

Application / policy no.



# Owner Details Form

## Owner 1

Title

First name

Gender (Please tick)

 M F

Surname

Middle name(s)

Name(s) known as

Previous name(s)

Occupation

Provider's customer number (where applicable)

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

Business phone

Mobile phone

Email

Date of birth

Country of birth

Nationality

Relationship to Life Assured

## Owner 2

Title

First name

Gender (Please tick)

 M F

Surname

Middle name(s)

Name(s) known as

Previous name(s)

Occupation

Provider's customer number (where applicable)

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

Business phone

Mobile phone

Email

Date of birth

Country of birth

Nationality

Relationship to Life Assured

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

Name of organisation and trading name (if different)

Date of incorporation

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Place 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"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

|  |  |
|--|--|
| <b>Name of contact person</b><br><input type="text"/>  | <b>Position</b><br><input type="text"/>                              |
| <b>Business phone</b><br><input type="text"/>          | <b>Contact person's phone (if different)</b><br><input type="text"/> |
| <b>Contact person's mobile</b><br><input type="text"/> | <b>Contact person's email</b><br><input type="text"/>                |
| <b>Business fax</b><br><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   |          |

**Contact for Correspondence**

Which policy owner's address should correspondence go to? (Please tick)

Owner 1     
  Owner 2     
  Owner – business

## Declaration

### NOTE TO U.S. CITIZENS

"I / We hereby declare and agree that, by purchasing this Policy and signing below, I / we represent that I / we are not a "U.S. person" for U.S. federal income tax purposes and that I / we are not acting for, or on behalf of, a U.S. person. I / We understand that the Company, believing this statement to be true, will rely on it and act on it. In the event this statement is false, any policy issued may be considered void in which case the Company shall notify me / us and repay any premiums less reasonable charges and policy withdrawals / the Company reserves the right and shall be entitled to cancel this Policy and pay reasonable compensation to me / us in consideration of such termination. I agree to notify AIA within thirty days of any change in my status as U.S. person for the purposes of U.S. federal income tax."

1. 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
2. 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.
3. 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.
4. 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 Owner (1)

Signature of Owner (1)

Date

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Full name of Owner (2)

Signature of Owner (2)

Date

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|