

Application / Policy no.

Increase Application Special Events, Future Insurability, Level Cover and Business Increase Options



Section 1: Personal details

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

Title <input type="text"/>	First name <input type="text"/>	Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname <input type="text"/>	Middle name(s) <input type="text"/>	
Name(s) known as <input type="text"/>	Previous name(s) <input type="text"/>	
Physical address		Postal address (if different from physical address)
<input type="text"/> <small>Unit/apartment/building/floor</small>		<input type="text"/> <small>P.O. Box / Private number</small>
<input type="text"/> <small>Street</small>		<input type="text"/> <small>Street</small>
<input type="text"/> <small>Suburb</small>		<input type="text"/> <small>Suburb</small>
<input type="text"/> <small>Town / City</small>	<input type="text"/> <small>Postcode</small>	<input type="text"/> <small>Town / City</small>
<input type="text"/> <small>Region / State</small>	<input type="text"/> <small>Country</small>	<input type="text"/> <small>Postcode</small>
<input type="text"/> <small>Region / State</small>	<input type="text"/> <small>Country</small>	<input type="text"/> <small>Country</small>
Home Phone <input type="text"/> ()	Business phone <input type="text"/> ()	
Mobile phone <input type="text"/> ()	Email <input type="text"/>	

Section 2: Increase details

Which increase are you applying for?

- Business increase option (Please provide financial papers to support your application)
- Future insurability increase option
- Level cover benefit
- Special events increase option — If special events increase, what is the special event?

<input type="checkbox"/> Adoption	<input type="checkbox"/> Marriage or civil union	<input type="checkbox"/> Taking out or increasing a mortgage
<input type="checkbox"/> Birth	<input type="checkbox"/> Salary increase or career change	<input type="checkbox"/> Tertiary education of a child
<input type="checkbox"/> Death of a spouse or a partner	<input type="checkbox"/> Secondary education of a child	<input type="checkbox"/> Purchase residential investment property
<input type="checkbox"/> Divorce or legal separation	<input type="checkbox"/> Taking full-time care of a dependent	

Please provide supporting documentation with your application e.g. marriage certificate, mortgage/loan agreement etc.

- None of the above (You will need to complete a full AIA application form available from your Insurance Adviser, or call 0800 800 242 or email nz.service@aia.com)

What is the additional amount that you wish to increase your cover by?

REAL Life Cover	<input type="text"/> \$
REAL Trauma Cover	<input type="text"/> \$
REAL Total and Permanent Disability Cover	<input type="text"/> \$

