

Application/Policy No.

Credit Card Authority



Life Assured

Title First Names Surname

Street Address

Suburb Town/City Postcode

Postal Address (if different from street address)

Suburb Town/City Postcode

Phone No. Business () Home () Mobile ()

Email

I wish to pay premiums by:

Visa Mastercard

Card No.

Expiry Date

Payment Frequency Monthly Quarterly Half Yearly Annually

This authority enables AIA New Zealand to debit your credit card as above until you advise AIA New Zealand in writing to cancel this authority. The amount debited may vary from time to time as a result of contractual increases or decreases which apply to your policy.

Card Holder's Name

Card Holder's Signature

Date / /

Where the payer is neither the Life Assured or Policy Owner, what is the relationship?

Daytime Contact Phone Number ()

GEON 416658 05/11