# **Change of Ownership**

(for policies requiring AML/CFT information)

Signature of witness



Please complete this form if you wish to transfer the ownership of your policy to another person or company.

Requirements:	. ,				
In order to complete the change of o	ownership, you must provide the	e following:			
Policy number(s) of the po	licy or policies I/we want	Contact details and dates of birth for each new owner			
Names and signatures of current and new owner(s)		A witness (over 16 years of age, not associated with the policy/policies) to sign, confirming current and new policy owners' names			
Certified / verified copies of proof of identity and address for each new owner (refer to the attached Requirements Guide for more information)					
Current owner(s) and new owner(s	) – what you need to do:	What we'll do:			
<ul> <li>Ensure all parties have a clear ur being transferred. If you have and the AIA Customer Relationship Te</li> </ul>	questions, please contact	<ul> <li>Register the change of ownership as requested.</li> <li>Send confirmation once the changes have been made.</li> </ul>			
1 Policy number details					
Please provide the policy number(s) and t processed by AIA.	oday's date. This Change of Ownership f	form is valid for 90 days from the date the form is completed and will not take effect until			
Policy number(s)					
	DD/MM/YYYY				
Date form completed					
Would you like this policy grouped with another AIA or related policies* for correspondence purposes?	Yes No N	NB: Not all policies can be grouped. Contact the Operations Team for details.			
If YES, please list policy numbers					
* 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.					
2 Current owner details	All policy owners must complete and s with the policy or policies.	sign. All signatures must be witnessed by a person aged 16 or above, who is not associated			
	Please note: If a company has more th	nan one director, signatures by 2 or more directors of the company are required.			
Current owner 1					
Full Name or Company/Business Name					
Signature of Individual or on behalf of Company/Business		X			
Name of witness					

2 Current owner details contin	nued				
Current owner 2					
Full Name or Company/Business Name					
Signature of Individual or on behalf of Company/Business				x	
Name of witness					
Signature of witness			,	x	
3 New owner(s) details					
All new policy owners must complete and sign this form. The new policy owner can be a person or persons aged 16 or above (except for AIA Real, Superior Health or other policies issued by AIA International Limited, New Zealand Branch, where the policy terms require owners to be aged 18 years or above), a company or a bank. AIA Superior Health and AIA Real Health policies cannot be transferred to another policy owner. If the Policy is owned or going to be owned by the trustees of a trust, all trustees must sign this form individually (the trustees own/will own the policy in their capacity as trustees of the trust). All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy or policies. Please note: If ownership is changing for a child less than 16 years on a trauma policy, AIA requires proof that the new policy owner is a parent or has legal guardianship, e.g. (copy of child's birth certificate confirming parents; copy of adoption documentation confirming adoptive parents or copy of family court order appointing legal guardians).  Privacy  Py signing this form, the new policy owners confirm their agreement to the following terms regarding privacy. Personal information provided in this form will be collected, used, stored and disclosed by AIA and/or any related companies (whether incorporated in New Zealand or elsewhere), their subsidiaries, their officers, their advisers and reinsurers:  > to process this change of ownership, process claims, communicate  New owner 1 (new owner 1 will be the mailing address for the policy)					
Please note: If a company has more than o					
Title	Mrs Miss	Ms	Mr	Mx	
Full name (or company name)					
Airpoints™ number			AIA and distributed by A tner, are not included.	SB Bank, IAG New Zealand or	
Date of birth	DD MM YYYY	Signature		Х	
Mailing Address					
Town, city or district			Postcode		
Email			Mobile		
Home phone			Business phone		
Name of witness					

Signature of witness

Х

New owner 2	Title	Mrs Miss Ms Mr Mx			
	Full name				
	(or company name)	Products underwritten by AIA and distributed by ASB Bank, IAG New Zealand or			
	Airpoints™ number	any other distribution partner, are not included.			
	Date of birth	/ / Signature			
	Mailing Address				
	Town, city or district	Postcode			
	Email	Mobile			
	Home phone	Business phone			
	Name of witness				
	Signature of witness	x			
More than two	o new owners?	If more than two new owners, please tick the box and complete page 3			
use by AIA - (	Change of Ownershi				
	Shange of Ownershi				
	Shange of Ownershi	Date ownership completed			
Name	Sharige of Ownershi	DD MM YYY			
	Sharige of Ownershi	DD MM YYY			
Name	al past/new owners	Date ownership completed DD MM YYY			
Addition All policy owne	al past/new owners	Date ownership completed DD MM YYY			
Addition All policy owner policies.	al past/new owners	Date ownership completed  s details  and sign. All signatures must be witnessed by a person aged 16 or above, who is not associated with the police			
Addition All policy owner or policies. Please note: If a co	al past/new owners ers must complete an ompany has more than one	Date ownership completed  State ownership completed  State ownership completed			
Addition All policy owner or policies. Please note: If a co	al past/new owners ers must complete an empany has more than one	Date ownership completed  s details  and sign. All signatures must be witnessed by a person aged 16 or above, who is not associated with the police			
Addition All policy owner policies. Please note: If a co	al past/new owners ers must complete an ompany has more than one	Date ownership completed  s details  and sign. All signatures must be witnessed by a person aged 16 or above, who is not associated with the police			
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4 Additional past/new owners	s details continued
New owner 3 Title	Mrs Miss Ms Mr Mx
Full name (or company name)	
Airpoints™ number	Products underwritten by AIA and distributed by ASB Bank, IAG New Zealand or any other distribution partner, are not included.
Date of birth	DD MM YYYY  / / Signature
Mailing Address	
Town, city or district	Postcode
Email	Mobile
Home phone	Business phone
Name of witness	
Signature of witness	x
New owner 4	
Title	Mrs Miss Ms Mr Mx
Full name (or company name)	
Airpoints™ number	Products underwritten by AIA and distributed by ASB Bank, IAG New Zealand or any other distribution partner, are not included.
Date of birth	/ / Signature
Mailing Address	
Town, city or district	Postcode
Email	Mobile
Home phone	Business phone
Name of witness	
Signature of witness	x

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



## **PROOF OF IDENTITY & ADDRESS REQUIREMENTS GUIDE**



## Why do we need proof of your identity and address?

We are required by law to verify your identity and current residential address before processing certain requests. This is a requirement of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

As a values-based company, we believe in putting people first, which includes our wider community. So, while getting your verification documents together may seem like an inconvenience, we can assure you it is essential.

You can confirm your identity and address by sending us certified/verified photocopies of the original documents, outlined below in; A - proof of identity and B - proof of address.

## **Individuals**

For individuals, or any person acting on behalf of another (as with an enduring power of attorney), we require a certified/verified photocopy of your proof of identity and proof of address documentation.

#### A-Proof of identity

Please choose one of the following three options:

#### Option 1

Provide a certified/verified photocopy of one of:

- Appropriate pages of New Zealand or overseas passport, containing your name, date of birth, photograph and signature
- New Zealand firearms licence
- New Zealand certificate of identity
- Overseas government-issued national identity card, containing your name, date of birth, photograph and signature

Provide a certified/verified photocopy of:

· A New Zealand driver's licence (please note, we require copies of both sides of the licence)

#### AND

A certified/verified photocopy of one of:

- · ATM (eftpos) card, credit or debit card issued by a New Zealand registered bank, provided your name and signature is on the card
- Bank account statement issued in the 12 months immediately preceding the date of application
- · A printout from a New Zealand registered bank containing customer name and address, stamped by the bank
- · Statement from a government or local government agency (e.g. IRD or councils) issued in the 12 months immediately preceding the date of application
- · SuperGold card (with or without photo)

#### Option 3

Provide a certified/verified photocopy of:

- New Zealand or overseas full birth certificate
- · New Zealand or overseas citizenship certificate

#### AND

A certified/verified photocopy of one of:

- · New Zealand driver's licence (please note, we require copies of both sides of the licence)
- New Zealand Police identification card
- · New Zealand Defence Forces card
- SuperGold card (with photo)

Please note we cannot accept expired documents as proof of identity. In some instances where information you have provided raises matters that require us to investigate further, we will ask for more verification documents.

#### **B-Proof of address**

Please provide a certified/verified photocopy of one of the following, issued and dated within the last 12 months, showing your current residential address:

- · Utility bill
- · Car registration document
- · Bank account statement
- Government or local government agency statement (e.g. IRD, or councils)
- A non-AIA issued insurance policy document
- · A printout from a New Zealand registered bank containing customer name and address, stamped by the bank.

Note: If a bank or government agency statement has been provided as part of Option 2 under proof of identity, and shows your residential address, no further documentation will be required to verify your residential address.

## **Trusts**

A trust must provide a certified/verified photocopy of the trust deed, together with any amendments or supplements relevant to trustees or beneficiaries.

**All trustees** and **settlors** or other parties that have control of trust assets must provide:

- Their full name, residential address, relationship to the trust (e.g. trustee), and date of birth
- Their proof of identity and proof of address as per the requirements for individuals outlined earlier in A – Proof of identity and B – Proof of address.

#### Where the trustee is:

- An approved trustee listed with the Companies Office (e.g., Public Trust, Perpetual Trust Limited, Trustee Executors Limited or The New Zealand Guardian Trust Company Limited); or
- · A professional trustee company, or
- A lawyer or accountant in their professional capacity; or
- An entity under the direct control of a lawyer or accountant in their professional capacity;
  - and the trustee does not have any operational authority over the facility, we require a letter on company letterhead confirming:
- The relationship with the trust (or entity associated with the trust if applicable); and
- The name, date of birth and residential address of any individual(s) who may be able to act as a trustee on behalf of the trust.

## All trust beneficiaries for non-discretionary trusts:

- a. Who have a greater than 10% entitlement are required to provide their full name and date of birth. Please note, this information is not required to be verified.
- b. Who have a greater than 25% entitlement are required to provide their full name, residential address and date of birth and have the information verified in line with A – Proof of identity and B – Proof of address above.

Trust beneficiaries for discretionary trusts/charitable trusts: The trust must provide confirmation of the class and type of beneficiaries (for example 'the children of Mr John Smith'). This is usually within the trust deed. If it is not possible to identify the class and type of beneficiaries from the trust deed, confirmation of the same (signed by all trustees) must be provided.

## **Companies**

**A company** must provide the company name, the registered address, the address of the principal place of business (if different to registered address), the industry type, the company registration number, and the date of foundation/incorporation.

**All shareholders** who own more than 25% must verify their **proof of identity** and **proof of address** as per the requirements for individuals referenced earlier in A – Proof of identity and B – Proof of address.

**All directors** must verify their **proof of identity** and **proof of address** as per the requirements for individuals referenced earlier in this A – Proof of identity and B – Proof of address.

Overseas owned companies may also be asked to provide a corporate structure which shows all levels of ownership of the company and any individual who owns more than 25% of the ultimate corporate owner along with all directors of that ultimate corporate owner. Please ask us if you have queries about this requirement.

You can find company information online at www.business.govt.nz/companies

## How to certify/verify a document

### Who can certify:

- · New Zealand Honorary Consul
- Lawyer
- Chartered accountant
- Notary public
- Justice of the Peace
- Registered medical doctor
- Registered teacher
- · Police officer (with identification number)
- · Registrar or Deputy Registrar of a NZ Court

#### Who can verify:

· AIA advisers

#### The certifier/verifier cannot be:

- Someone who is related to you; for example, a parent, a child, brother, sister, aunt, uncle or cousin
- A spouse or partner
- A person who lives at the same residential address

### Additionally, the certifier cannot be:

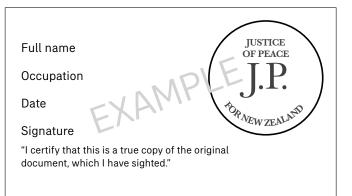
· A person involved in the transaction or business requiring the certification.

#### What information to include:

The certifier/verifier must:

- 1. Sight the original documentation, take a legible colour photocopy or check that a colour photocopy presented matches the original
- 2. Write their full name, occupation and date; and sign the photocopy
- 3. Write one of the following statements on each of the copies:
  - a. For photographic identification documents "I certify/verify that this is a true copy of the original document, which I have sighted; and the photograph is a true likeness."
  - b. For all other identification documents "I certify/verify that this is a true copy of the original document, which I have sighted."

#### What a certified document looks like:



Certification/verification must be completed no more than three months prior to us receiving it. Please send high quality and clear colour scans of the certified/verified copies, along with your policy number reference, to us at enquireNZ@aia.com.

If you have any questions about the requirements for document verification/certification, please contact us at enquireNZ@aia.com, or on **0800 500 108.**