

Application / Policy no.



12 - Month Premium Break Application Form

1. Policy Owner

Title: **First name:** **Surname:**

Street 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:

Home phone: () **Business phone:** () **Mobile phone:** ()

Email: **Fax:** () **Date of birth:**

2. Life Assured

Title: **First name:** **Surname:**

3. Details

1. Please list the policies and benefits that you require a premium suspension for:

Policy number	Benefits

2. Please state the reasons why you are applying for a premium suspension

4. Terms and conditions

Offer B: The offer provides for a 12-month premium suspension with no cover

1. The policy must have been in force, and paid up, for at least 12 months prior to applying for the Offer.
2. The Offer may be exercised only once.
3. Cover is not available during the period of premium suspension. Cover will resume at the recommencement of premium payment. No claim will be considered in respect of any event, symptom or condition which first manifested itself during the period of premium suspension regardless of whether any medical advice was sought and/or whether a condition was diagnosed or not.
4. Policy Owners who have a Life Cover benefit will be entitled to Accidental Death Cover during the period of premium suspension up to an amount of \$100,000 or the level of existing Life Cover whichever is the lesser.
5. Available on all risk and health products, but excludes the permanent term product range.
6. We will suspend cover and the payment of premiums for a maximum of 12 months. We will resume premium billing when the requested suspension period expires.
7. If premium payment does not resume and the policy lapses at the end of the suspension period, a reinstatement application is required.
8. The level of cover may not be altered during the period of premium suspension.
9. AIA New Zealand reserves the right to alter these terms at any time without prior notice.

5. Declaration - to be signed by all Policy Owners

I/We declare that the above information is true and correct and agree to the terms and conditions listed above.

Full name of Policy Owner 1

Signature of Policy Owner 1

Date

Full name of Policy Owner 2

Signature of Policy Owner 2

Date

Full name of Policy Owner 3

Signature of Policy Owner 3

Date