

Cancellation Form

Credit Card Repayment Insurance



1 Policy/plan numbers to be cancelled

2 Request and acknowledgement

- > I/we request that the policies/plans listed above be cancelled immediately.
- > I/we acknowledge that under the Privacy Act 2020 the information in this form is collected in order for the AIA Group of Companies to process my/our cancellation of the policies/plans listed above and to determine my/our reasons for cancellation. The information is collected and held at 74 Taharoto Road, Takapuna, Auckland 0622. I/we understand that I/we have certain rights of access of correction of personal information under the Privacy Act 2020.
- > I/we acknowledge that we no longer have this protection in place and therefore will no longer be covered should an event occur in regards to this policy.
- > Please note: Signatures are required from ALL policy owners on joint policies/plans. Written confirmation will be sent to the policy owners named below.

3 Policy owner 1

Full name

Mailing address Street

Suburb

City Postcode

Day time telephone

Credit card number

Signature

Date DD / MM / YYYY

4 Policy owner 2

Full name

Mailing address Street

Suburb

City Postcode

Day time telephone

Credit card number

Signature

Date DD / MM / YYYY

