

Policy no.



Credit Card Authority

Only use this form for AIA REAL, Superior Health or other policies issued by AIA International Limited, New Zealand Branch.

1 Life Assured

Title

First name(s) Surname

Physical Address

Postal Address (if different from physical address)

Unit/ apartment/ building/ floor

PO Box/ private bag number

Street

Street

Suburb

Suburb

Town/ City

Town/City

Postcode Country

Postcode Country

Home phone ()

Business phone ()

Mobile ()

Email

2 I wish to pay premiums by

Visa Mastercard

Card number

Cardholder's name

Cardholder's Signature

Date signed DD / MM / YYYY Card expiry date DD / MM / YYYY

Premium frequency* Fortnightly Monthly Quarterly Half yearly Annually

*Paying premiums by installments may increase the total annual premiums payable. Should you require further information please contact us.

This authority enables AIA New Zealand to debit your credit card as above until you advise AIA New Zealand in writing to cancel this authority. The amount debited may vary from time to time as a result of contractual increases or decreases which apply to your policy, (including any premium arrears, unless otherwise advised).

Where the payer is neither the Life Assured or Policy Owner, what is the relationship?

Where the payer is neither the Life Assured or Policy Owner, what is their name?

Daytime contact phone number

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