



Payer Details Form

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

Payer 1

Title Gender (please ✓) Male Female

First name(s) Surname

Previous Name(s) (if different)

Name(s) known as (if different from above)

Occupation

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 Mobile Business

Phone No. () () ()

Email

Country of birth Date of birth Day / Month / Year

Nationality Relationship to Life Assured

Payer 2 (if joint bank account)

Title Gender (please ✓) Male Female

First name(s) Surname

Previous Name(s) (if different)

Name(s) known as (if different from above)

Occupation

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 Mobile Business

Phone No. () () ()

Email

Country of birth Date of birth Day / Month / Year

Nationality Relationship to Life Assured

Payer – business (please complete if the Payer is a New Zealand registered company)

Name of organisation and trading name (if different)			
Place of incorporation			
Date of incorporation	DD / MM / YYYY	Relationship to Life Assured	

Name of all directors / shareholders / partners / trustees / officers

Title	First Name	Surname
Title	First Name	Surname
Title	First Name	Surname

If your business has multi-level ownership, please attach an organisation structure chart to this application.

Name of contact person		Position	
Business phone	()	Contact person's phone (if different)	()
Contact person's mobile	()	Contact person's mobile	()
Business fax	()		

Physical Address (for principal place of business)

Unit/apartment/building/floor	
Street	
Suburb	
Town/city	Postcode
Region/state	Country

Physical address (for registered office) (if different)

Unit/apartment/building/floor	
Street	
Suburb	
Town/city	Postcode
Region/state	Country

Postal Address (for principal place of business)

PO Box / private bag number	Suburb	Town/City
Region/state	Country	Postcode

- I / We acknowledge that personal information collected or held by AIA New Zealand is provided and may be held, used, and disclosed by AIA New Zealand to:
 - process this payment transfer; and
 - any other application for insurance I / we make to AIA New Zealand; and
 - for the purposes of any legal proceedings before a Court, or review or arbitration before statutory or independent body
- I / We acknowledge that for the purposes set out in clause 1, personal information may be made available to our subsidiary and affiliated companies, local and overseas (and in this regard you consent to the transfer of your information outside New Zealand) and to any agent, contractor or third party who provides administrative or other services to AIA New Zealand or any member of the AIA Group.
- I / We understand that access to my / our personal information is available to me / us under the Privacy Act 2020 by writing to AIA New Zealand.
- The AIA Group and its affiliates, including AIA New Zealand ("the Group") are subject to and required to, or has agreed to, comply with certain legal, regulatory and/or other requirements (the "Reporting Requirements"). As such, I / we provide our express consent that AIA New Zealand shall have the right to provide such personal data and information to any governmental authorities, regulatory bodies and / or any other person(s) in respect of the Reporting Requirements. I / We understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) the personal data of the Owner, the Insured, and the Beneficiaries ("the Parties"), or any of them; ii) any information relating to this Policy; and iii) any information relating to any other policies held by the Parties or any of them. I / We understand that AIA New Zealand will not be able to sell any insurance product to me / us and provide any service if I / we refuse to give the said express consent.

I / We declare that the above information is true and correct, that I / we have read and understood the above declaration and agree to be bound by these terms and conditions.

Full name of Payer (1)		
Signature of Payer (1)	X	Date / /
Full name of Payer (2)		
Signature of Payer (2)	X	Date / /

