

Policy Transfer Application Form



Purpose of Application

This form should only be used for AIA risk policy's issued by AIA New Zealand Limited ("AIA") or related company Sovereign Assurance Company Limited ("Sovereign"), that have two lives assured who wish to separate ownership of their benefits by transferring risk benefits from their existing policy to a new policy where it has been agreed that it can be done without the need for additional medical evidence.

- > The new policy that is issued will be subject to the standard policy terms and conditions that are applicable at the time of transfer.
- > Any Loadings or Exclusions that are present on the existing policy will be carried forward to the new policy, unless health evidence is provided to support their removal.

Important notes

AIA is committed to our customers during life's moments of truth. In the event of a claim, AIA will apply a 'best of both' approach to your claim assessment. This means that the position that benefits you the most between your original policy wording and the replacement policy wording will be applied. If you have any loadings, special terms or exclusions on your existing policy, these will be added to your new policy and included in the event of a claim.

1 Life to be Assured details

Mr/Mrs/Miss/Ms/Mx (please circle)	First name	<input type="text"/>	Last name	<input type="text"/>		
Addresses	Home address		Mailing address (if different from home)			
	Street	<input type="text"/>	Street	<input type="text"/>		
	Suburb	<input type="text"/>	Suburb	<input type="text"/>		
	City	<input type="text"/>	City	<input type="text"/>		
	Postcode	<input type="text"/>	Postcode	<input type="text"/>		
Telephone	Home	<input type="text"/>	Business	<input type="text"/>	Mobile	<input type="text"/>
Email address		<input type="text"/>				
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Place of birth	<input type="text"/>			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> X			
Occupation	<input type="text"/>			Industry	<input type="text"/>	

2 Policy owner(s)

Policy owner 1	<input type="checkbox"/>	as above, or				
Mr/Mrs/Miss/Ms/Mx (please circle)	First name	<input type="text"/>	Last name	<input type="text"/>		
	or					
	Company	<input type="text"/>				
Addresses	Home address		Mailing address (if different from home)			
	Street	<input type="text"/>	Street	<input type="text"/>		
	Suburb	<input type="text"/>	Suburb	<input type="text"/>		
	City	<input type="text"/>	City	<input type="text"/>		
	Postcode	<input type="text"/>	Postcode	<input type="text"/>		
Telephone	Home	<input type="text"/>	Business	<input type="text"/>	Mobile	<input type="text"/>
Email address		<input type="text"/>				
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>					

Policy owner(s) continued...

Policy owner 2

as above, or

Mr/Mrs/Miss/Ms/Mx
(please circle)

First name
or
Company

Last name

Addresses

Street

Street

Suburb

Suburb

City

City

Postcode

Postcode

Telephone

Home

Business

Mobile

Email address

Date of birth

3 Name change declaration
Your declaration and signature

You should fill out this section only if your name has changed and you want your policy to reflect the new name.

I hereby declare that
(original name)

as shown on my existing policy document

and (new name)

As shown on my:

Birth certificate

Marriage certificate
(if changing to married name)

Name change certificate

Are one and the same person. I request that AIA update my policy to reflect my new name.

Name currently on the policy

Signature (original signature)

New name

Signature (new signature)

4 Benefit details

Please attach a quote setting out benefits to be transferred to a new policy
(the quote is for adviser use only)

Please state the reason for this policy transfer application
i.e. which benefit will it replace and why?

Which policy number(s) are to be replaced by this application?

Please indicate how you would like us to refer to this policy in future correspondence
(e.g. John's Protection Plan)

Would you like this policy grouped with another AIA and/or related policy/policies* for correspondence purposes?

(NB: Not all policies can be grouped. Contact the Operations Team for details)

* Where related policy/policies means eligible policy(s) issued for the Life to be Assured, where Sovereign Assurance Company Limited ("Sovereign"), or AIA International Limited, New Zealand Branch ("AIA International"), was the insurer.)

5 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 void your insurance.

IMPORTANT NOTICE: Your Duty of Disclosure

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, in some cases, AIA may request a copy of your entire medical file from your General Practitioner and other medical providers, when you make a claim.

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

Life Assured:

I understand the importance of full disclosure of all information required in this Policy Transfer Application.

Yes

No

The below named life to be assured and policy owner(s) declare and agree that:

Disclosure:

- a) I have read the notice explaining my duty of disclosure and all the statements contained in this Policy Transfer Application ('Application') are true and complete to the best of my knowledge.
- b) I understand that the new policy I am issued will be based on the information provided in this Application, together with the information provided in the application for the existing policy.

Premiums:

- c) I 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.
- d) I 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 myself, 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.

My personal information:

- e) I consent to the use of the personal information provided in this Application or obtained from any source indicated in paragraph (f) AIA and/or any related companies (whether incorporated in New Zealand or elsewhere), their subsidiaries, their officers, their advisers and reinsurers so that they can assess this Application, for the processing of this Application and administration of my insurance cover and any claims including assessing if I have met my duty of disclosure under this Application or any prior applications, for promotion of insurance and investment services to me/us and for market research purposes. I understand that my personal information will be stored at AIA's head office, 74 Taharoto Road, Takapuna and by AIA's data storage providers, including cloud-based data storage providers (whether in New Zealand or elsewhere). I understand that AIA will take reasonable steps to keep such information secure. I understand that AIA's may be required to disclose my/our personal information if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities. I understand access to and correction of my personal information may be requested by myself.
- f) I consent and give authority to AIA and/or any of its related companies to seek from, and for all and any of the following, its 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 myself:
- Dentists • Advisers • Employers (whether current or not) • Medical laboratories • Accident Compensation Corporation • Banks and other financial institutions
 - Accountants and other financial advisers • Insurers or reinsurers (whether public or private) • Counsellors, psychologists and therapists
 - Government departments, agencies, organisations and enterprises • Registered medical practitioners and specialists (which may include an entire copy of my/our medical file)
- g) I 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 insurance.
- h) I 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.

Life to be Assured

Signature

Date

Signature of Individual policy owner(s)

(if other than Life to be Assured and as named in this application form)

Name (please print)

Signature

Date

Name (please print)

Signature

Date

Signature of company policy owner(s)

I/We acknowledge that we are signing on behalf of the company as named in this application form and that I/we have the authority to do so.

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 <input type="text" value="/ /"/>	Recorded by <input type="text"/>	Bank Stamp
	Checked by <input type="text"/>		

