By completing this application to exercise Premium and Cover Pause, I acknowledge and agree with the following statements:

- I have read and understand the full terms and conditions of Premium and Cover Pause in the PDS.
- During this period and in future, you will be unable to claim under your policy in respect of any medical condition, injury or sickness that occurs during the Premium and Cover Pause period or for which you had symptoms of during that period, unless you were not aware of, and a reasonable person in the circumstances could not have expected to have been aware of the medical condition, injury or sickness at the time.
- The period of Premium and Cover Pause cannot be cancelled before the nominated end date I requested, and Resolution Life agreed to. For example, if you requested a 6 month Premium and Cover Pause, you cannot cancel and resume cover before the end of the 6 month period.

**Issue date:** 10 July 2025

This document does not take into account your financial situation, objectives and needs. It is important you consider these matters before making any decision based on the information contained in this document. Any information in this document is provided by Resolution Life Australasia Limited, ABN 84 079 300 379, AFSL No. 233671 (Resolution Life). Resolution Life can be contacted via [resolutionlife.com.au/contact-us](http://resolutionlife.com.au/contact-us) or by calling 133 731.

## Declaration (continued)

- At the end of the period of Premium and Cover Pause premium charges and cover will automatically restart. We will notify you before this happens. If your policy anniversary occurred during the pause period, the new premium amount will apply at the end of the pause period. Any changes to your policy including premiums will be communicated to you and apply at the end of the pause period.
- The Premium and Cover Pause Benefit can only be exercised for a maximum of 12 months over the life of a policy.

Signature(s) of policy owner(s)

X
---

X
---

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## Where to send this form

Email a scanned copy of the form to:  
**insurance@resolutionlife.com.au**

Mail the form to:  
Resolution Life  
GPO Box 5441  
Sydney NSW 2001