Consent to Disclose Personal Information



This form is to be used when you want AIA to give details about you to a third party e.g. spouse, partner, broker etc

1 Details To be completed by	Case Manager
Policy number	
Life Assured name	
Life Assured address	
2 Release Details	
Name of person that information is to be released to	
Their address	
Phone number	Email Address
Name of person that information is to be released to	
Their address	
Phone number	Email Address
Name of person that information is to be released to	
Their address	
Phone number	Email Address
Authorisation I authorise AIA New Zealand Limited to release and/or discuss any of my personal and health information, including medical or financial details with the above-named person(s).	
Full name of Life Assured	
Signature of Life Assured	Day / Month / Year X

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