

Application / Policy No.



Accidental Death Benefit Application

Section 1: Personal Details

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

(a) Do you have or are you applying for Accidental Death Insurance with another insurance company?

 Y N

If yes, please provide details below

Date Applied	Name of Insurance Company	Cover Amount

(b) What is your occupation?

(c) Are you about to change your occupation or duties? (If yes, please provide details)

 Y N

(c) Are you a permanent resident of New Zealand?

 Y N

If you are not a permanent resident of New Zealand, we are unable to offer cover under this product. Please refer to your adviser.

Title

First name

Gender (Please tick)

 M F

Middle name(s)

Surname

Name(s) known as (if different from above)

Previous name(s) (if different)

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

Occupation

2. 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"/>		
Physical address		Postal address (if different from physical address)	
Unit/apartment/building/floor		P.O. Box / Private 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"/>		
Date of birth	Country of birth	Nationality	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
Occupation			
<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"/>		
Physical address		Postal address (if different from physical address)	
Unit/apartment/building/floor		P.O. Box / Private 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"/>		
Date of birth	Country of birth	Nationality	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
Occupation			
<input type="text"/>			

3. Contact for correspondence

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

Policy Owner 1

Policy Owner 2

Section 2: Payment Details

Payment Details

Premium frequency

Fortnightly

Monthly

Quarterly

Half yearly

Annually

First premium

Cheque

Credit card

Direct credit

Regular premium

Credit card

Direct debit (please complete the attached Direct Debit Authority)

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?

Policy commencement date

Credit card

Please debit my

Visa

Mastercard

Card Number

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.

Cardholder's name

Cardholder's Signature

Date Signed

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, you have a legal duty of disclosure to AIA New Zealand.

This means that:

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

Important: Duty of Disclosure

If you do not comply with your duty of disclosure, and AIA New Zealand would not have accepted your application for insurance on the same terms or at the same premium if you had made a full disclosure, then legally AIA New Zealand may:

- **decline any claim that you make; and / or**
- **retain all premiums paid and recover any benefits paid; and / or**
- **alter or remove the terms of any benefits under the policy; and / or;**
- **void your insurance from inception.**

**IF YOU ARE NOT SURE WHETHER YOU NEED 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 personal information collected or held by AIA New Zealand (whether contained in this application or otherwise obtained) is provided and may be held, used, and disclosed by AIA New Zealand to:
- process this application and any other application for insurance I / we make to AIA New Zealand; and
 - for the purposes of assessing any claim; and
 - for the purposes of any legal proceedings.
10. I / We acknowledge that for the purposes set out in clause 9, 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 administrative or other services to AIA New Zealand or any member of the AIA Group.
11. 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.
12. I / We authorise AIA New Zealand to obtain my full medical history where the application form contains:
- ongoing medical conditions
 - multiple medical conditions
 - partial or incomplete medical history
 - a referral to a medical provider
13. 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.
14. 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.
15. 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
 - accountants and other financial advisers
 - banks and insurers
 - counsellors, psychologists and therapists
 - dentists
 - employers
 - government departments and bodies
 - medical laboratories
 - private and public hospitals
 - registered medical practitioners and specialists
16. The AIA Group and its affiliates, including AIA New Zealand (“the Group”) 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 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.
17. I / We agree that a photocopy of this authority shall be treated as an original.
18. If this application is to replace existing cover with another insurer, I / we have read, understood and signed an Advice on Replacement Business form.
19. 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.
20. I / We declare that I / we have disclosed all information around previous applications for insurance cover with 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.

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 16 years.)

Full name of Life Assured	<input style="width: 100%; height: 20px;" type="text"/>		
Signature of Life Assured		Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Full name of Policy Owner (1) <small>(if different from Life Assured)</small>	<input style="width: 100%; height: 20px;" type="text"/>		
Signature of Policy Owner (1)		Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Full name of Policy Owner (2) <small>(if different from Life Assured)</small>	<input style="width: 100%; height: 20px;" type="text"/>		
Signature of Policy Owner (2)		Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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 & Poor's. A summary of Standard & 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.



Please ensure Section 2 is completed in conjunction with the following:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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	Payer code – type of cover	Payer reference – policy no.
A I A I N S U R E		

Authorised signature/s:

APPROVED 1882 <hr/> 07/10	FOR BANK USE ONLY <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Date received:</td> <td style="width: 33%;">Recorded by:</td> <td style="width: 33%;">Checked by:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table> <p>Original – Retain at branch Copy – Forward to initiator if requested</p>	Date received:	Recorded by:	Checked by:				<div style="border: 1px solid black; padding: 10px; width: 150px; margin: 0 auto;"> BANK STAMP </div>
Date received:	Recorded by:	Checked by:						

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 InitiatorThe 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.