

AIA New Zealand Short Form



Application for Insurance for:

Client Name:

Have you applied for insurance cover with AIA in the last 10 years?

 Y N

If yes, did that application proceed?

 Y N

Is this application for:

 New cover Change to existing cover Increase cover

Adviser Name:



**WE'RE
FOR LIFE**

Application/policy no.



Earn Airpoints Dollars™ with AIA New Zealand*
For every \$100 premium paid on eligible products, you
will receive 1 Airpoints Dollar.

Please provide an Airpoints™ number so that you can start earning Airpoints Dollars.

Note: we can only accept one Airpoints number for each application/policy number.

Please complete all three fields below.

First name (as held by Air New Zealand)

Last name (as held by Air New Zealand)

Airpoints™ number

If you are not an Airpoints member, you can join for free at
www.airnewzealand.co.nz/airpoints

You can request to change the Airpoints number registered to your AIA policy at any time by contacting our call centre on 0800 800 242 or talk to your adviser.

It is your responsibility to provide us with accurate details of your Airpoints account, and to let us know of any changes to your Airpoints account name or number.

*Terms and conditions apply. See page 14 for details.

Application/policy no.



Short Form Application

Personal Cover - REAL Life Cover, REAL Trauma Cover, REAL Total and Permanent Disability Cover – Own (Class 1-3) or Any occupation.

For REAL Health and REAL Trauma Cover with Cancer Treatment Benefit, please complete the long form.

- Applicants must be aged 18 through to 55.
- The maximum sums assured per applicant are: REAL Life Cover – \$1,000,000, accelerated REAL Trauma Cover – \$500,000, accelerated REAL Total and Permanent Disability Cover (Own or Any occupation) – \$1,000,000.

Section 1: Personal Details

1. Life Assured (please complete a separate application for each Life Assured)

Title **First name** **Gender** (Please tick) M F

Surname **Middle name(s)**

Name(s) known as **Previous name(s)**

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**

Enquiries
Please state a convenient time during the day for our underwriter to contact you if necessary. Information you provide to our underwriter will form part of your application for insurance.

Best contact Phone Email **Preferred time**

Date of birth **Country of birth**

Nationality

(a) Are you a permanent resident of New Zealand? Y N

If no, please advise your country of residence and whether you have applied for residency status in New Zealand

(b) Have you smoked, chewed or used tobacco in any form, or used nicotine replacement or smoked any other substance during the last 12 months? If yes, what type(s) and daily quantity? Y N

(c) Height – cm / ft-in Current weight – kg / st-lb (d) Do you drink alcohol? If yes, what type and how many standard* drinks per week? Y N

*1 standard drink = 1 glass (330mls) of ordinary strength beer OR 1 glass (100mls) of wine / fortified wine OR 1 pub measure (30mls) of spirits

(e) Are you planning to work, live or travel overseas (other than for holidays)? Y N

If yes, please provide details of the country(s) you intend to travel to including date, duration and purpose

2. Insurances

(a) Have you ever had insurance deferred, declined or issued on special terms with AIA or any other insurance company? If yes, please provide details below

 Y N

Date	Insurance company	Type of insurance	Declined	Deferred	Special terms	Reason

(b) Do you have, or are you applying for, any other insurance cover with other companies? If yes, please provide details

 Y N

Company	Type of insurance	Start date	Benefit amount	Applied for	Existing / in force	To be replaced

NOTE: If this policy is to replace existing insurance, PLEASE COMPLETE AN ADVICE ON REPLACEMENT BUSINESS FORM.

(c) Have you ever had a trauma, disability or health insurance claim or ACC claim? If yes, please provide details

 Y N

Claim date	Type of claim	Reason

3. Occupation

What is your occupation?

Please complete the table regarding your occupational duties

Occupation	Main duties	Hours / week	% Manual work	Hazardous duties

4. Doctor's Details

Doctor's name

Practice name

Address

Unit/apartment/building/floor	Street	
Suburb	Town/city	Postcode

Business phone

Fax number

Email

5. Paramedical Service

If medical and / or blood tests are needed, would you like to use our mobile paramedical service if it's available in your area?

 Y N

Section 2: Medical Details

1. Medical Details and History

Have you ever had, or been diagnosed with, had symptoms for / of and / or are you currently being treated for, or expecting to receive treatment in the future, or have you consulted a doctor for any of the following:

- (a) Epilepsy, asthma or tuberculosis? Y N
- (b) Any disease or disorder of the brain and nervous system, respiratory system, digestive system or circulatory system? Y N
- (c) Stroke, anaemia or any blood disorder, chest pain, elevated cholesterol, heart disease, high / low blood pressure or disorder of kidney or genitourinary system? Y N
- (d) Diabetes or hepatitis (including Hepatitis B carrier) or liver disorder or HIV infection, or HIV positive test or have been diagnosed as having HIV antibodies or suffered from an AIDS related condition? Y N
- (e) Cancer, tumour, cyst or growth of any kind? Y N
- (f) Any physical disability, deformity or handicap; disorder of bones, joints, or muscles; or any disorder or disease of the eye(s) or ear(s)? Y N
- (g) Any health condition(s) / symptom(s) that could require hospitalisation and / or medical treatment in the future? Y N
- (h) Have you attended a doctor for any condition other than a cold, influenza, or employment related examinations in the last eight years? Y N

If you answered yes to questions (a)-(h) please provide details below

Question	Date	Diagnosis of illness / test / injury / disorder / symptoms <small>(please specify which side or area of the body affected)</small>	Duration	Time off work	Treatment received / diagnosis / results	Recovery: Ongoing or Full <small>(if full recovery, advise date of last symptoms)</small>	Name & address of doctor / hospital

- (i) Have you ever had, or been diagnosed with, had symptoms of and/or are you currently being treated for, or expecting to receive treatment in the future, or have you consulted a doctor for any mental or nervous disorder or psychiatric condition? Y N
E.g. depression, anxiety, stress, mood disorder(s). If yes, please complete the questionnaire below.

1a. Nervous or mental disorders, stress, depression, fatigue, anxiety, low mood or lethargy questionnaire

(a) Please state the condition

(b) Please state when the symptoms first occurred and all recurrences

(c) Please give the date of last episode, frequency and duration of symptoms

Date of last episode	Frequency	Duration of symptoms
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(d) Has this condition been (or due to be) investigated by a specialist? If yes, please complete the table Y N

Date	Name & address of Specialist
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(e) What treatment or medication was prescribed?

(f) Are you currently continuing on any medication? If yes, please provide name of medication Y N

(g) Have you had any time off work? If yes, please advise duration of time off work (in days, weeks, months, years) Y N

(h) Have you ever had any suicidal thoughts or attempts of suicide or self-harm? If yes, please provide details Y N

1b. Optional Women's Extended Cancer Benefit or Cancer Treatment Benefit

Are you experiencing or have you ever experienced, or are you considering seeking advice, tests, treatment or an operation from a health professional for any of the following:

(a) Any symptoms, disease / disorder or investigation of the breast, including cancer, tumour, cyst, lumps or thickening, abnormal mammogram or ultrasound? If yes, please complete the table below Y N

(b) Any symptoms, disease / disorder or investigation of the gynaecological tract; including the cervix, uterus, fallopian tube(s), ovary, vulva, vagina, cervical Pap smear or colposcopy; or irregular or heavy menstrual bleeding or mid-cycle pain? If yes, please complete the table below Y N

Date	Nature of illness / test	Duration	Time off work	Treatment received / diagnosis / results	Name & address of doctor / hospital
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Family History

(a) Has your mother, father, sister(s) or brother(s), before the age of 65, suffered from diabetes, heart disease, stroke, mental illness, dementia, haemophilia, kidney disease, high blood pressure, cancer (specify type), Huntington's Chorea, polycystic kidney disease, muscular dystrophy, cystic fibrosis, motor neuron disease or any hereditary or familial disease or disorder? If yes, please complete the table below Y N

Relationship to you	Condition suffered	Current health	Age at diagnosis	Current age	Age at death (if applicable)
<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"/>	<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"/>

Section 3: Policy Owner(s)

Policy Owner(s)

Please tick if you wish the Life Assured to be the Policy Owner

Policy Owner 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		
<input type="text"/>	<input type="text"/>		
Mobile phone	Email		
<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Policy Owner 2

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		
<input type="text"/>	<input type="text"/>		
Mobile phone	Email		
<input type="text"/>	<input type="text"/>		
Date of birth	Country of birth	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

For more owners, please complete a supplementary Policy Owners form.

Contact for correspondence

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

Policy Owner 1 Policy Owner 2 Policy Owner – business



Section 4: Disclosures and Declarations

1. Disclosure Information to AIA New Zealand

Definition:

AIA New Zealand shall mean AIA International Limited, trading as AIA New Zealand, and / or any related companies and / or agents (including company officers acting in the scope of their authority) and AIA New Zealand's insurance advisers or reinsurers.

You are not insured:

- until this application has been accepted by AIA New Zealand; and
- you have paid the first month's premium.

AIA New Zealand may decline this application, or may accept this application subject to certain conditions and exclusions.

Your duty of disclosure:

When you apply for insurance with AIA New Zealand and when you make a claim on the policy, you have a legal duty of disclosure to AIA New Zealand.

The duty of disclosure means that:

1. All the statements that you or any Life Assured make to AIA New Zealand (both written and oral), including the answers in this application, any claim made by you, and any other communication by you or any Life Assured with AIA New Zealand, must be true and correct.
2. You and any Life Assured must disclose everything that you or any Life Assured know, or could reasonably be expected to know that is relevant to AIA New Zealand's decision whether:
 - to accept your application for insurance, on what terms AIA New Zealand will accept it and how much it will cost; or
 - to accept your claim on the policy.
3. This duty of disclosure in relation to your application for insurance continues from the time you complete this application until either:
 - the later of the commencement date of the policy or the date AIA New Zealand accepts your application for insurance; or
 - AIA New Zealand declines your application for insurance.
4. You and any Life Assured also have the same duty of disclosure to AIA New Zealand throughout the term of the policy whenever you or any Life Assured communicate with AIA New Zealand and whenever you extend, vary or reinstate your insurance.

Important: Duty of Disclosure

If you or any Life Assured do not comply with your duty of disclosure, then AIA New Zealand may at its discretion do any or all of the following:

1. Decline any claim that you make;
2. Alter the terms of any benefits under the policy;
3. Remove any benefits under the policy;
4. Void your policy from the commencement date of the policy;
5. Retain all premiums, policy fees and recover any benefits paid;
6. Terminate this policy.

**IF YOU ARE NOT SURE WHETHER YOU ARE REQUIRED TO DISCLOSE A PARTICULAR FACT,
PLEASE ASK AIA NEW ZEALAND OR YOUR INSURANCE ADVISER.**

2. Declaration to AIA New Zealand

It is important for you to read and understand this declaration before signing the application, as these terms and conditions will form part of your insurance if AIA New Zealand accepts your application.

1. I / We declare that the statements made in this application are true and complete and that I / we have disclosed all information material to this insurance for myself/ourselves and on behalf of family members.
2. I / We agree that this application and any other written statements made in connection with the proposed insurance shall form the basis of the contract between myself/ourselves and AIA New Zealand.
3. I / We understand that AIA New Zealand reserves the right to recover any medical costs incurred in assessing this application should I / we decide to cancel this application.
4. I / We further declare that the answers to the questions in this electronic application have been correctly entered at my / our dictation and read and approved by me/us.
5. I / We acknowledge that the illustration attached to this application forms part of the application and sets out the insurance benefits I / we are applying for.
6. I / We acknowledge that if I / we undergo any alteration in my / our mental or physical health or have a change of occupation between the date of this application and the commencement date of this policy, or the date AIA New Zealand accepts this application for insurance, (whichever is later), I / we agree to notify AIA New Zealand immediately.
7. I / We acknowledge that I / we are signing on behalf of any children under the age of 18 and declare that I / we have disclosed all health information, including any pre-existing conditions, for such children as well as myself / ourselves.
8. I / We authorise AIA New Zealand to debit my / our nominated credit card account with the premiums payable pursuant to the insurance. AIA New Zealand may debit the credit card account with an insurance premium even when there may be insufficient clear funds in the credit card account, but AIA New Zealand should not be obliged to do so. If there are insufficient funds in the account AIA New Zealand may also debit the account with any applicable fees and charges. If the insurance premium cannot be recovered from me / us, then AIA New Zealand may reverse the insurance premium payment resulting in the premiums being treated as not having been paid and AIA New Zealand may be entitled to cancel the insurance in accordance with the insurance terms relating to non-payment of premiums.
9. I / We acknowledge that, except in relation to "health information" (as that term is defined in the Health Information Privacy Code 1994), personal information collected or held by AIA New Zealand (whether contained in this application or otherwise obtained) is provided and may be held, used, stored and/or disclosed by AIA New Zealand:
 - to process this application and any other application for insurance I / we make to AIA New Zealand;
 - for the purposes of assessing any claim;
 - to design new, or enhance existing, products and services provided by AIA New Zealand;



2. Declaration to AIA New Zealand

- to communicate with me/us, including to send me/us administrative communications about any policy I/We may have with AIA New Zealand;
 - to third parties for the purposes of such parties providing AIA New Zealand with technology services;
 - for statistical or actuarial research undertaken by AIA New Zealand;
 - unless I/we tell AIA New Zealand otherwise or opt out, to tell me/us about other products and services that are offered by AIA New Zealand, or by reputable organisations with whom AIA New Zealand contracts;
 - to assist AIA New Zealand to work with other reputable organisations with whom AIA New Zealand contracts, whether in New Zealand or overseas, that offer products or services (including loyalty programmes) connected with any of the services that AIA New Zealand offers. Such assistance may include undertaking data matching exercises both internally within AIA New Zealand and with such organisations in order to identify products and services that I/we might be interested in;
 - for internal business and administrative purposes;
 - to assist in law enforcement purposes, investigations by police or other government or regulatory authorities and to meet requirements imposed by applicable laws and regulations or other obligations committed to government or regulatory authorities; and
 - as otherwise specified in this declaration.
- 10.** I/We acknowledge that all personal information collected or held by AIA NZ that is health information, as that term is defined by the Health Information Privacy Code 1994, whether contained in this application or otherwise obtained, is provided and may be used and disclosed by AIA New Zealand:
- to process this application and any other application for insurance I/we make to AIA New Zealand;
 - for the purposes of assessing any claim;
 - to assist in law enforcement purposes, investigations by police or other government or regulatory authorities and to meet requirements imposed by applicable laws and regulations or other obligations committed to government or regulatory authorities; and
 - in accordance with paragraphs 11, 12, 13, 16 and 17 below.
- 11.** I / We acknowledge that for the purposes set out in clause 10, in relation to health information, and clause 9, in relation to other personal information, personal information may be made available to our related 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 technology, administrative or other services to AIA New Zealand or any member of the AIA Group.
- 12.** I / We understand that AIA New Zealand is a member of the Health Funds Association of New Zealand (HFANZ). I / we agree that AIA New Zealand is authorised to collect, use and disclose personal information and health information about me / us for the purposes of the Integrity Registry in relation to any AIA REAL Health policy. I / We authorise disclosure of personal and health information to HFANZ or its agents, and HFANZ Members, for the above purpose.
- 13.** I / We authorise AIA New Zealand to obtain my/our full medical history where the application form contains:
- ongoing medical conditions
 - partial or incomplete medical history
 - multiple medical conditions
 - a referral to a medical provider
- 14.** I / We acknowledge that if I / we fail to provide any information requested in this application, AIA New Zealand may be unable to process the application for insurance.
- 15.** I / We understand that I/We have the right to ask for a copy of any of my / our personal information that is held by AIA New Zealand, and to ask for it to be corrected if I/We think that it is wrong, by writing to AIA New Zealand.
- 16.** I / We authorise AIA New Zealand (or its agents) to obtain personal information held about me / us relevant to my / our application, my / our insurance, or any claim that I / we may make. This declaration shall constitute sufficient authority to the party that AIA New Zealand requests the information from and extends to personal information held about me / us by any government department incorporated body or person, including (but not limited to) information held by:
- Accident Compensation Corporation
 - employers
 - accountants and other financial advisers
 - government departments and bodies
 - banks and insurers
 - medical laboratories
 - counsellors, psychologists and therapists
 - private and public hospitals
 - dentists
 - registered medical practitioners and specialists
- 17.** The AIA Group and its affiliates, including AIA New Zealand are required to comply with certain legal and regulatory 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 Policy 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.
- 18.** I / We agree that a photocopy of this authority shall be treated as an original.
- 19.** If this application is to replace existing cover with another insurer, I / we have read, understood and signed an Advice on Replacement Business form.
- 20.** I / We have been advised that specimen policy wordings are available from my / our insurance adviser and that AIA New Zealand's financial statements are available from AIA New Zealand's head office.
- 21.** I / We declare that I / we have disclosed all information around previous applications for insurance cover with AIA New Zealand.

Application/policy no.



2. Declaration to AIA New Zealand

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

I/We authorise AIA to disclose all personal information relating to this Application to my financial adviser. The information is to be provided for the purposes of my financial adviser providing me with advice regarding the underwriting of this Application by AIA. This authority is limited to this Application, and is only valid for the period of the assessment of this Application until an outcome on this Application is reached. I/we acknowledge that the personal information which may be disclosed includes, but is not limited to, medical, vocational, occupational and financial information relevant to the assessment of this Application.

To be signed below by every person to be covered by this insurance and all Policy Owners.
(To be signed by the parent / legal guardian if the Life Assured is a child under 18 years)

Full name of Life Assured	<input type="text"/>	
Signature of Life Assured	<input type="text"/>	X <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"/> <input type="text"/>
Full name of Policy Owner (1) <small>(if different from Life Assured)</small>	<input type="text"/>	
Signature of Policy Owner (1)	<input type="text"/>	X <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"/> <input type="text"/>
Full name of Policy Owner (2) <small>(if different from Life Assured)</small>	<input type="text"/>	
Signature of Policy Owner (2)	<input type="text"/>	X <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"/> <input type="text"/>
Full name of Policy Owner (3) <small>(if different from Life Assured)</small>	<input type="text"/>	
Signature of Policy Owner (3)	<input type="text"/>	X <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"/> <input type="text"/>
Full name of Policy Owner (4) <small>(if different from Life Assured)</small>	<input type="text"/>	
Signature of Policy Owner (4)	<input type="text"/>	X <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"/> <input type="text"/>

AIA New Zealand Financial Strength Rating

AIA International Limited, trading as AIA New Zealand, has a current insurer financial strength rating of **AA- (Very Strong)** from Standard and Poor's. A summary of the Standard and Poor's rating scale is:

AAA : Extremely Strong AA : Very Strong A : Strong BBB : Good BB : Marginal B : Weak CCC : Very Weak
CC : Extremely Weak R : Regulatory Action D : Default NR : Not Rated

Plus (+) or Minus (-): The rating from 'AA' to 'CCC' may be modified by the addition of a plus or minus sign to show relative standings within the major rating categories.

Section 5: Adviser Details

Adviser name	<input type="text"/>
Adviser number	<input type="text"/>
Agency name	<input type="text"/>
FSP/QFE no.	<input type="text"/>
If you are part of a QFE, please provide the QFE name	<input type="text"/>
Commission split	<input type="text"/>
Commission code	<input type="text"/>
Is the client a family member?	<input type="checkbox"/> Y <input type="checkbox"/> N

Checklist

Type of application

New application
 Single Life
 Joint Life (please complete a separate application)

Increase Policy no.
 Use existing DD/CC
 Use new DD/CC

Amendment Policy no.

Application details

All relevant sections completed and signature(s) obtained on the declaration

The illustration is attached to this application

A Business Cover Financial Report is completed (for AIA Business Cover applications)

Section 6: Payment Details

Payment Method

Direct Debit
 Credit Card
 Cheque (annual)

Payment Frequency:

Fortnightly – deductions to be on every second day starting on the

Monthly – deductions to be on the of every month (except 29, 30 & 31)

Quarterly – deductions to be made on the

Half Yearly – deductions to be made on the

Annually* – deductions to be made on the

Preferred Policy Risk Commencement Date

If not specified, we will start your cover in line with your preferred payment date.

If paying by direct debit or credit card, please complete the attached authority form (page 15).

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

These Airpoints™ terms and conditions set out the terms under which a customer of ours (“you” or “your”) may earn Airpoints Dollars™ through AIA New Zealand (“us”, “we” or “our”) in accordance with the Airpoints loyalty programme that is offered by Air New Zealand Limited (Air NZ). You acknowledge that your ability to earn Airpoints Dollars is subject to Air NZ’s Airpoints terms and conditions.

Eligibility

- To be eligible to earn Airpoints Dollars™ (an **Eligible Customer**) you must:
 - be a policy owner of one or more of the Eligible Products (as defined in Section 2 below);
 - be a member of Air NZ’s Airpoints programme (which will be subject to Air NZ’s Airpoints terms and conditions); and
 - register your Airpoints membership number with us.
- Eligible Customers will be eligible to earn Airpoints Dollars™ in respect of the following products:
 - REAL Accidental Death, 2) REAL Business Continuation Cover, 3) Business Overheads, 4) Cancer Benefit Rider, 5) Cancer Treatment Benefit, 6) Family Protect Cancer Treatment Benefit, 7) Family Protect Critical Illness Cover, 8) Family Protect Life Cover, 9) Family Protect Terminal Illness Cover, 10) REAL Farmers Revenue Protection Cover, 11) REAL Income Protection, 12) Income Protection Redundancy LOE Premier, 13) Income Protection Redundancy-Agreed, 14) Income Protection Redundancy-Indemnity, 15) Key Person Benefit, 16) Level Cancer Benefit Rider, 17) REAL Level Life Cover, 18) REAL Level Total Permanent Disability, 19) REAL Level Trauma Cover, 20) REAL Life Cover, 21) Monthly Life Cover, 22) REAL Mortgage Income and Rent Cover, 23) Mortgage Redundancy Cover, 24) Mortgage Repayment Cover, 25) REAL New to Business Cover, 26) Personal Accident Benefit, 27) REAL Easy Funeral Cover, 28) REAL Easy Life Cover, 29) REAL Health, 30) Spouse or Partner Funeral Benefit, 31) Superior Health Cover, 32) Superior-3 Health Cover, 33) REAL Total Permanent Disability, 34) Trauma - Child Top Up, 35) REAL Trauma Cover, 36) REAL Vital Income Protection, 37) REAL Business Life Cover, 38) REAL Business Trauma Cover, 39) REAL Business Total and Permanent Disability.

(“**Eligible Products**” or separately an “**Eligible Product**”)

Registering your Airpoints number

- Eligible Customers can register your Airpoints number with us by:
 - including it on the application form when you apply for one or more of our Eligible Products;
 - calling our call centre on 0800 800 242;
 - providing it to your insurance adviser to register with us on your behalf; or
 - via any other means we make available for this purpose.
- The Airpoints number that is provided to us under Section 3 will be registered to the policy number applicable to either:
 - the Eligible Product or Eligible Products for which you are applying under Section 3(a), once we have accepted your application; or
 - the Eligible Product or Eligible Products that you have informed us of via the means set out in Sections 3(b) to 3(d).
- We will only accept one Airpoints number for each policy number relating to an Eligible Product. If there is more than one policy owner in relation to an Eligible Product the policy owners must nominate one Airpoints number to earn Airpoints Dollars through that Eligible Product.
- You can request to change the Airpoints number registered to an applicable policy number at any time.
- It is your responsibility to provide us with accurate details of the Airpoints account and to let us know of any changes to the Airpoints account name or number.
- We will not be liable for any loss, including any loss of benefits, resulting from the Airpoints account details being out of date, inaccurate or otherwise.

Earning Airpoints Dollars

- From the launch date (that we will determine), all new applications by Eligible Customers for Eligible Products that are accepted by us will qualify to earn Airpoints Dollars subject to these terms and conditions (the “**New Business Launch Date**”).
- If on the New Business Launch Date, you are an Eligible Customer and you already have one of our Eligible Products then from a subsequent launch date (that we will determine) (the “**Existing Business Launch Date**”) and subject to these terms and conditions,

you will be able to accrue Airpoints Dollars for each Eligible Product from the date that you pay your next premium for that Eligible Product.

- Subject to these terms and conditions, Eligible Customers will earn 1 Airpoints Dollar for every \$100 of premium actually paid to us in respect of an Eligible Product, which will accrue to the Airpoints account registered with us in accordance with Section 3.
- We may change the earn rate for Airpoints Dollars at any time.
- This offer is not transferable or redeemable for cash.
- Eligible Customers may also be eligible to earn additional Airpoints Dollars through special offers or promotions that we notify you of from time to time, subject to both these terms and conditions and any additional offer or promotion terms.
- Airpoints Dollars will not accrue retrospectively for premium payments received prior to either the New Business Launch Date or the Existing Business Launch Date (as applicable), or in relation to premium payments received prior to Eligible Customers registering an Airpoints number with us.
- Air NZ will use reasonable endeavours to credit Airpoints Dollars to the relevant Airpoints account notified to us in accordance with these terms and conditions within 30 days of the premium being paid on an Eligible Product.

Deduction of Airpoints Dollars

- If for any reason, the payment that earned you Airpoints Dollars is refunded or dishonoured, or you cancel the Eligible Product that you took out with us, we reserve the right to deduct those Airpoints Dollars from the Airpoints account linked to the policy number for that Eligible Product.

Privacy

- Our Privacy Statement available at www.aia.co.nz/en/index/privacy-statement.html applies to all of your information that we collect, use, store or disclose in relation to the Airpoints programme.
- In addition, by registering an Airpoints number with us, you acknowledge and agree that personal information about you, together with other data relating to transactions that earn you Airpoints Dollars, may be collected, used, stored and disclosed by us, our contractors, Air NZ and/or its Airpoints partners for the following purposes:
 - to administer the Airpoints programme, including:
 - communicating with you about the Airpoints programme;
 - undertaking data matching activities;
 - providing such information and data to Air NZ and its Airpoints partners (including for the redemption of rewards);
 - to enable marketing activities, including the planning, research, promotion and marketing of goods, services and products, to you by us, Air NZ or its Airpoints partners;
 - to conduct analyses relating to the Airpoints programme; and
 - to assist in law enforcement purposes, investigations by police or other government or regulatory authorities and to meet requirements imposed by applicable laws and regulations or other obligations committed to government or regulatory authorities.
- You have the right to access and request correction of information held by us about you. To contact us for this purpose, please refer to our Privacy Statement.

Cancellation

- We may stop awarding Airpoints Dollars to you at any time at our absolute discretion, including if:
 - you cease to be a partner in Air NZ’s Airpoints programme; or
 - you are no longer eligible to earn Airpoints Dollars through us.

Liability

- We are not responsible, and accept no liability, for any act or omission of Air NZ or its Airpoints partners in respect of the Airpoints programme.

Changes

- We may change these terms and conditions at any time without prior notice by publishing an amendment to these terms and conditions on our website, with such amendment to be effective from the date of publication.

Application/policy no.



Please ensure Section 6 is completed in conjunction with the following:

Authority to Accept Credit Cards

Visa Mastercard

Card Number

Cardholder's name

Cardholder's Signature

Date Signed Card Expiry Date

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.

Authority to Accept Direct Debits

Daytime contact no.

Name of account holder

Customer (acceptor) to complete bank / branch number & account number & suffix of account to be debited

Bank Branch number Account number Suffix

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

To: The manager

Bank

Branch

Address (PO Box)

Town / city

Date

AUTHORISATION CODE
0 3 1 8 8 2 7
(User number)

I / We authorise you until further notice in writing, to debit my / our account with all amounts which AIA New Zealand (hereinafter referred to as the Initiator) the registered Initiator of the above Authorised Code, may initiate by Direct Debit.
I / We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Information to appear on my / our bank statement (to be completed by the Initiator)

Payer particulars

A I A I N S U R E

Payer code – type of cover

Payer reference – policy no.

Authorised signature/s:



CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

- (a) Will not initiate a direct debit on my / our account unless authorisation is received from me / us in accordance with the terms and conditions agreed between me / us and the Initiator of each amount to be debited from my / our account.
- (b) Has agreed to send notice of the net amount of each Direct Debit and the due date of debiting after receiving authorisation from me / us under clause 1 (a) but no later than the date the Direct Debit will be initiated. This notice must be provided either:
 - (i) in writing; or
 - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator
 The notice will include the following message:- "The amount \$....., was direct debited to your bank account on (initiating date)."
- (c) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice, the Bank may terminate this Authority as to future payments by notice in writing to me / us.

2. The Customer may:-

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank **prior to** the Direct Debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my / our account.

3. The Customer acknowledges that:-

- (a) This authority will remain in full force and effect in respect of all Direct Debits passed to my / our account in good faith notwithstanding my / our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me / us and the Bank in relation to my / our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my / our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other disputes lies between me / us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility in respect of:
 - the accuracy of information about Direct Debits on bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me / us for any reason whatsoever. In any such situation the dispute lies between me / us and the Initiator.

4. The Bank may:-

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me / us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me / us.
- (c) Charge its current fees for this service in force from time to time.

APPROVED 1882 <hr style="width: 50%; margin: 0 auto;"/> 07/10	FOR BANK USE ONLY <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 33%; padding: 5px;">Date received:</td> <td style="width: 33%; padding: 5px;">Recorded by:</td> <td style="width: 33%; padding: 5px;">Checked by:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">Original – Retain at branch Copy – Forward to Initiator if requested</p>	Date received:	Recorded by:	Checked by:				BANK STAMP
Date received:	Recorded by:	Checked by:						



Application/policy no.



Advice on Replacement Business

This form must provide information for all contracts, plans or policies being replaced. The original of this form should be kept by the Policy Owner, and a copy held by the company issuing the new contract, plan or policy, and a record kept on the adviser's clients file(s).

Details of New Policy / Benefit(s)

Name(s) of Life Assured

Name(s) of Policy Owner

Name of Insurer(s)

Annual Premium \$

Life Assured	Benefit Type	Sum Assured

Details of Policy / Benefit(s) Being Replaced

Name(s) of Life Assured

Name(s) of Policy Owner

Name of Insurer(s)

Annual Premium \$

Life Assured	Policy Number	Benefit Type	Sum Assured	Commencement Date

Details of Replacement – Statement of Adviser / Intermediary

(a) Please state the specific reasons for the replacement of this existing policy / benefit(s) and reasons why the policy being replaced cannot adequately fulfil the owner's objectives:

-
-
-
-

(b) The following risks are not covered by the new policy / benefit(s) but were covered by the old policy / benefit(s):

AIA New Zealand Financial Strength Rating

AIA International Limited, trading as AIA New Zealand, has a current insurer financial strength rating of **AA- (Very Strong)** from Standard and Poor's. A summary of the Standard and Poor's rating scale is:

AAA : Extremely Strong AA : Very Strong A : Strong BBB : Good BB : Marginal B : Weak CCC : Very Weak
CC : Extremely Weak R : Regulatory Action D : Default NR : Not Rated

Plus (+) or Minus (-): The rating from 'AA' to 'CCC' may be modified by the addition of a plus or minus sign to show relative standings within the major rating categories.

Application/policy no.

Replacement Policy Advice for Policy Owners

Policy Owner to Read and Complete (Please read before you sign the Acknowledgement and Declaration below)

Making an Informed Decision

The Financial Advisers Act requires Advisers to exercise care, diligence and skill when providing clients with financial advice. That advice should include an accurate explanation of the differences between your existing and proposed policy / benefit, the advantages and disadvantages of any benefit replacement, and the reasons why replacement is your best option. This comparison should consider key aspects of your policy / benefit, such as:

Your Personal Situation – Changes in your health, leisure activities or occupation may mean your new policy contains restrictions or exclusions that your old policy doesn't have. Similarly, any improvements in your health or lifestyle may mean improved terms and conditions.

Benefit Definitions – There can be subtle differences in the definitions used between policies including medical conditions, employment, occupational and disablement etc. Take care to understand what your existing policy / benefit covers and what you will be covered for under the new policy / benefit.

Cost – If there have been changes to your personal situation since the original policy / benefit was taken out, the new policy / benefit may cost more to get the same or similar benefits. Alternatively, if your personal situation has improved or remained the same, the premiums for the new policy / benefit may be lower.

Important Information

In a new policy the Suicide Exclusion Clause may recommence or the waiting period for trauma condition benefits may recommence.

AIA New Zealand will not be on risk until the original insurance cover being replaced by this policy is cancelled.

When replacing one policy with another, it is imperative that the new insurer be provided with the opportunity to assess your application accurately. For that reason it is vital that you provide full and accurate information regarding your health, occupation and pastimes. Provided the above has been done, the new insurer will issue the new policy to the same levels of cover without the stand-down period or suicide exclusion, which would normally apply.

I am / We are also aware I / we may withdraw this application in writing within the 14 day "free look" period from the date the new policy is received. In this event, AIA New Zealand will refund any premium, deposit or other payment made in respect of the proposed replacement policy and the proposed replacement policy will be cancelled.

Full name of Life Assured (1)

Signature of Life Assured (1) _____ X

Full name of Life Assured (2)

Signature of Life Assured (2) _____ X

Full name of Policy Owner (1)
(if different from Life Assured)

Signature of Policy Owner (1) _____ X

Full name of Policy Owner (2)
(if different from Life Assured)

Signature of Policy Owner (2) _____ X

Full name of Policy Owner (3)
(if different from Life Assured)

Signature of Policy Owner (3) _____ X

Full name of Policy Owner (4)
(if different from Life Assured)

Signature of Policy Owner (4) _____ X

Adviser Declaration

Your existing policies will remain in force and there will be no alteration to your existing cover, payment method or cancellation of your policy, until the terms and conditions of your new policy have been approved by yourself and you have instructed us to complete the replacement.

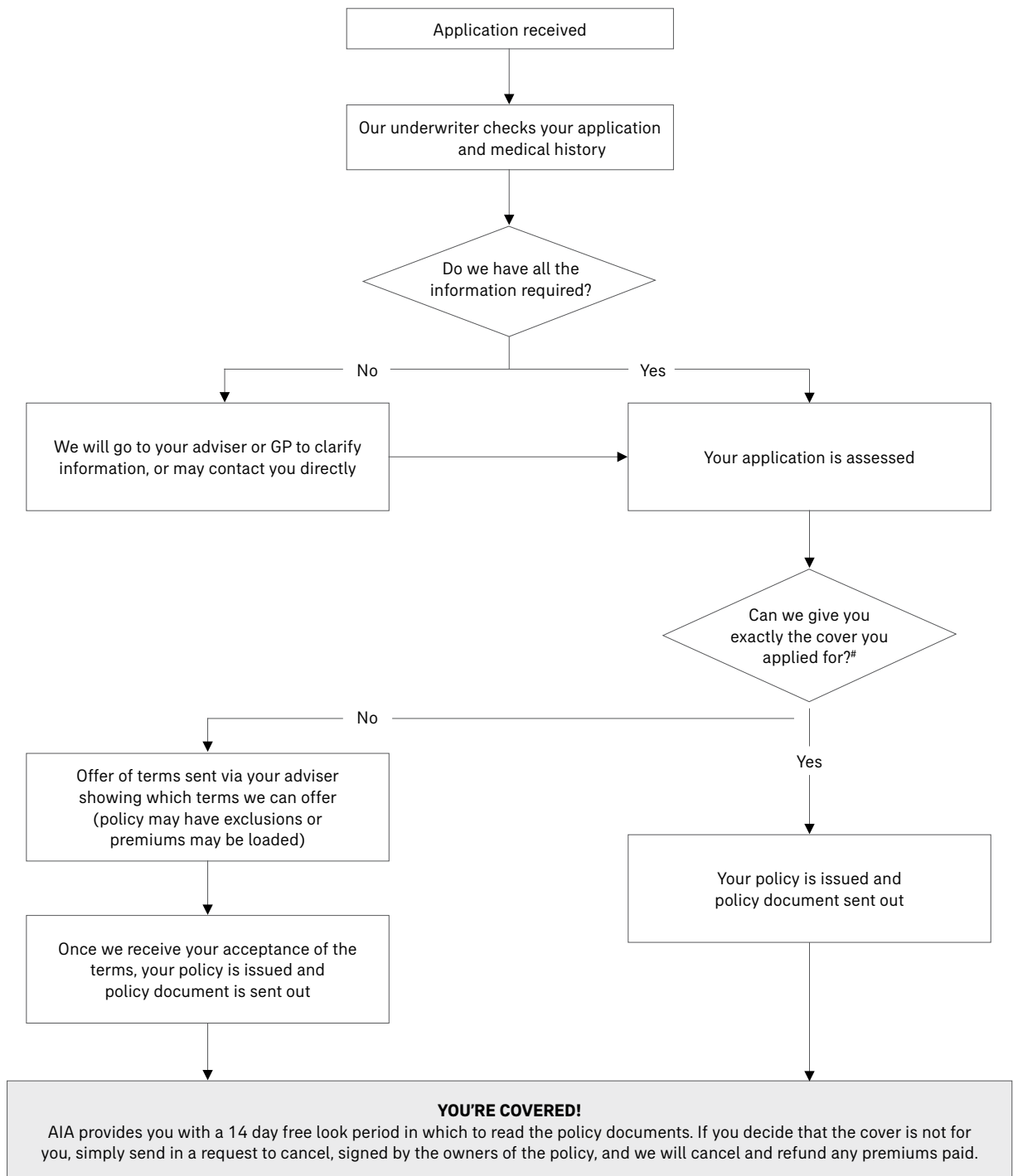
Full name of Adviser / Intermediary

Adviser / Intermediary Business Name

FSPR Number

Signature _____ X

Application Process*



* This is a general outline of the standard process we take. Of course, everyone is different, so depending on your individual circumstances, the process may vary.

In some circumstances a policy may be deferred.



**WE'RE
FOR LIFE**

AIA New Zealand

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AIA International Limited, trading as AIA New Zealand

Disclaimer

AIA New Zealand has made all reasonable efforts to ensure that the information in this form is correct as at the date of printing. The information contained in this form is a summary only and should not be regarded as a full explanation of the contract. Please refer to the terms and conditions of the policy document for full details of the contract and the limitations and exclusions that apply. All the applications are subject to individual consideration. Special terms, exclusions and premium loading may apply to individual applications.