

Application/policy no.



Credit Card Authority

1. Life Assured

Title **First name**

Surname

Physical address

Unit/apartment/building/floor

Street

Suburb

Town/city Postcode

Region/state Country

Postal address (if different from physical address)

PO Box/private bag number

Street

Suburb

Town/city Postcode

Region/state Country

Home phone

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Business phone

()

Mobile phone

()

Email

2. I wish to pay premiums by

Visa Mastercard

Card Number

Cardholder's name

Cardholder's Signature

Date Signed Card Expiry Date

Premium frequency* Fortnightly Monthly Quarterly Half yearly Annually

* Paying premiums by instalments may increase the total annual premiums payable. Should you require further information please contact us.

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.

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

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

Daytime contact phone number ()