Inactivation / Transfer Form

We hereby request AIA to implement the Inactivation/Transfer on

	Name	Agency Code
Original Adviser		
Inactivation of original	Yes No	
adviser? (please tick one)		
	Name	Agency Code
New Adviser		
Policy/Loan Numbers to be		
transferred (please tick one)	All Selected	If Selected - Policy / Loan Numbers:
Signed by:		
	as director or delegated authority	
Signature		
		X

DD/MM/YYYY

Private Bag 92499, Victoria Street West, Auckland 1142

Date

Partnership services team Email: nz.agencyservices@aia.com Web: resources.aia.co.nz





(date) or as soon as is re

(date) or as soon as is reasonably practicable for AIA.