

Application / policy no.



Payer Details Form

Payer 1

Title	First name	Gender (Please tick)	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F
Surname	Middle name(s)		
<input type="text"/>	<input type="text"/>		
Name(s) known as	Previous name(s)		
<input type="text"/>	<input type="text"/>		
Occupation	Provider's customer number (where applicable)		
<input type="text"/>	<input type="text"/>		
Physical address		Postal address (if different from physical address)	
Unit / apartment / building / floor		PO Box / private bag number	
Street		Street	
Suburb		Suburb	
Town / city	Postcode	Town / city	Postcode
Region / State	Country	Region / State	Country
Home Phone	Business phone		
()	()		
Mobile phone	Email		
<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		
Nationality	Relationship to Life Assured		
<input type="text"/>	<input type="text"/>		

Payer 2 (if joint bank account)

Title	First name	Gender (Please tick)	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M	<input type="checkbox"/> F
Surname	Middle name(s)		
<input type="text"/>	<input type="text"/>		
Name(s) known as	Previous name(s)		
<input type="text"/>	<input type="text"/>		
Occupation	Provider's customer number (where applicable)		
<input type="text"/>	<input type="text"/>		
Physical address		Postal address (if different from physical address)	
Unit / apartment / building / floor		PO Box / private bag number	
Street		Street	
Suburb		Suburb	
Town / city	Postcode	Town / city	Postcode
Region / State	Country	Region / State	Country
Home Phone	Business phone		
()	()		
Mobile phone	Email		
<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		
Nationality	Relationship to Life Assured		
<input type="text"/>	<input type="text"/>		

Payer – business (please complete if the Policy Owner is a New Zealand registered company)

Name of organisation and trading name (if different)

Place of incorporation

Date of incorporation Relationship to Life Assured

Name of all directors / shareholders / partners / trustees / officers

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

If your business has multi-level ownership, please attach an organisation structure to this application.

Name of contact person	Position
<input type="text"/>	<input type="text"/>

Business phone	Contact person's phone (if different)
<input type="text"/>	<input type="text"/>

Contact person's mobile	Contact person's email
<input type="text"/>	<input type="text"/>

Business fax
<input type="text"/>

Physical address (for principal place of business)	
Unit/apartment/building/floor	
Street	
Suburb	
Town/city	Postcode
Region/state	Country

Physical address (for registered office) (if different)	
Unit/apartment/building/floor	
Street	
Suburb	
Town/city	Postcode
Region/state	Country

Postal address (for principal place of business)		
PO Box / private bag number	Street	
Suburb	Town/city	Postcode
Region/state	Country	

- I / We acknowledge that personal information collected or held by AIA New Zealand is provided and may be held, used, and disclosed by AIA New Zealand to:
 - process this ownership transfer; and
 - any other application for insurance I / we make to AIA New Zealand; and
 - or the purposes of any legal proceedings before a Court, or review or arbitration before statutory or independent body
- I / We acknowledge that for the purposes set out in clause 1, personal information may be made available to our subsidiary and affiliated companies, local and overseas (and in this regard you consent to the transfer of your information outside New Zealand) and to any agent, contractor or third party who provides administrative or other services to AIA New Zealand or any member of the AIA Group.
- I / We understand that access to my / our personal information is available to me / us under the Privacy Act 1993 by writing to AIA New Zealand.
- The AIA Group and its affiliates, including AIA New Zealand ("the Group") are subject to and required to, or has agreed to, comply with certain legal, regulatory and/or other requirements (the "Reporting Requirements"). As such, I / we provide our express consent that AIA New Zealand shall have the right to provide such personal data and information to any governmental authorities, regulatory bodies and / or any other person(s) in respect of the Reporting Requirements. I / We understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) the personal data of the Owner, the Insured, and the Beneficiaries ("the Parties"), or any of them; ii) any information relating to this Policy; and iii) any information relating to any other policies held by the Parties or any of them. I / We understand that AIA New Zealand will not be able to sell any insurance product to me / us and provide any service if I / we refuse to give the said express consent.

I / We declare that the above information is true and correct, that I / we have read and understood the above declaration and agree to be bound by these terms and conditions.

Full name of Payer (1)

Signature of Payer (1) _____ Date

Full name of Payer (2)

Signature of Payer (2) _____ Date