

AIA Real Increase Application

Special Events, Future Insurability, Level Cover and Business Increase Options

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

This application should only be used to effect one of the above increase types under an AIA Real, or other eligible policy issued by AIA International Limited, New Zealand Branch.

1 Personal details

Life Assured
(please complete a separate application for each Life Assured)

Title	Date of birth	
	Day /	Month / Year
First name(s)	Surname	
Name(s) known as	Previous name(s)	
Provider's customer number <i>(where applicable)</i>	Occupation	
Physical Address		Postal Address <i>(if different from physical address)</i>
Unit/ apartment/ building/ floor	PO Box/ private bag number	
Street	Street	
Suburb	Suburb	
Town/ City	Town/City	
Postcode	Country	
Home phone	()	Business phone
Mobile phone	()	Email

2 Increase details

Which increase are you applying for?

- Business increase option (Please provide financial papers to support your application)
- Future insurability increase option
- Level cover benefit
- Special events increase option — If special events increase, what is the special event?
- | | | |
|---|---|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Marriage or civil union | <input type="checkbox"/> Taking out or increasing a mortgage |
| <input type="checkbox"/> Birth | <input type="checkbox"/> Salary increase or career change | <input type="checkbox"/> Tertiary education of a child |
| <input type="checkbox"/> Death of a spouse or a partner | <input type="checkbox"/> Secondary education of a child | <input type="checkbox"/> Purchase residential investment property |
| <input type="checkbox"/> Divorce or legal separation | <input type="checkbox"/> Taking full-time care of a dependent | |

Please provide supporting documentation with your application e.g. marriage certificate, mortgage/loan agreement etc.

- None of the above
(You will need to complete a full AIA application form available from your Insurance Adviser, or call 0800 500 108 or email enquireNZ@aia.com)

What is the additional amount that you wish to increase your cover by?

REAL Life Cover	\$ <input type="text"/>
REAL Trauma Cover	\$ <input type="text"/>
REAL Total and Permanent Disability Cover	\$ <input type="text"/>

Special Events TPD/Trauma Facility (Life Cover only)

If you hold a REAL Life Cover Benefit, you can add one of the Benefits listed below with cover up to 50% of your original REAL Life Cover or \$100,000 (whichever is lower), subject to the conditions outlined in policy wordings. Please note that this REAL TPD/Trauma Facility is not available for the same Benefit type as a special event increase made at the same time or within the last 12 months.

Indicate below which Benefit you want to add and choose whether you want to increase your cover by the maximum eligible amount or specify the amount of your increase.

Select one Benefit only per life assured. If you select Accelerated REAL Total Permanent Disablement, please complete the additional information below.

<input type="checkbox"/> Accelerated REAL Trauma Cover	Max <input type="checkbox"/> or \$ <input type="text"/>
<input type="checkbox"/> Accelerated REAL Total Permanent Disablement <i>(Any occupation basis with expiry age 65)</i>	Max <input type="checkbox"/> or \$ <input type="text"/>

Life assured

What is your current main occupation? Number of hours per week

Describe your exact duties

(including details as applicable of heights, depths and locations at which you work and chemicals, gases or any toxic substances used) and provide the % of time spent on each duty and the % of time that each duty requires manual or physical work, including driving.

Exact duties	% of time on each duty	% that requires manual or physical work, including driving
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Policy options

You have two options for structuring your REAL Life Cover policy increase. Please select one of the options below:

- Option 1: Increase under your existing policy**
If you choose this option the REAL Life Cover premiums for your whole policy may be subject to new premium rates as a result of the 1 July 2010 tax changes.
- Option 2: Increase under a new policy**
If you choose this option, only the REAL Life Cover premiums for the increased portion will be subject to new premium rates. Your existing policy premiums will remain as they are now.

For more details on the tax changes, please see our policy holder tax change brochure available from your Insurance Adviser, or call 0800 500 108 or email enquireNZ@aia.com.

4 Payment details

Do you wish to use the same payment method for the increase as for your existing policy?
If no, please complete your payment details below

Yes No

Premium frequency* Fortnightly Monthly Quarterly Half yearly Annually
First premium Cheque Credit card Direct debit (please complete an AIA Direct Debit Form)
Regular premium Credit card Direct debit (please complete an AIA Direct Debit Form)

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

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?

Policy Commencement Date

Day	Month	Year
/	/	

Credit card

Card Type Visa Mastercard

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Cardholder's Name

Cardholder's Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Card Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

This authority enables AIA New Zealand to debit your credit card as above (including any premium arrears, unless otherwise advised) 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.

5 Declaration

I declare that the above information is true and correct.

Full name of Policy Owner (1)

Signature of Policy Owner (1)

Date	/	/
------	---	---

Full name of Policy Owner (2)

Signature of Policy Owner (2)

Date	/	/
------	---	---

