

Application / policy no.

# AIA New Zealand eApp 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

Adviser Name:





# eApp Form for Online Applications

## Section 1: How to Complete This Form

### Instructions for Advisers

- Once you have submitted your online application, we will automatically send you an application number by email  
Please write the **Application Number** at the top of this page (page 1) and also on the last page of the declaration (page 4) in the space provided
- Complete the **'Payment Details'**
- Ensure all applicants and policy owners read and sign the **'Disclosure information and Declarations'**
- Complete the **'Advice on Replacement Business Form'** if applicable
- If applying for REAL Life Cover, REAL Total and Permanent Disability Cover, REAL Trauma Cover or REAL Income Protection, be sure to complete and provide your client with the **'Certificate of Interim Accidental Cover'**

## Section 2: Adviser Details

### Adviser Details

Adviser name	<input type="text"/>		
Adviser number	<input type="text"/>		
Agency name	<input type="text"/>		
FSP/QFE no.	<input type="text"/>	Commission split	<input type="text"/>

### Checklist

#### Type of application

<input type="checkbox"/> New application	<input type="checkbox"/> Single Life	<input type="checkbox"/> Joint Life (please complete a separate application)		
<input type="checkbox"/> Increase	Policy no. <input type="text"/>	<input type="checkbox"/> Use existing DD	<input type="checkbox"/> Use new DD	
<input type="checkbox"/> Amendment	Policy no. <input type="text"/>			

## Section 3: Payment Details

### Payment Details

#### Payment Method

Direct Debit    Credit Card    Cheque/manual payment    quarterly    half yearly    annually ONLY

#### Payment Frequency:

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

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

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 credit card, please complete the following section.

\* A lower premium is charged if you select to pay a lump sum annual premium (rather than a fortnightly or monthly payment).

## Section 4: Disclosures and Declarations

### 1. Parent's consent where the Life Assured is less than 16 years of age

Please note that Section 67B and 67C of the Life Insurance Act 1908 provide the following limitations in respect of payments able to be made by AIA New Zealand in the event of the death of a minor:

#### 1. Where the deceased minor is under the age of 10 years

Payment is limited to a return of premiums paid plus interest thereon (compounded annually) at the rate prescribed for the purposes of Section 87 of the Judicature Act 1908 at the date of death of the minor, plus the amount that when added to any other sum permitted to be paid equals \$2,000 (or such larger sum as may be specified by Order in Council).

#### 2. Where the deceased minor is under the age of 16 years

AIA New Zealand is prohibited from paying on the death of a minor under the age of 16 years, any sum under any policy issued on or after the 1st day of April 1996 to any person other than:

- the parents or guardians of the minor, or one of them; or
- a parent or guardian of the minor and the spouse of that parent or guardian jointly; or
- any person who had District Court approval to effect the policy on the minor; or
- an executor or administrator of any of those persons; or
- a person to whom payment may be made under Section 65(2) of the Administration Act 1969; or
- any person who is entitled to that sum by virtue of an assignment of policy approved by the District Court.

### 2. Declaration

#### Declaration

I consent to this application for insurance and certify that the answers to the questions in the application are true and complete to the best of my knowledge.

Relationship (please tick)

Parent  Guardian

Date

Full name of Parent or Guardian of Life Assured

Signature of Parent or Guardian of Life Assured

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### 3. 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.



## 4. Declaration to AIA New Zealand

**It is important for you to read and understand this declaration before signing the application, as these there are 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.**

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.)

<b>Full name of Life Assured (1)</b>	<input style="width: 100%;" type="text"/>
<b>Signature of Life Assured (1)</b>	_____ <b>Date</b> <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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>Full name of Life Assured (2)</b>	<input style="width: 100%;" type="text"/>
<b>Signature of Life Assured (2)</b>	_____ <b>Date</b> <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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>Full name of Life Assured (3)</b>	<input style="width: 100%;" type="text"/>
<b>Signature of Life Assured (3)</b>	_____ <b>Date</b> <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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>Full name of Life Assured (4)</b>	<input style="width: 100%;" type="text"/>
<b>Signature of Life Assured (4)</b>	_____ <b>Date</b> <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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>Full name of Policy Owner (1)</b> (if different from Life Assured)	<input style="width: 100%;" type="text"/>
<b>Signature of Policy Owner (1)</b>	_____ <b>Date</b> <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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>Full name of Policy Owner (2)</b> (if different from Life Assured)	<input style="width: 100%;" type="text"/>
<b>Signature of Policy Owner (2)</b>	_____ <b>Date</b> <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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>Full name of Policy Owner (3)</b> (if different from Life Assured)	<input style="width: 100%;" type="text"/>
<b>Signature of Policy Owner (3)</b>	_____ <b>Date</b> <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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>Full name of Policy Owner (4)</b> (if different from Life Assured)	<input style="width: 100%;" type="text"/>
<b>Signature of Policy Owner (4)</b>	_____ <b>Date</b> <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"/> <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 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.

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Please ensure Section 3 is completed in conjunction with the following:

**Authority to Accept Credit Cards**

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard							
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder's name	<input type="text"/>							
Cardholder's Signature	<input type="text"/>							
Date Signed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

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

<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)

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

To: The manager

Bank

Branch

Address (PO Box)

Town / city

Date

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

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  <u>1882</u> 07/10	FOR BANK USE ONLY  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; height: 40px;">Date received:</td> <td style="width: 33%; text-align: center;">Recorded by:</td> <td style="width: 33%; text-align: center;">Checked by:</td> </tr> </table> Original – Retain at branch Copy – Forward to initiator if requested	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:

1.
2.
3.
4.

(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.



## 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.**

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

### 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.

<b>Full name of Adviser / Intermediary</b>	<input type="text"/>
<b>Adviser / Intermediary Business Name</b>	<input type="text"/>
<b>FSPR Number</b>	<input type="text"/>

**Signature** \_\_\_\_\_ **Date**

Application / policy no.



# Certificate of Interim Accidental Cover

To be kept by the Policy Owner(s)

## 1. Life Assured

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Policy Owner(s)

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of application

AIA New Zealand grants Interim Accidental Cover on the Life Assured named above at no additional cost, in accordance with the following terms and conditions:

### 1. When is a benefit payable?

- 1.1** Interim Accidental Cover only applies when the Application is for Life Cover, Total and Permanent Disability Cover, Trauma Cover only applies to the following events: Paralysis (quadriplegia, paraplegia, diplegia, hemiplegia), blindness, major burns, loss of use of limbs and sight of one eye, major head trauma, loss of independence or Income Protection Cover.
- 1.2** The maximum amount paid under a claim for Interim Accidental Cover will be the lesser of the sum applied for in the Application or the maximum amounts specified below:

Benefit type (please refer to the policy wordings of each benefit for the terms and conditions)	Maximum payable (being the lesser of the below amount or that applied for in the Application)
Life Cover	\$500,000
Total and Permanent Disablement (TPD)	\$200,000
Trauma Cover – limited to the events listed below: <ul style="list-style-type: none"> <li>• Paralysis (quadraplegia, paraplegia, diplegia, hemiplegia)</li> <li>• Blindness</li> <li>• Major burns</li> <li>• Loss of use of limbs and sight of one eye</li> <li>• Major head trauma</li> <li>• Loss of independence</li> </ul>	\$200,000
Income Protection Cover	\$4,000 monthly benefit with maximum payable of \$24,000 over six months

- 1.3 A Life Benefit is payable on the death by accident of the Life Assured which is the result of external or internal bodily injury caused directly by violent external and visible means, not attributable to any other event.
- 1.4 A Total and Permanent Disability, Trauma or Income Protection Benefit is payable as a result of external or internal bodily injury caused directly by violent external and visible means, not attributable to any other event.

**2. When is a benefit not payable?**

- 2.1 No benefit is payable if, in AIA New Zealand’s sole discretion, the application would not have been accepted without a premium loading, exclusion or any other special terms.
- 2.2 No benefit is payable if the application is not accompanied by payment of the first premium or provision of an active bank account or credit card details.
- 2.3 No benefit is payable if the death or injury occurs as a direct or indirect result of any of the following:
  - i. Any act of self injury; or
  - ii. suicide, whether sane or insane; or
  - iii. aviation other than as a fare-paying passenger on a recognised airline; or
  - iv. any accident which took place before or on the date of this application; or
  - v. pre-existing medical conditions contributing to an accident; or
  - vi. alcohol, drug or substance abuse; or
  - vii. participation in a criminal activity.
- 2.4 The Interim Accidental Cover expires on the earlier of:
  - i. 90 days after the date of the application; or
  - ii. the risk commencement date of the policy; or
  - iii. the date the application is withdrawn by the applicant; or
  - iv. the date AIA New Zealand defers or declines the application; or
  - v. the date one of the benefits proposed is paid.

**3. General terms**

- 3.1 All terms and conditions including, but not limited to, disclosure requirements applying to the application shall apply to this Interim Accidental Cover.
- 3.2 The application shall not be proceeded with if AIA New Zealand pays a claim under this Interim Accidental Cover.
- 3.3 AIA New Zealand will, under no circumstances, be required to pay a claim under the Interim Accidental Cover as well as a policy issued as a result of the application.
- 3.4 The maximum total amount that AIA New Zealand will pay under Interim Accidental Cover is \$500,000 regardless of whether there is more than one claim.

Adviser signature \_\_\_\_\_

Date 

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**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.



**WE'RE  
FOR LIFE**

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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 guide is correct as at the date of printing. The information contained in this guide 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.