

Life and Trauma Cover Application



How to use this form?

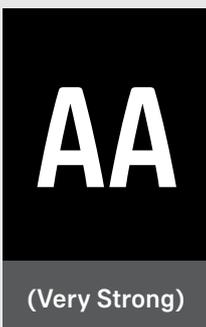
All 21 year olds with an existing AIA Private Health, Sovereign Private Health, MajorCare or Absolute Health policy ("Health Policy" or "Health Policies") can now take out life and/or trauma cover (Critical Conditions or Progressive Care) up to a maximum sum assured of \$200,000 per benefit with limited underwriting. To take this option, please fill in this form with your Adviser/Insurance Manager, within 3 months of the anniversary date following your 21st birthday. Previous claims history and pre-existing conditions will be assessed during underwriting.

1 Personal details of Life to be assured

Original Health Policy number	<input type="text"/>	Date of birth	<input type="text"/> <small>DD</small> / <input type="text"/> <small>MM</small> / <input type="text"/> <small>YYYY</small>
Adviser/Insurance Manager name <small>(include Adviser code/customer onyx number)</small>	<input type="text"/>	Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title	<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Mx		
Full name of Life to be assured	<input type="text"/>		
Home address	<input type="text"/>		
	<input type="text"/> <small>Suburb</small>	<input type="text"/> <small>Town/City</small>	<input type="text"/> <small>Postcode</small>
Mailing address (if different)	<input type="text"/>		
Home phone	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		
Name of Medical Professional <small>(GP)</small>	<input type="text"/>		
Name and address of clinic	<input type="text"/>		

2 Policy owner details

	<input type="checkbox"/> Life to be assured	<input type="checkbox"/> as per original health policy	<input type="checkbox"/> or
Full name of Policy owner	<input type="text"/>		
Home address	<input type="text"/>		
	<input type="text"/> <small>Suburb</small>	<input type="text"/> <small>Town/City</small>	<input type="text"/> <small>Postcode</small>
Mailing address (if different)	<input type="text"/>		
Home phone	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		



Financial Strength Rating

AIA New Zealand Limited has been given an AA (Very Strong) insurer financial strength rating by Fitch Ratings, an approved ratings agency. A rating of AA means AIA New Zealand Limited has a very strong capacity to meet policyholder and contractual obligations.

Ratings Scale

SECURE

AAA (Exceptionally Strong) | AA (Very Strong)
| A (Strong) | BBB (Good)

VULNERABLE

BB (Moderately Weak) | B (Weak) | CCC (Very Weak)
| CC (Extremely Weak) | C (Distressed)

Note: "+" or "-" may be appended to a rating to indicate the relative position of a credit within the rating category. Such suffixes are not added to ratings in the AAA category or to ratings below the CCC category.

3 Payment details

Premium amount

Payment frequency

Weekly
(direct debit only)

Fortnightly (direct debit/
credit card only)

Monthly

Annual

Payment method

Direct debit

Credit/Debit card

use existing payment details as policy
number recorded in Section 1.

If paying by credit card/debit card or direct debit, please complete the attached Authority Form.

4 Type of cover required (Please choose which option(s) apply)

Life cover

Sum assured

\$100k

\$150k

\$200k

Trauma cover

Sum assured

\$100k

\$150k

\$200k

Critical Conditions

or

Progressive Care
(Not available for ASB)

Please attach QuoteBuilder quote setting out benefits applied for.

5 Personal statement (to be completed by the Life to be assured.)

1) DO you have, or have you EVER had, any condition, illness, or injury that required you to:

(a) Be admitted to hospital, have a medical procedure, require ongoing follow up by a GP* or medical clinic, or be referred to a specialist for investigations, tests or counselling?

Yes

No

(Please provide details)

(*Any condition that required 3 or more GP or 1 specialist visit, whether you attended or not, should be disclosed, other than for contraception advice.)

(b) Take time off school, study, university or work for more than 5 days?

Yes

No

(Please provide details)

(c) Receive monitoring or treatment or medication for more than 10 days whether prescribed by a medical professional or not?

Yes

No

(Please provide details)

2) Within the last 6 months have you experienced symptoms for which there has been no diagnosis made or you have not yet consulted a medical professional?

Yes

No

(Please provide details)

3) Do you participate, intend to participate, or in the last three years have you participated, in any hazardous occupation or pursuit (eg motor racing, aviation, martial arts, parachuting, scuba diving or motor boat racing)?

Yes

No

(Please provide details)

Please use the space below to provide further details if required.

6 Declaration and consent

Please read your duty of disclosure and declaration carefully and sign the bottom of the next page to show your acceptance of these terms. Failure to make the following declaration truthfully may invalidate your insurance.

THE BELOW NAMED LIFE TO BE ASSURED AND POLICY OWNER(S) DECLARE AND AGREE THAT:

Disclosure:

1. I/We have read the notice explaining my/our duty of disclosure and all the statements contained in this application for insurance ('Application') are true and complete to the best of my/our knowledge.
2. Should the Life to be Assured undergo any alteration in mental or physical health or have a change of occupation between the date of this Application and the issue of the insurance, I/we agree to notify AIA immediately as this information is relevant to any decision AIA may make to accept this Application.
3. I/We understand that statements made in this Application, including statements made by me/us to any medical examiner or made by any medical examiner on my/our behalf, forms the entire basis of the insurance contract between me/us and AIA.
4. I/We acknowledge that my/our adviser receives commission from AIA.
5. I/We acknowledge that I/we are signing on behalf of any children and declare that I/we have disclosed all health information, including any pre-existing conditions, for such children and ourselves.
6. I/We understand that irrespective of whether I/we have been insured with AIA before, that AIA will rely on the accuracy and completeness of my/our answers given in this Application and I/we must not assume AIA has any prior knowledge of my/our history.
7. I/We understand that if I/we apply or have applied to become AIA Vitality members any information I/we subsequently provide through participation in the AIA Vitality Programme will not be available to AIA for the purposes of administering or assessing any AIA policy (current or future). I/We understand that the segregation of information between the AIA Vitality Programme and AIA insurance policies requires that any information that may affect an insurance policy needs to be provided to AIA as part of any insurance application or variation to an existing insurance policy, even if it has also been provided as part of my/our participation in the AIA Vitality Programme. I/We understand that AIA does not have any prior knowledge of my/our history as a consequence of my/our AIA Vitality membership.

Underwriting:

8. I/We will be bound by the standard conditions applicable to the proposed insurance upon AIA's acceptance of this Application. I/We understand that if my/our Application requires underwriting, then special terms (including special conditions, premium loadings, exclusions or maximums) may be applied to my/our policy. I/We understand that any special terms will apply from the risk commencement date of my/our insurance. I/We understand that the special terms will be set out in the schedule to my/our policy document and will form part of my/our insurance contract. I/We will accept the special terms if I/we either make a premium payment after the policy free look period or agree to the special terms in writing.
9. I/We understand if additional information is required to process my/our Application, I/we may be telephoned by an Underwriter. The information that I/we provide to the Underwriter will form part of my/our Application.
10. I/We understand that if I/we do not consent to AIA collecting personal information on this Application and from the sources listed in clause (26) AIA may not be able to undertake a full underwriting assessment which may result in AIA declining to offer cover or offering cover on less favourable terms than I/we may otherwise be offered.
11. I/We understand that financial information may be required as part of the Illustration (quoting) process, and that any such information, if requested, will form part of my/our Application.

Replacement Policy:

12. I/We acknowledge that I/we are responsible for cancelling any existing cover listed in this Application as 'to be replaced' and that if I/we do not cancel this existing cover then AIA may terminate my/our new policy from inception and decline any claim under it.

Premiums:

13. I/We understand the insurance proposed in this Application shall not commence until this Application has been accepted by AIA and the initial premium or a completed Direct Debit Authority or premium payment direction (such as a Credit Card) has been received by AIA.
14. I/We authorise AIA to debit the nominated credit card account with the premiums payable for the insurance. AIA may debit the credit card account with an Insurance premium even where there may be insufficient clear funds in the credit card account, but AIA shall not be obliged to do so. If there are insufficient funds but AIA debits the credit card AIA may also debit the credit card account with any applicable fees and charges. If the insurance premium cannot be recovered from me/us, then AIA may reverse the insurance premium payment resulting in the premiums being treated as not having been paid and AIA may be entitled to cancel the insurance in accordance with the insurance terms relating to non-payment of premiums.
15. I/we understand that the premium relating to my/our policy may be discounted in some circumstances based on the Life to be Assured's participation in the AIA Vitality Programme. I/We understand that further information can be found in the AIA Vitality Premium Adjustment Rules available on www.aia.co.nz/vitality

16. I/We understand that the premium relating to my/our policy may be discounted in some circumstances based on the Life to be Assured holding multiple benefits across this and other policies with AIA or related companies, and any cancellation or alteration of benefits for the Life to be Assured may result in that discount being changed or removed. I understand that further information can be found in the Multi-Benefit Discount Terms and Conditions available on www.aia.co.nz/mbd

My Personal Information

17. I/We understand that any personal information that I/we provide in this Application will be collected, used, stored and disclosed in accordance with AIA's privacy statement, available on www.aia.co.nz/privacy
18. I/We acknowledge and consent that except in relation to "health information" (as that term is defined in the Health Information Privacy Code 2020) personal information provided in this Application to AIA, or obtained by AIA from the sources listed in clause (26) may be used, held, stored and/or disclosed by AIA and/or any related companies (whether incorporated in New Zealand or elsewhere), their subsidiaries, their officers, their advisers and reinsurers:
 - to assess and process this Application and any other application for insurance I/we make to AIA;
 - for the purposes of assessing any claim(s), including assessing if I/we have met my/our duty of disclosure under this Application;
 - to design new, or enhance existing, products and services provided by AIA, including research/direct marketing firms engaged by AIA or its related companies to seek my/our views on products or services offered by AIA or its related companies (whether or not I/we choose to proceed with this Application);
 - to communicate with me/us, including to send me/us administrative communications about any policy I/we may have with AIA;
 - to third parties for the purposes of such parties providing AIA with technology services;
 - for statistical or actuarial research undertaken by AIA;
 - unless I/we tell AIA otherwise or opt out, to tell me/us about other products and services that are offered by AIA, or by reputable organisations with whom AIA contracts, or to send me/us other information or promotional material that we think may be of interest to you;
 - to assist AIA to work with other reputable organisations with whom AIA contracts, whether in New Zealand or overseas, that offer products or services (including loyalty programmes) connected with any of the services that AIA provides. Such assistance may include undertaking data matching exercises both internally within AIA and with such organisations in order to identify products and services that I/we might be interested in;
 - for internal business and administrative purposes;
 - where disclosure is required by law;
 - as otherwise specified in this declaration.
19. I/We acknowledge and consent that health information provided in this Application to AIA, or obtained by AIA from the sources listed in clause (26) may be used, held, stored and/or disclosed by AIA and/or any related companies (whether incorporated in New Zealand or elsewhere), their subsidiaries, their officers, their advisers and reinsurers:
 - to assess and process this Application and any other application for insurance I/we make to AIA;
 - for the purposes of assessing any claim(s), including assessing if I/we have met my/our duty of disclosure under this Application;
 - where disclosure is required by law;
 - in accordance with clauses (20), (21) and (22) below.
20. All personal information (including health information) may be collected, held and/or stored by AIA and may be made available to AIA related companies, local and overseas (and in this regard I/we consent to the transfer of my/our information outside New Zealand) and to any agent, contractor or third party who provides technology, administrative or other services to AIA or any member of the AIA Group.
21. I/we understand that AIA is a member of the Health Funds Association of New Zealand (HFANZ). I/we agree that AIA is authorised to collect, use, store and disclose personal information and health information about me/us for the purposes of the HFANZ Integrity Registry. I/we authorise disclosure of personal and health information to HFANZ or its agents, and HFANZ Members, for that purpose.
22. I/we authorise AIA 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

6 Declaration and consent continued

23. I/We understand that all of my/our personal information (including health information) will be stored by AIA at, 74 Taharoto Road, Takapuna, New Zealand, and may also be held by AIA's data storage providers, including cloud-based data storage providers (in New Zealand or elsewhere). I/We understand that AIA will take reasonable steps to keep such information secure.
24. I/We understand access to and correction of my/our personal information (including health information) may be requested by me/us.
25. I/We authorise AIA to disclose all personal information (including health information) relating to this Application to my financial adviser for the purposes of 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 and until an outcome is reached. I/We acknowledge that the personal information which may be disclosed includes, but is not limited to, health information, vocational, occupational and financial information relevant to the assessment of this Application.
26. I/We consent and give authority to AIA and/or any of its related companies to seek from, and for all and any of the following, their officers and employees, to disclose to AIA and/or any of its related companies, their advisers, reinsurers, and to any legal tribunal before which any question concerning the insurance may arise, any medical, financial or other personal information affecting such insurance which they may hold in respect of me/us:
- any doctor or other registered medical practitioner or specialist, counsellor, psychologist, therapist, dentist, clinic, hospital or medical laboratory;
 - the Accident Compensation Corporation;
 - any bank, financial institution, accountant or financial adviser;
 - any of my/our current or former employers;
 - insurers or reinsurers (whether public or private); and
 - any government department, agency, organisation or enterprise.
27. I/We understand that the supply of the information gathered from the above sources is voluntary and that AIA and/or any of its related companies may or may not seek information from the above agencies – whether they seek information is dependent on what information is required to make a decision on my/our insurance.
28. I/We understand that in collecting information that is relevant to this Application AIA may also receive/collect information that is not relevant to the assessment of this Application or the assessment and

administration of my claim and AIA will not use this non-relevant information for any purpose other than as permitted under the Privacy Act.

29. I/We understand that if I/we are the life assured/s for existing cover with AIA or related companies, that cover may be used by AIA to calculate and apply a Multi-Benefit Discount to any policy issued pursuant to this Application. Any subsequent cancellation or alteration of cover for me/us as the life assured/s may result in that discount being changed or removed. Accordingly, if there is any change in my/our cover which results in a change to, or removal of, a Multi-Benefit Discount, I/we consent to AIA notifying the policy owner(s) of any impacted policy.

30. I/We consent to the release of my/our name/s and basic contact details to Business Mentors under my/our Business Continuity Benefit, if applicable.

Correspondence by Email:

31. Where I/we have provided my/our email address(es) in this Application, I/we consent to AIA corresponding with me/us by email for the purposes set out in clause (18) above.

32. Such correspondence can be sent to the email address(es) detailed in this Application or subsequent email addresses I/we provide to AIA.

33. I am/we are responsible for advising AIA if my/our email address(es) change.

34. I am/we are responsible for the security of the information sent to and held in my/our email account(s) and the access that others have to this account/these accounts e.g. the access other family members/colleagues may have to my/our emails.

Insurance Policy:

35. I/We have checked the information that my/our Insurance adviser has entered onto this Application form.

36. At the date of this Application, no statement affecting this Application has been made to any representative of AIA that has not been recorded in this Application.

37. 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.

38. I/We have been advised that a Specimen Policy Document and the financial statements of AIA are available to me/us on request from AIA's Head Office.

IMPORTANT NOTICE: Your Duty of Disclosure and Personal Information

When you apply for this insurance, and whenever you apply to vary or reinstate it, you have a duty to disclose to AIA New Zealand Limited ("AIA") all information you know (or could reasonably be expected to know) that would influence the judgment of a prudent underwriter in deciding whether or not to insure you, and if so, on what terms and at what cost. If you fail to comply with your duty of disclosure, AIA may avoid this insurance from the beginning, which means any claim will not be paid.

Please note, AIA may request a copy of your entire medical file from your General Practitioner and other medical providers.

IF IN DOUBT - DISCLOSE. WE TREAT ALL INFORMATION CONFIDENTIALLY.

Please complete the below Check boxes to confirm that each life assured understands and accepts the following:

I/We understand the importance of full disclosure of all information required in this application for Insurance and have read the "Disclosure" section above..... YES

I/We understand that AIA may require access to my/our medical records, other sensitive financial information or other personal information from my/our medical providers and other agencies. I/We give consent to AIA to do so pursuant to clause (26) under the "My personal information" section above..... YES

I/We authorise AIA to disclose all personal information relating to this application for insurance to my/our financial adviser pursuant to clause (25) under the "My personal information" section above..... YES

Please print full names of Life to be Assured

Signature of Life to be Assured

Date

Signature of Individual policy owner(s)
(if other than Life to be Assured and as named in SECTION 2 of this application form)

Name (please print)

Signature

Date

Name (please print)

Signature

Date





1 Policy owner details

Policy numbers you want this authority applied to

First name and surname

Telephone

Day

Evening

Mobile

Email address

Payment start date
(between 1st and 28th of the month)

2 Credit or debit card details

Card type
(Tick one)

MasterCard

Visa

Debit Card

Frequency
(Tick one)

Weekly

Fortnightly

Monthly

Quarterly

Half Yearly

Annually

Name on card

Card number

Expiry date

I/We declare and agree that I/We authorise AIA New Zealand Limited ("AIA") to debit the nominated credit card/debit card account with the premiums payable (and any increases to those premiums), for the insurance cover provided under the policies listed above. AIA may debit the credit card/debit card account with an insurance premium even when there may be insufficient clear funds in the credit card/debit card account, but AIA shall not be obliged to do so. If there are insufficient funds but AIA debits the credit card/debit card, AIA may also debit the credit card/debit card account with any applicable fees and charges. If the insurance premium cannot be recovered from me/us, then AIA may reverse the insurance premium payment resulting in the premiums being treated as not having been paid and AIA may be entitled to cancel the Insurance in accordance with the insurance terms relating to non-payment of premiums.

Card holder 1
signature

Date

Card holder 2
signature

Date



Authority To Accept Direct Debits



1 Personal Details

Policy number

Or, apply to all policies

Mr/Mrs/Miss/Ms/Other

Name of policy owner

Telephone

Home

Work

Mobile

Email address (optional)

No Change to Payment Date/Frequency

Date of first payment (between 1st and 28th of the month)

You do not need to complete this date field if you want the payment date relating to this new authority to remain the same as your existing direct debit.

Frequency (please tick one)

Weekly

Fortnightly

Monthly

Quarterly

Half yearly

Annually

2 Authority to accept direct debits

Name of Account

Authority to accept direct debits

(Not to operate as an assignment or agreement)

Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited.

Bank

Branch number

Account number

Suffix

To: The Manager (Insert name of Bank and Branch)

Start date

(Hereinafter referred to as the Bank)

Address (PO Box)

Town/City

I/We authorise you until further notice in writing to debit my/our account with all amounts which AIA New Zealand Limited (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

Authorisation code

1	2	0	0	3	6	5
---	---	---	---	---	---	---

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 in my/our Bank Statement

Payer particulars

A	I	A		N	Z						
---	---	---	--	---	---	--	--	--	--	--	--

Payer code

--	--	--	--	--	--	--	--	--	--	--	--

Payer reference

--	--	--	--	--	--	--	--	--	--	--	--

Your signature must appear here – Name of Account – Customer (Debtor) to complete

Authorised signature(s)

Date

Authorised signature(s)

Date

Conditions of authority to accept direct debits

1 The Initiator:

- 1.1. Will provide notice either:
 - 1.1.1. in writing; or
 - 1.1.2. by electronic means, including SMS and email, where the Customer has provided prior written consent to the Initiator.
- 1.2. Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting at least 2 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated.
 - 1.2.1. The advance notice will include the following message:
Unless advice to the contrary is received from you by (date*), the amount of \$..... will be directly debited to your Bank account on (initiating date*).

*This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.
- 1.3. Alternatively, the Initiator undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months).
 - 1.3.1. Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date.
 - 1.3.2. In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advance notice of at least 30 days before the changes comes into effect. This notice must be provided either:
 - (a) in writing; or
 - (b) by electronic mail where the Customer has provided prior written consent to the Initiator.
- 1.4. May initiate a Direct Debit on my/our account when 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.
 - 1.4.1. Notice will be sent of the net amount of each Direct Debit and the due date of debiting after receiving authorisation from me/us under clause 1.4 but no later than the date the Direct Debit will be initiated. This notice must be provided either:
 - (a) in writing; or
 - (b) by any other means which provides a verifiable record of the initiated transaction and where the Customer has provided prior written consent to the Initiator.
 - 1.4.2. Where the notice is in writing it must include the following message: "The amount \$..... was directly debited to your Bank account on (initiating date)."
 - 1.4.3. Where the notice is provided by other means:
 - (a) the Initiator should hold prior written consent of those means of providing notice; and
 - (b) the notice should provide a verifiable record of the initiated transaction and include the amount and initiating date of that transaction.
- 1.5. Upon the relationship which gave rise to this Instruction being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Instruction. Upon receipt of such notice the Bank may terminate this Instruction as to future payments by notice in writing to me/us.
- 1.6. May rely on this authority to debit a different bank account upon receipt of instructions from the customer via a bank to which their account has been transferred.

2 The Customer may:

- 2.1. At any time, terminate this Instruction as to future payments by giving written (or by the means previously agreed in writing) notice of termination to the Bank and to the Initiator.
- 2.2. Stop payment of any Direct Debit to be initiated under this Instruction by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- 2.3. Where no advance notice is provided under clause 1.4 a variation to the amount agreed between the Initiator and the Customer from time to time to be Direct Debited had been made without notice being given in terms of clause 1.4 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 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:

- 3.1. This Instruction 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 Instruction until actual notice of such event is received by the Bank.
- 3.2. In any event this Instruction is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- 3.3. 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 Instruction. Any other disputes lie between me/us and the Initiator.
- 3.4. Where the Bank has used reasonable care and skill in acting in accordance with this Instruction, the Bank accepts no responsibility or liability in respect of:
 - 3.4.1. the accuracy of information about Direct Debits on Bank statements; and
 - 3.4.2. any variations between notices given by the Initiator and the amounts of Direct Debits.
- 3.5. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with clauses 1.1 to 1.4. 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.
- 3.6. Where notice given by the Initiator in terms of clause 1.4 to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4 The Bank may:

- 4.1. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Instruction, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- 4.2. At any time terminate this Instruction as to future payments by notice in writing to me/us.
- 4.3. Charge its current fees for this service in force from time to time.
- 4.4. Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.

Bank use only

Approved 0036 ----- 02 02	Date received DD / MM / YYYY	Recorded by	Bank Stamp
	Checked by		



Important Information

This Application Form is to be used where the life assured is insured under one or more eligible AIA New Zealand Limited (AIA) insurance policies and wishes to apply for AIA Vitality. This form is intended to supplement information already collected from the policy owner(s) and the life assured on any previous Application Form.

This Application Form will need to be completed by the life assured.

Please send the completed form to: nzvitality@aia.com

Note: Ongoing AIA Vitality membership fee must be paid by Direct Debit or Credit/Debit Card.

1 AIA Vitality member details (Life Assured to complete this section in full)

AIA Vitality is a health and wellness programme, encouraging you to get healthier and earn great rewards. Premiums relating to the eligible policy(s) that covers you may be discounted in certain circumstances based on your participation in the AIA Vitality Programme, the terms of which were provided to you with your application and are available on the AIA Vitality member website www.aiavitality.co.nz

Title

Surname

Given Name

Gender

Date of Birth

(dd/mm/yyyy)

 / /

Note: To be eligible for AIA Vitality you must be 16 years and over.

Email

A unique email address is mandatory. You cannot have the same email address as another AIA Vitality member.

Contact Details

Mobile

Phone (home)

Phone (work)

Do you have existing insurance policy(s) with AIA, ASB or Sovereign?

Yes

No

If yes, do you know your policy number(s)?

Your AIA Vitality membership will be associated with your eligible insurance policy(s)

Information for completion of Payment Authority forms

In order to have the AIA Vitality membership fee deducted please complete the AIA Vitality Payment Form, either **Credit or debit card details** or **Authority to accept direct debits** (page 10-12).

Declaration and Consent: AIA Vitality

There is some important information you need to know about AIA Vitality. You need to be over 18, or if you're 16 or 17, have the permission of a parent/guardian, to confirm your understanding of the following:

- > I understand that any personal information I provide in this AIA Vitality application, or during my membership, will be used and disclosed in accordance with the AIA Vitality terms and conditions and AIA's privacy statement, both available on AIA's website aia.co.nz
- > I understand that AIA operates AIA Vitality separately from its business of providing insurance policies. My personal information provided through AIA Vitality will not be available to AIA for the purposes of any AIA insurance policy.
- > I understand that I am still obliged to disclose any information that might be relevant to any insurance policy with AIA (current or future), even if I provide information to AIA as part of my participation in AIA Vitality.
- > I understand that I need an eligible insurance policy to get AIA Vitality and that any discounts or benefits provided as part of my AIA Vitality membership are not guaranteed and may be varied or withdrawn by AIA at any time.

I, the named Life to be Assured who is applying to become an AIA Vitality Programme ('AIA Vitality') member, declare and agree that I:

- > Am either over 18 years of age, or if you're 16 or 17 years of age, and have the permission of my parent/guardian to make this declaration;
- > Understand that any personal information that I provide in this application to become a member of AIA Vitality will be used and disclosed in accordance with the terms and conditions of AIA Vitality (available on the AIA Vitality website at www.aiavitality.co.nz) and will be collected, used, stored and disclosed in accordance with AIA's privacy statement (available on www.aia.co.nz/privacy);

Declaration and Consent: AIA Vitality continued...

- > Understand that AIA Services New Zealand Limited ('AIA') operates AIA Vitality separately from its business of providing insurance policies. The only information that is received out of AIA Vitality that will be passed through to AIA in relation to insurance policies is information that might relate to AIA Vitality status (for example to provide me with a discount on my insurance policy). Accordingly, I understand that:
 - once I am a member of AIA Vitality, any personal information (including "Health Information" as defined in the Health Information Privacy Code 2020) that I subsequently provide through participation in AIA Vitality will not be available to AIA for the purposes of renewing, amending or assessing any AIA insurance policy (current or future); and
 - in accordance with my duty of disclosure, I am still obliged to disclose any information to the extent it may be relevant to any future application for insurance cover (including increased or varied cover) or changes to existing insurance cover or claims under an insurance policy with AIA, even if I provide information to AIA as part of my participation in AIA Vitality; and
 - AIA does not have any prior knowledge of my history as a consequence of my membership of AIA Vitality.
- > Understand any discounts or benefits provided in respect of membership in AIA Vitality are not guaranteed and AIA reserves the right to vary or withdraw the discounts or benefits or AIA Vitality.

Use and Disclosure of Personal Information

Please note that if you **do not consent** to the use and disclosure of your personal information (including Health Information) as set out below you will not be able to participate in AIA Vitality. For further information or if you have any questions, please feel free to contact us on 0800 242 888.

I agree to my personal information being shared with AIA Australia and AIA Vitality Partners to administer the programme

To administer AIA Vitality, I provide authority and consent for AIA to disclose my personal information to:

- a. AIA's third party service providers;
- b. AIA Australia Limited and its third party service providers; and
- c. AIA Vitality Partners for verification purposes only.

I agree that anonymised information will be shared with members of the AIA Group (based in Hong Kong) and Discovery Holdings Limited (based in South Africa) the company who owns the Vitality programme and licenses it to AIA.

To administer AIA Vitality, I provide authority and consent for AIA to disclose my non-personally identifiable information (including anonymised Health Information) to other members of the AIA Group (Hong Kong) and to Discovery Holdings Limited (South Africa) (who owns the Vitality programme and licenses it to AIA), and their third party service providers. Anonymised Health Information will be disclosed in such a way that it is not reasonably capable of being de-anonymised by these entities.

Note: The Privacy statement of each of the entities above is available on their websites. For Discovery Holdings Limited's privacy statement see: <https://www.discovery.co.za/portal/individual/terms-and-conditions>. These documents may be updated from time to time.

I agree to receive marketing communications for non-financial products/services that are outside of AIA Vitality, but relate to our AIA Vitality Partners. You can unsubscribe at any time.

I provide authority and consent for AIA to use and disclose my personal information (other than Health Information) to AIA Australia, to promote or market AIA Vitality Partner offers.

If subsequently I do not wish to receive marketing communications, I will follow unsubscribe instructions in the communications themselves where prompted, or contact AIA on 0800 242 888.

I agree to AIA sharing information relating to my AIA Vitality membership to Policy Owner(s) and/or my Financial Adviser.

I provide authority and consent for AIA to disclose information (other than Health Information) that relates to my membership of AIA Vitality to my financial adviser, ASB Insurance Manager and/or to the policy owner of any AIA insurance policy to which my membership of AIA Vitality attaches for the purposes of administering AIA Vitality and for me to receive the benefits and services of AIA Vitality. Such information may include AIA Vitality membership information such as my AIA Vitality status, membership number, whether I have purchased or used certain devices and/or accessories or whether I have visited or used certain AIA Vitality Partners, to earn AIA Vitality points.

I understand that there are terms and conditions that relate to the AIA Vitality Programme and I agree to read, understand and accept these before activating my AIA Vitality membership.

The terms and conditions of AIA Vitality are available on the AIA Vitality website at www.aiavitality.co.nz. A link to the terms and conditions will be sent to you in your activation email. By agreeing to the terms and conditions, you do so in your capacity as a life assured named in this application.

Please note that if you do not agree to the terms and conditions of AIA Vitality, your membership application will not be able to be accepted by AIA.


By completing the check box you the Life Assured confirm you have read and accepted the 'Use and Disclosure of Personal Information' section.
Please tick
Please note that if you do not consent to the use and disclosure of your personal information as set out above you will not be able to participate in AIA Vitality.

Name of Life Assured			
Signature of Life Assured	X	Date (dd/mm/yyyy)	/ /
Parent or guardian consent is only required where the Life Assured is 16 or 17 years of age.			
Parent or guardian Signature	X	Date (dd/mm/yyyy)	/ /
Financial Adviser or Insurance Manager name (If applicable)		Date (dd/mm/yyyy)	/ /



1 Personal details

Mr/Mrs/Miss/Ms/Other

Contact number

Name of AIA Vitality member

Email address

Payment frequency and AIA Vitality membership fee including GST (please tick one)

Monthly \$11.50

Half yearly \$69

Annually \$138

AIA Vitality membership fee could be subject to change.

2 Payment method

Please tick the appropriate box for your AIA Vitality membership payment only.

Credit Card or Debit Card
(please complete Section 3)

Direct Debit
(please complete Section 4)

3 Credit or debit card details

Card type (Tick one)

MasterCard

Visa

Debit Card

Expiry date (mm/yy)

 /

Name on card

Card number

<input type="text"/>													
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I/We declare and agree that I/We authorise AIA Services New Zealand Limited ("AIA") to debit the nominated credit card/debit card account with the AIA Vitality membership fees payable (and any increases to those fees), AIA may debit the credit card/debit card account with AIA Vitality membership fees even when there may be insufficient clear funds in the credit card/debit card account, but AIA shall not be obliged to do so. If there are insufficient funds but AIA debits the credit card/debit card, AIA may also debit the credit card/debit card account with any applicable fees and charges. If the AIA Vitality membership fees cannot be recovered from me, then AIA may reverse the AIA Vitality membership fees payment resulting in the fees being treated as not having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions.

4 Authority to accept direct debits

Name of my Account to be debited (Acceptor)

Authority to accept direct debits
(Not to operate as an assignment or agreement)

Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited.

Bank

Branch number

Account number

Suffix

To: The Manager (Insert name of Bank and Branch)

I authorise you, until further notice in writing, to debit my account with all amounts which GoCardless, the registered initiator of authorisation code 1226237, may initiate by direct debit on behalf of AIA Services New Zealand Limited ("AIA"). I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

I provide authorisation to GoCardless, the initiator acting on behalf of AIA Services New Zealand Limited ("AIA") to send the confirmation of this authority to me via email.

Authorisation code

1	2	2	6	2	3	7
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Information to appear on my/our Bank Statement

Payer particulars

A	I	A	V	I	T	A	L	I	T	Y
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Payer code

F	E	E								
---	---	---	--	--	--	--	--	--	--	--

Payer reference

<input type="text"/>										
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5 AIA Vitality payment authorised signature(s)

Signature 1

Date (dd/mm/yyyy)

Signature 2

Date (dd/mm/yyyy)

Bank Terms and Conditions

Specific conditions relating to notices and disputes

- › I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
 - › I don't receive a written notice of the amount and date of each direct debit from the initiator, or I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
 - › I may ask my bank to reverse a direct debit up to 9 months after the date the initiator sent the first direct debit under the authority if I am not reasonably satisfied that the authority authorised my bank to debit my account with the amount of the direct debit.
- › The initiator is required to give a written notice of the amount and date of each direct debit, including the first direct debit in a series, of no less than 2 working days. The notice is to include: the dates of the debits, and the amount of each direct debit.
- › If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 10 days before the change.
- › If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify you a second time of the amount and date of the direct debit.

Banks and building societies may not accept Direct Debit Instructions for some types of accounts

GoCardless Terms and Conditions

GoCardless process Direct Debit payments on behalf of other businesses and organisations, such as the merchant that you wish to make payments to. These businesses and organisations create payments for their customers using our system and we then process these according to the parameters and instructions they have set. These terms and conditions explain how GoCardless will operate, when it collects payments from your bank account.

1 Definitions

- › Unless otherwise defined in these terms and conditions (the "**GoCardless Terms**"), capitalised terms have the meaning given to them in the "Conditions of Instruction to Accept Direct Debits" ("**Bank Terms**").
- › **Customer** means the person or entity identified as such on the Application, who intends to make payments to the Merchant by way of direct debit (also referred to as "you" and "your" in these Terms and Conditions).
- › **Direct Debit Instruction** means the application form containing the GoCardless Terms and the Bank Terms and completed by you for the purposes of authorising payments to be made from your bank account to the Merchant by way of direct debit.
- › **GoCardless** means GoCardless Limited, the payment service provider authorised by the Merchant to process direct debit payments made by you to it, on its behalf. The "Initiator" in the "Conditions of Instruction to Accept Direct Debits" above is GoCardless.
- › **Merchant** means the person or entity that the Customer intends to make payments to by way of direct debit, and identified as such on the Application.

2 Direct Debit Instruction

- 2.1 By completing the Direct Debit Instruction, you agree to be bound by the Bank Terms in addition to the GoCardless Terms.
- 2.2 You acknowledge that by completing the Direct Debit Instruction, you are authorising the Merchant to debit your nominated bank account (as it appears on the Direct Debit Instruction) for the amounts and at the frequency set out in the Direct Debit Instruction. You acknowledge that GoCardless provides direct debit payment processing activities to the Merchant and as such, where GoCardless is instructed by the Merchant, GoCardless will debit your nominated bank in accordance with the instruction.
- 2.3 Any changes to the information provided by you on the Direct Debit Instruction must be communicated by you directly to the Merchant. You acknowledge that GoCardless will not accept any instruction directly from you to vary the Direct Debit Instruction.

3 Liability of GoCardless

- 3.1 GoCardless may cease providing the Merchant with direct debit payment processing services upon written notice to the Merchant in accordance with the agreement entered into by GoCardless and the Merchant for the supply of those services. In such circumstances, GoCardless will cease accepting the Merchant's instruction to debit your nominated bank account in connection with the Direct Debit Instruction. If you continue to receive goods or services from the Merchant, you must contact the Merchant directly to set up an alternative payment method.
- 3.2 GoCardless will not be responsible for any delay that may occur in processing a direct debit payment on the Merchant's behalf if:
 - 3.2.1 there is a public holiday on the day or on the day after a payment is due to be made;
 - 3.2.2 a payment is received either on a day that is not a business day or after the normal close of business on a business day;
 - 3.2.3 GoCardless does not receive the Direct Debit Instruction in sufficient time to process the payment; or
 - 3.2.4 the Direct Debit Instruction is not duly completed.
- 3.3 You acknowledge that GoCardless is not involved in the supply of any goods and/or services to you, and any disputes regarding the supply of any goods and/or services for which you have made payment for in connection with the Direct Debit Instruction are to be dealt with directly by you and the Merchant. GoCardless has no involvement in or express or implied liability in relation to any goods or services provided by the Merchant.
- 3.4 Nothing in the GoCardless Terms or the Bank Terms creates any relationship or liability between GoCardless and you for any purpose and any disputes regarding any payments debited from your nominated bank account should be directed to the Merchant.

4 General

- 4.1 If there is any inconsistency or conflict between the GoCardless Terms and the Bank Terms, the GoCardless Terms will prevail.
- 4.2 The GoCardless Terms are governed by the laws of New Zealand.

Bank use only

Approved 2623 ----- 03 19	Date received (dd/mm/yyyy) / /	Recorded by <input type="text"/>	Bank Stamp
	Checked by <input type="text"/>		

