



Funeral Payment Form

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

Instructions for the Nominated Beneficiary

Please answer every question in full. Upon completion, please return to AIA New Zealand with the following supporting document:

- > Certified copy of death certificate for deceased person

1 Deceased person's details	Title	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	DD / MM / YYYY
	First name(s)		Surname	
	Address			
	Street			
	Suburb	Town/City	Postcode	

2 Nominated beneficiary details	Title	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	DD / MM / YYYY
	First name(s)		Surname	
	Address			
	Street			
	Suburb	Town/City	Postcode	
	Home phone number	()	Mobile phone number	()
Email				

3 Payment details	1. Payment by AIA New Zealand shall constitute full and final discharge of AIA New Zealand's liability in respect of the deceased person, and													
	2. AIA New Zealand is instructed to make the payment directly to the Nominated Beneficiary by direct credit, as below.													
	<i>(Please attach a deposit slip)</i>													
Name of Account Holder														
Bank Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Declaration	I declare that all information provided by me (both written and oral) including the answers provided is true and correct, and no material information has been withheld.		
	By signing below I warrant that I have the necessary authority to provide the information requested in this form.		
	Name of Nominated Beneficiary		
Signature of Nominated Beneficiary	<input type="text"/>	Date	DD / MM / YYYY

