



1 Life to be assured

Title Last name

First name(s)

Previous name (if changed)

Mailing address

Street

Suburb Town/City Postcode

Home address (if different)

Contact details

Home phone Business phone Mobile

Email

Date of birth (dd/mm/yyyy) / / **Place of birth** Male Female X

In the last 12 months, have you smoked tobacco or any other substance and/or used smoking alternatives (e.g. e-cigarettes, vaping, nicotine gum or patches)? Yes No If Yes, please give details of each substance including date started (or stopped) and quantity per day:

Occupation (please include duties)

2 Cover details

If applying for the below, please complete a **Corporate Solutions Personal Statement**.

Life Cover (please tick one)

\$50,000 \$100,000 \$150,000 \$200,000

\$250,000 \$300,000 \$350,000 \$400,000

\$450,000 \$500,000

If applying for the below, please complete a **Corporate Solutions Personal Statement**.

Critical Illness (please tick one)

\$50,000 \$100,000 \$150,000

\$200,000 \$250,000

If applying for the below, please complete a **Corporate Solutions Personal Statement**.

Income Protection

I am applying to extend my Income Protection Benefit Payment Period from 2 years to 5 years.

I am applying to extend my Income Protection Benefit Payment period to age 65.

3 Eligibility criteria

- a. I am engaged in my normal duties and working normal hours on the date of this application without restriction or limitation due to an injury or illness YES NO

If No, please provide details:

- b. *(applicable to Income Protection only)*
I am not in receipt of and / or entitled to claim benefits from ACC, WINZ or an insurer due to sickness or injury. YES NO

- c. I confirm that the above statements are true and correct as at the date of signing this form. YES NO

If No, please provide details:

4 Member's Declaration

- > This application form collects personal information about you the Member ("You").
- > The intended recipient of this information is AIA New Zealand Limited ("AIA") and its related entities, the information collected will be held at AIA's Auckland office at 74 Taharoto Road, Takapuna, Auckland. The information provided in this form will be used by AIA and/or any related entities for the purposes of assessing the claim made and any related issues to do with your insurance including any application, renewal or re-instatement of insurance.
- > You have the right to request access to and correction of your personal information at any time.

I, the Member, declare and agree:

- > I agree that AIA may communicate directly with the Policy Owner in relation to all matters pertaining to this application.
- > I agree that a photocopy of this authority will be valid as an original.
- > I declare that all the answers to questions in this form are true and complete. If any answer is not in my handwriting, I declare that it has been written down at my dictation.

Full name of Member

Signature of Member

X

Date
(dd/mm/yyyy)

/ /

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