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 | | | Adviser code | |
|-----|---|---|-----------------|----------------|----------|
| | Life to be Assured's name | | | | |
| | Policy number of | | | | |
| | pending application | | | | |
| 0 | Details of the business | | | | |
| (a) | Name of the Business | | | | |
| (b) | How long has the business been tra | ding? | | | |
| | | • | | | |
| | Are you an income generating employee or Key Person in the business? | YES NO | | | |
| (d) | How long have you been in your cur | rent position? | | | |
| (e) | What are the main duties of your | role? | | | |
| (f) | What was the Gross Profit for the | e last financial year? | | | |
| | | | | | |
| | What percentage of the Gross Profit is attributed to your position and duties and how has this percentage been calculated? | | | | |
| ` , | What measures would the business need to take in order to continue to trade if you became disabled? | | | | |
| | How many employees work within the business? | | | | |
| • | 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 ex | plain: | | |
| | 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 Policy One Policy | complete below: | Policy Three | |
| | Owner | | | | |
| | Policy Type | | | | |
| | Amount of Cover | | | | |
| | Reason for Cover | | | | |
| (l) | Can we contact your Accountant direct for financial evidence? | Yes No | | | |
| | Name of Accountant | | | Name of Firm | |
| | Address | Street | | | |
| | | Suburb | Town/C | City | Postcode |
| | | Phone number | | E-mail Address | |

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:

- (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.
- 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.
- 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.
- 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 (f) 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.

| 1 | | | Day / Month / Year |
|---------------------------------|---|------|--------------------|
| Signature of Life to be Assured | × | Date | / / |
| | | | Day / Month / Year |
| Signature of Policy Owner(s) | X | Date | / / |
| | ^ | | Day / Month / Year |
| | x | Date | / / |
| | ^ | | |

Phone (Int.): +64 9 487 9963 Freephone: 0800 500 108 Email: enquireNZ@aia.com

Web: aia co nz



AIA Vitality Application Form



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: enquireNZ@aia.com

Note: Ongoing AIA Vitality membership fee must be paid by Direct Debit or Credit/Debit Card.

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. Mobile Phone (home) Phone (work) **Contact Details** Do you have existing Yes No insurance policy(s) with AIA, ASB or Sovereign? 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.

By completing the check box you the Life Assured confirm you have read and accepted the 'Use and Disclosure of Personal Information' section.



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 | (dd/m | Date m/yyyy) | / / |
| Parent or guardian Signature | Parent or guardian consent is only required where the Life Assured is 16 or 17 years of age. | Date | / / |
| Financial Adviser or Insurance Manager name | X | Date | |
| (If applicable) | (dd/m | m/yyyy) | / / |

AIA House, 74 Taharoto Road, Takapuna, Auckland 0622 **Private Bag 92499,** Victoria Street West, Auckland 1142 Phone (Int.): +64 9 487 9963 Freephone: 0800 500 108 Email: enquireNZ@aia.com Web: aia.co.nz



X00092 001a 2207

AIA Vitality Payment Form



| 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 Half yearly Annually 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 deta | ails |
| Card type (Tick one) | MasterCard Visa Debit Card Expiry date (mm/yy) / |
| Name on card | |
| Card number | |
| credit card/debit card account, but AIA sh |), AIA may debit the credit card/debit card account with AIA Vitality membership fees even when there may be insufficient clear funds in the nall 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 |
| | d charges. If the AIA Vitality membership fees cannot be recovered from me, then AIA may reverse the AIA Vitality membership fees payment having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions. |
| resulting in the fees being treated as not he | having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions. Ct debits Authority to accept direct debits |
| resulting in the fees being treated as not h | having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions. Ct debits Authority to accept direct debits (Not to operate as an assignment or agreement) |
| Authority to accept direct Name of my Account to be debited | having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions. Ct debits Authority to accept direct debits (Not to operate as an |
| Authority to accept direct Name of my Account to be debited (Acceptor) Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account | having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions. Ct debits Authority to accept direct debits (Not to operate as an assignment or agreement) |
| Authority to accept direct Name of my Account to be debited (Acceptor) Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited. To: The Manager | having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions. Ct debits Authority to accept direct debits (Not to operate as an assignment or agreement) |
| Authority to accept direct Name of my Account to be debited (Acceptor) Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited. To: The Manager (Insert name of Bank and Branch) | Lauthorise 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 AlA Services New Zealand I provide authorisation to GoCardless, the initiator acting on behalf of AlA Services New Zealand |
| Authority to accept direct Name of my Account to be debited (Acceptor) Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited. To: The Manager | Authority to accept direct debits Authority to accept direct debits Authority to accept direct debits |
| Authority to accept direct Name of my Account to be debited (Acceptor) Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited. To: The Manager (Insert name of Bank and Branch) | Lauthorise 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 AlA Services New Zealand Limited ("AlA") I agree that this authority is subject to: 1 The bank's terms and conditions listed below. 1 provide authorisation to GoCardless, the initiator acting on behalf of AlA Services New Zealand Limited ("AlA") I agree that this authority is subject to: 1 The pack is terms and conditions listed below. 1 Payer particulars Payer code |
| Authority to accept direct Name of my Account to be debited (Acceptor) Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited. To: The Manager (Insert name of Bank and Branch) Information to appear on my/our Bank Statement | having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions. Authority to accept direct debits |
| Authority to accept direct Name of my Account to be debited (Acceptor) Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited. To: The Manager (Insert name of Bank and Branch) Information to appear on my/our Bank Statement | having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions. Cet debits Authority to accept direct debits (Not to operate as an assignment or agreement) Bank Branch number Account number Suffix I authorise you, untill 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 with all amounts which GoCardless, the registered initiator acting on behalf of AIA Services New Zealand Limited ("AIA") to send the confirmation of this authority to me via email. Payer particulars Payer code A I A V I T A L I T Y Payer reference Date Date |
| Authority to accept direct Name of my Account to be debited (Acceptor) Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited. To: The Manager (Insert name of Bank and Branch) Information to appear on my/our Bank Statement | having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions. Cet debits Authority to accept direct debits (Not to operate as an assignment or agreement) Bank Branch number Account number Suffix Lauthorise 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. Payer particulars Payer code A I A V I T A L I T Y Payer reference The pacific terms and conditions listed below. F E E The bank's terms and conditions listed to the payor to t |

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

03 I 19

Date received (dd/mm/yyyy)

/ /

Checked by

Bank Stamp

AIA House, 74 Taharoto Road, Takapuna, Auckland 0622 **Private Bag 92499,** Victoria Street West, Auckland 1142 Phone (Int.): +64 9 487 9963 Freephone: 0800 500 108 Email: enquireNZ@aia.com

Web: aia co nz



X00092 002a 220

Airpoints Dollars[™] Application Form





Earn Airpoints Dollars™ with AIA*

For every \$100 premium paid on eligible products and benefits, you will earn 1 Airpoints Dollar™.

To start earning Airpoints Dollars on your eligible insurance policy, please provide your Airpoints™ number.

Please complete all fields below.

Note that we can accept only one Airpoints number for each application/policy. All Policy Owners must sign this form to confirm the Airpoints number which will earn Airpoints Dollars for the AIA policy detailed below.

*Terms and conditions apply.

Policy Owner details

Application/policy no.

| Last name (as held by Air New Zealand) Airpoints™ number Telephone number Email address If you are not an Airpoints member, you can join for free at www.airnz.co.nz/airpoints You can request to change the Airpoints number registered to your AIA policy at any time by contacting our call centre on 0800 500 108 or talk to your adviser. It is your responsibility to provide us with accurate details of your Airpoints account, and to let us know of any changes to your Airpoints account name or number. ② Policy Owners to complete By signing this form you: Agree that the nominated Airpoints number will earn Airpoints Dollars on the AIA policy referred to above; and Confirm that you are authorised, by the individual(s) to which the Airpoints number relates, to provide to AIA New Zealand the information set out in the Airpoints Details section above. Full name of Policy Owner (1) Signature of Policy Owner (2) Signature of Policy Owner (2) Date Dat | First name (as held by Air New Zealand) | | | | |
|--|--|---|---------------------|--|--|
| Telephone number Email address If you are not an Airpoints member, you can join for free at www.airnz.co.nz/airpoints You can request to change the Airpoints number registered to your AIA policy at any time by contacting our call centre on 0800 500 108 or talk to your adviser. It is your responsibility to provide us with accurate details of your Airpoints account, and to let us know of any changes to your Airpoints account name or number. Policy Owners to complete By signing this form you: Agree that the nominated Airpoints number will earn Airpoints Dollars on the AIA policy referred to above; and Confirm that you are authorised, by the individual(s) to which the Airpoints number relates, to provide to AIA New Zealand the information set out in the Airpoints Details section above. Full name of Policy Owner (1) Signature of Policy Owner (2) Put name of Policy Owner (2) Signature of Policy Owner (3) Date | | | | | |
| If you are not an Airpoints member, you can join for free at www.airnz.co.nz/airpoints You can request to change the Airpoints number registered to your AIA policy at any time by contacting our call centre on 0800 500 108 or talk to your adviser. It is your responsibility to provide us with accurate details of your Airpoints account, and to let us know of any changes to your Airpoints account name or number. Policy Owners to complete By signing this form you: Agree that the nominated Airpoints number will earn Airpoints Dollars on the AIA policy referred to above; and Confirm that you are authorised, by the individual(s) to which the Airpoints number relates, to provide to AIA New Zealand the information set out in the Airpoints Details section above. Full name of Policy Owner (1) Signature of Policy Owner (2) Signature of Policy Owner (2) Date Date Dot / MM / YYYY Full name of Policy Owner (3) Signature of Policy Owner (3) | Airpoints™ number | | | | |
| If you are not an Airpoints member, you can join for free at www.airnz.co.nz/airpoints You can request to change the Airpoints number registered to your AIA policy at any time by contacting our call centre on 0800 500 108 or talk to your adviser. It is your responsibility to provide us with accurate details of your Airpoints account, and to let us know of any changes to your Airpoints account name or number. Policy Owners to complete By signing this form you: Agree that the norminated Airpoints number will earn Airpoints Dollars on the AIA policy referred to above; and Confirm that you are authorised, by the individual(s) to which the Airpoints number relates, to provide to AIA New Zealand the information set out in the Airpoints Details section above. Full name of Policy Owner (1) Signature of Policy Owner (2) Date Da | Telephone number | | | | |
| You can request to change the Airpoints number registered to your AIA policy at any time by contacting our call centre on 0800 500 108 or talk to your adviser. It is your responsibility to provide us with accurate details of your Airpoints account, and to let us know of any changes to your Airpoints account name or number. 3 Policy Owners to complete By signing this form you: > Agree that the nominated Airpoints number will earn Airpoints Dollars on the AIA policy referred to above; and > Confirm that you are authorised, by the individual(s) to which the Airpoints number relates, to provide to AIA New Zealand the information set out in the Airpoints Details section above. Full name of Policy Owner (1) Signature of Policy Owner (2) Signature of Policy Owner (2) Date | Email address | | | | |
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| Signature of Policy Owner (2) Pull name of Policy Owner (3) Signature of Policy Owner (3) Date DD / MM / YYYY Date DD / MM / YYYY | Signature of Policy Owner (1) | | DD / MM / YYYY | | |
| Full name of Policy Owner (3) Signature of Policy Owner (3) Date DD / MM / YYYY | Full name of Policy Owner (2) | | | | |
| Signature of Policy Owner (3) Date DD / MM / YYYY | Signature of Policy Owner (2) | | DD / MM / YYYY | | |
| Date / / | Full name of Policy Owner (3) | | | | |
| | Signature of Policy Owner (3) | | DD / MM / YYYY | | |



AIA Airpoints™ terms and conditions

These Airpoints™ terms and conditions set out the terms under which a customer of ours ("vou" or "your") may earn Airpoints Dollars™ through AIA Services New Zealand Limited ("us", "we" or "our") in accordance with the Airpoints loyalty programme that is offered by Air New Zealand Limited (Air NZ). You acknowledge that your ability to earn Airpoints Dollars is subject to Air NZ's Airpoints terms and conditions.

Fliaihility

- 1. To be eligible to earn Airpoints Dollars™ (an Eligible Customer) you must:
 - a. be a policy owner of one or more of the "Eligible Products and Benefits" (as defined in Section 2 below):
 - b. be a member of Air NZ's Airpoints programme (which will be subject to Air NZ's Airpoints terms and conditions); and
 - c. register your Airpoints membership number with us.
- 2. Eligible Customers will be eligible to earn Airpoints Dollars™ in respect of the following products and benefits issued on any policy or policies where AIA New Zealand Limited ("AIA") is the insurer, including any related policy(s) issued by either Sovereign Assurance Company Limited ("Sovereign") or AIA International Limited, New Zealand Branch ("AIA International"):

(Policies issued from 5 August 2019, where AIA is the insurer)

a. AIA Living Personal and Business: Life, Critical Conditions, Progressive Care, Total Permanent Disablement, Income Protection, Loss of Earnings, Family Protection, Accidental Death, Mortgage and Income Protection, Redundancy, Retirement Protection, Rural Continuity, Waiver of Premium, Business Continuity, Accidental Injury Cover.

(Policies issued from 1 June 2001 to 4 August 2019, where AIA International was the insurer)

b. REAL Life Cover, REAL Level Life Cover, REAL Accidental Death, REAL Business Continuation Cover, REAL Income Protection, REAL Farmers Revenue Protection Cover, REAL Health, REAL Easy Life Cover, REAL Easy Funeral Cover, REAL Level Trauma Cover, REAL Total Permanent Disability, REAL Level Total Permanent Disability, REAL Business Life Cover, REAL Business Trauma Cover, REAL Business Total and Permanent Disability, REAL Vital Income Protection, REAL Mortgage Income and Rent Cover, REAL New to Business Cover, REAL Trauma Cover, Business Overheads, Cancer Benefit Rider, Cancer Treatment Benefit, Family Protect Cancer Treatment Benefit, Family Protect Critical Illness Cover, Family Protect Life Cover, Family Protect Terminal Illness Cover, Income Protection Redundancy LOE Premier, Income Protection Redundancy - Agreed), Income Protection Redundancy - Indemnity, Key Person Benefit, Level Cancer Benefit Rider, Monthly Life Cover, Mortgage Redundancy Cover, Mortgage Repayment Cover, Personal Accident Benefit, Spouse or Partner Funeral Benefit, Superior Health Cover, Superior - 3 Health Cover, Trauma - Child Top Up.

(Policies issued from 1 February 2001 to 4 August 2019, where Sovereign was the insurer)

- c. TotalCare and TotalCareMax Personal and Business (policies issued from 1 February 2001 with Guaranteed Enhancement Benefit): Life, Living Assurance Comprehensive and Essential, Progressive Care, Total Permanent Disablement, Disability Income Protection, Loss of Earnings, Essential Disability Income Protection, Family Protection, Accidental Death, Mortgage and Income Protection, Redundancy, Locum Cover, Retirement Protection, Business Overheads, Rural Continuity, Waiver of Premium, Business Continuity, Specialist and Diagnostic Testing, Accidental Injury Cover.
- d. Start-Up Income Protection
- h. MajorCare Health e. Private Health i. Kev Health
- f. Private Health Plus
- j. Surehealth
- a. Absolute Health

Products underwritten by AIA and distributed by ASB Bank, IAG New Zealand or any other distribution partner, are not included.

Registering your Airpoints number

- 3. Eligible Customers can register an Airpoints number with us by:
 - a. including it on the application form when you apply for one or more of our Eligible Products and Benefits:
 - b. calling our call centre on 0800 500 108;
 - c. providing it to your insurance adviser to register with us on your behalf; or
 - d. via any other means we make available for this purpose.
- 4. The Airpoints number that is provided to us under Section 3 will be registered to the policy number applicable to either:
 - a. the Eligible Product and Benefit which you are applying under Section 3(a), once we have accepted your application; or
 - b. the Eligible Product and Benefit or Eligible Products and Benefits that you have informed us of via the means set out in Sections 3(b) to 3(d).
- We will only accept one Airpoints number for each policy number relating to an Eligible Product and Benefit. If there is more than one policy owner in relation to an Eligible Product and Benefit the policy owners must nominate one Airpoints number to earn Airpoints Dollars through that Eligible Product and Benefit.
- You can request to change the Airpoints number registered to an applicable policy number at any time.

- It is your responsibility to provide us with accurate details of the Airpoints account and to let us know of any changes to the Airpoints account name or number.
- We will not be liable for any loss, including any loss of benefits, resulting from the Airpoints account details being out of date, inaccurate or otherwise.

Earning Airpoints Dollars

- 9. All new applications by Eligible Customers for Eligible Products and Benefits that are accepted by us will qualify to earn Airpoints Dollars subject to these terms and conditions.
- 10. If you are an Eligible Customer and you already have one of our Eligible Products and Benefits then, subject to these terms and conditions, you will be able to accrue Airpoints Dollars for each Eligible Product and Benefit from the date that you pay your next premium for that Eligible Product and Benefit.
- 11. Subject to these terms and conditions, Eligible Customers will earn 1 Airpoints Dollar for every \$100 of premium actually paid to us in respect of an Eligible Product and Benefit, which will accrue to the Airpoints account registered with us in accordance with Section 3.
- 12. We may change the earn rate for Airpoints Dollars at any time.
- 13. This offer is not transferable or redeemable for cash
- 14. Eligible Customers may also be eligible to earn additional Airpoints Dollars through special offers or promotions that we notify you of from time to time, subject to both these terms and conditions and any additional offer or promotion terms.
- 15. Airpoints Dollars will not accrue for premium payments received prior to the launch date (as determined by us), or in relation to premium payments received prior to Eligible Customers registering an Airpoints number with us.
- 16. Air NZ will use reasonable endeavours to credit Airpoints Dollars to the relevant Airpoints account notified to us in accordance with these terms and conditions within 30 days of the premium being paid on an Eligible Product and Benefit.

Deduction of Airpoints Dollars

If for any reason, the payment that earned you Airpoints Dollars is refunded or dishonoured, or you cancel the Eligible Product and Benefit that you took out with us, we reserve the right to deduct those Airpoints Dollars from the Airpoints account linked to the policy number for that Eligible Product and Benefit.

- 18. Personal information disclosed to AIA in relation to the Airpoints programme will be collected, used, stored and disclosed in accordance with AIA's Privacy Statement: see www.aia.co.nz/privacv
- 19. In addition, by registering an Airpoints number with us, you acknowledge and agree that personal information about you, together with other data relating to transactions that earn you Airpoints Dollars, may be collected, used, stored and disclosed by us, our contractors, Air NZ and/or its Airpoints partners for the following purposes:
 - a. to administer the Airpoints programme, including:
 - · communicating with you about the Airpoints programme;
 - · undertaking data matching activities;
 - providing such information and data to Air NZ and its Airpoints partners (including for the redemption of rewards);
 - b. to enable marketing activities, including the planning, research, promotion and marketing of goods, services and products, to you by us, Air NZ or its Airpoints
 - c. to conduct analyses relating to the Airpoints programme; and
 - d. to assist in law enforcement purposes, investigations by police or other government or regulatory authorities and to meet requirements imposed by applicable laws and regulations; and
 - e. or other obligations committed to government or regulatory authorities.
- 20. You have the right to access and request correction of information held by us about you. To contact us for this purpose, please refer to our Privacy Statement.

- 21. We may stop awarding Airpoints Dollars to you at any time at our absolute discretion, including if:
 - a. we cease to be a partner in Air NZ's Airpoints programme; or
 - b. you are no longer eligible to earn Airpoints Dollars through us.

Liability

 $22. \ \ \text{We are not responsible, and accept no liability, for any act or omission of Air NZ or its}$ Airpoints partners in respect of the Airpoints programme.

Changes

23. We may change these terms and conditions at any time without prior notice by publishing an amendment to these terms and conditions on our website, with such amendment to be effective from the date of publication.

Phone (Int.): +64 9 487 9963 Freephone: 0800 500 108 Email: enquireNZ@aia.com

