

AIA Living Business Continuity Form



This form should only be used when adding Business Continuity to a pending application. Where there is no pending application the AIA Living Application must be used.

Adviser name	<input type="text"/>	Adviser code	<input type="text"/>
Life to be Assured's name	<input type="text"/>		
Policy number of pending application	<input type="text"/>		

1 Details of the business

(a) Name of the Business

(b) How long has the business been trading?

(c) Are you an income generating employee or Key Person in the business? YES NO

(d) How long have you been in your current position?

(e) What are the main duties of your role?

(f) What was the Gross Profit for the last financial year?

(g) What percentage of the Gross Profit is attributed to your position and duties and how has this percentage been calculated?

(h) What measures would the business need to take in order to continue to trade if you became disabled?

(i) How many employees work within the business?

(j) Are you aware or have you been advised that the business will cease to trade or that there are potential future redundancies or mergers? Yes No If Yes, please explain:

(k) Do you have any personal or business cover? For example - Income Protection, Locum Cover, Business Overheads, Key Person, Business Revenue Cover. Yes No If Yes, please complete below:

	Policy One	Policy Two	Policy Three
Owner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount of Cover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for Cover	<input type="text"/>	<input type="text"/>	<input type="text"/>

(l) Can we contact your Accountant direct for financial evidence? Yes No

Name of Accountant Name of Firm

Address

Street

Suburb Town/City Postcode

Phone number E-mail Address

3 Declaration and Consent

Please read your duty of disclosure and declaration carefully and sign the bottom of the 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) DECLARES AND AGREES THAT:

Disclosure:

- (a) I/we have read and completed the application for insurance which is currently pending ('Application') and this supplementary application form ('Supplementary Application') which I/we acknowledge forms part of the Application.
- (b) I/we understand the notice explaining my/our duty of disclosure and all the statements contained in the Application and this Supplementary Application are true and complete to the best of my/our knowledge.
- (c) I/we understand that any personal information that I/we provide in this Supplementary Application will be collected, used, stored and disclosed in accordance with AIA's privacy statement, available on www.aia.co.nz/privacy. I/we consent to the use of the personal information provided in this Supplementary Application by AIA and/or any related companies, their subsidiaries, their officers, their advisers and reinsurers so that they can assess this Supplementary Application, for the processing of this Supplementary Application and administration of the Insurance and any claims, and for promotion of insurance and investment services to me/us. I/we understand that the personal information collected will be held at AIA's Head Office, 74 Taharoto Road, Takapuna. I/We understand access to and correction of my/our personal information may be requested by me/us.
- (d) I/we authorise AIA to disclose all personal information relating to this Supplementary Application to my/our financial adviser for the purpose of providing me/us with advice regarding the underwriting of this Supplementary Application by AIA.
- (e) I/we consent to the release of my name and basic contact details to Business Mentors for the purpose of making a claim for Business Mentors under my Business Continuity Benefit.
- (f) I/we declare that the above are fair estimates of my/our current business position. The information given in this document, whether or not it's in my/our handwriting, is true and correct and I/we have not withheld any material information.

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 judgement of a prudent underwriter in deciding whether or not to insure you, and if so, on what terms and at what cost. I/we acknowledge that in issuing a policy related to this Supplementary Application, that AIA is relying on all disclosures made by or on behalf of me/us and any life to be assured on the Application and Supplementary Application, and that this includes any Application for a policy or policies issued by Sovereign Assurance Company Limited ("Sovereign") ("related company"), and that such disclosures were true and correct to the best of my/our knowledge at the time they were made.

If you fail to comply with your duty of disclosure, AIA may avoid this insurance from its inception, 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.

Signature of Life to be Assured	<input type="text"/>	Date	<input type="text" value="Day / Month / Year"/>
Signature of Policy Owner(s)	<input type="text"/>	Date	<input type="text" value="Day / Month / Year"/>
	<input type="text"/>	Date	<input type="text" value="Day / Month / Year"/>



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**.

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.

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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								
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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"/>		

