



PROTECTION

Corporate Solutions

APPLICATION FORM – VOLUNTARY MEMBERSHIP



aia.co.nz



HEALTHIER, LONGER,
BETTER LIVES

Corporate Solutions
Application Form – Voluntary Membership



1 Policy details

Plan name

Employer name

Commencement date **Renewal date**
(if different from commencement date)

Policy Owner

Entity type Company Other:

Date of incorporation **Place of incorporation**

All directors / shareholders / partners / proprietors / trustees / officers names
(strikethrough whichever are not applicable)

1

2

3

If entity has multi-layer ownership, please provide entity structure chart.

4

5

6

Registered office (if applicable)

Principal place of business **Street Address** **Postal Address** (if different to street address)

Telephone () Fax ()

Email

2 Existing Policy

Do you have or have you had a Corporate Solutions Group Risk Policy in the last 12 months? Yes No

If yes, who is/was the provider?

3 Eligibility criteria

Please specify the eligibility criteria that will define who can apply for cover under the plan.

4 Benefits required

(If you require more space, please attach an additional sheet)

Life Cover

Category	Formula for Sum Assured	Category definition	Cessation age

Total and Permanent Disablement Cover

Category	Formula for Sum Assured	Category definition	TPD definition	Cessation age

Critical Illness Cover

Category	Formula for Sum Assured	Category definition	Accelerated (Yes/No)

Income Protection Cover

Category	Formula for Sum Assured	Category definition	Waiting period	Benefit Period

5 Eligible member

Unless otherwise agreed, an eligible member is one who:

- a. is in the service of the employer; and
- b. is under the maximum entry age as specified in the Executive Summary; and
- c. is gainfully and permanently employed for at least 15 hours per week (each and every normal working week); and
- d. is a New Zealand citizen, permanent resident or holds a current New Zealand work visa issued for a period not less than 12 months, and resides in New Zealand; and
- e. meets the eligibility criteria specified in this application; and
- f. satisfies the definition of 'at work' on the day cover is to commence.

Please email a complete list of eligible members (including full name, gender, date of birth, category, start date of employment and occupation) to nz.corporatesolutions@aia.com, and also attach a copy to this application.

6 Payment details

Premiums are payable in advance

Premium frequency: Annually Half yearly Quartely Monthly

7 Declaration

The Policy Owner hereby declares that the above information is true and correct and requests AIA New Zealand to issue a master policy on the basis of this application and acknowledges and declares that it will hold the policy and any monies coming into its hands in connection therewith upon trust for the purposes of the Plan.

1. We acknowledge that personal information collected or held by AIA New Zealand (whether contained in this application or otherwise obtained) is provided and may be held, used, and disclosed by AIA New Zealand to:
 - process this application; and
 - any other application for insurance I/we make to AIA New Zealand; and
 - for the purpose of assessing any claim I/we may make should this or any other application be accepted by AIA New Zealand; and

- for the purposes of any legal proceedings before a Court, or review or arbitration before a statutory or independent body.
2. We acknowledge that for the purposes set out above, 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.
 3. We understand that we can request access to and correction of our personal information by writing to AIA New Zealand.

For and on behalf of the Policy Owner

Policy Owner Name

Job title

Signature of Policy Owner

Date DD / MM / YYYY

Witness Name

Job title

Signature of Witness

Date DD / MM / YYYY

8 Insurance Adviser Details

Name

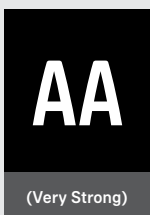
Company

FAP Number

Phone number

Fax number

Email address



Financial Strength Rating

AIA New Zealand Limited has been given an AA (Very Strong) insurer financial strength rating by Fitch Ratings, an approved ratings agency. A rating of AA means AIA New Zealand Limited has a very strong capacity to meet policyholder and contractual obligations.

Ratings Scale

SECURE: AAA (Exceptionally Strong) | AA (Very Strong) | A (Strong) | BBB (Good)

VULNERABLE: BB (Moderately Weak) | B (Weak) | CCC (Very Weak) | CC (Extremely Weak) | C (Distressed)

Note: "+" or "-" may be appended to a rating to indicate the relative position of a credit within the rating category. Such suffixes are not added to ratings in the AAA category or to ratings below the CCC category.

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