

Instructions

Before completing this form, please refer to section 244 of the Insurance (Prudential Supervision) Act 2010 ("Act"). Existing insurers in New Zealand will have three months from commencement of Section 244 to notify the Reserve Bank of New Zealand of its intentions.

IMPORTANT: This form must be submitted by **5 January 2011**.

Step One—Complete the Form

1. Print out this form
2. Complete and sign by hand

Step Two—Submit the Form

Either by **email**.

1. Scan the completed and signed form and save the file preferably in PDF format or as an image (e.g. TIFF or JPEG) no larger than 10MB
2. Attach the file to an email and send to insurance@rbnz.govt.nz

...or use our **secure website**...

1. Scan the completed and signed form and save the file preferably in PDF format or as an image (e.g. TIFF or JPEG) no larger than 10MB
2. Using a web browser go to <https://sup.rbnz.govt.nz/send> and attach the file. This will send the file securely to Reserve Bank staff.

...or by **post**...

1. Send the completed and signed form to:
*Peter Brady, Manager Insurance Oversight
Reserve Bank of New Zealand, PO Box 2498, Wellington 6140, New Zealand*

Intention:

(Tick one option only)

- CONTINUE** carrying on insurance business in New Zealand
- CEASE** carrying on insurance business in New Zealand
- UNDECIDED**

Type(s) of Insurance Business:

(Tick all those that apply)

- LIFE**
- NON-LIFE**
- HEALTH**

Name of Insurer:

Country of Incorporation:

Were you carrying on insurance business in New Zealand immediately prior to enactment of the Act? **YES** **NO**

Primary Contact Person

Phone

Fax

Email

Position/Job Title

Correspondence Address of Insurer in New Zealand

Certified by Chief Executive Officer or other authorised signatory

Full Name

Position

Signature

Date (DD/MM/YYYY)