

Corporate Solutions

Application for Continuation Option



Plan name

Policy no.

Welcome to AIA New Zealand, and thanks for choosing us.

If you prefer, you can complete this form in private and post it directly to:

Private Bag 92499, Victoria Street West, Auckland 1142

Please return with a quote setting out the benefits applied for.

If you need extra space to provide any response, please attach a separate page and write 'refer to notes' next to the original question.

DUTY OF DISCLOSURE: WHAT YOU NEED TO TELL US

The purpose of this application is to prompt you to provide information we may consider relevant to the assessment of your application for insurance.

We understand that the questions we ask in this form may be sensitive and completing the form may take time, but it is very important that you give us all the information asked for, as this may affect your application for insurance.

It is important that you understand your **duty to provide truthful, complete and correct information** about yourself, including your health and medical history.

This means you should:

- Always tell the truth (including if your circumstances change after you have completed this application but before the policy is issued);
- Answer questions as fully as you can, including as much detail relating to your current and past circumstances as possible;
- Include all information, even if you're unsure it is relevant;
- Tell us if you don't know the answer to any question; and
- Ask questions if there is anything you're not sure of.

At claims time, we will look further into your personal history. If we discover that you haven't told us something material, we may either alter the terms of your policy (which might affect your claim) or we may avoid your policy from its inception which means that you would not be able to make a claim, as no policy would exist. It does not matter if the new information is about a condition unrelated to your claim.

If you are unsure of anything, don't be afraid to ask your Adviser or AIA for help. Contact your Adviser or phone us on **0800 500 108**.

Please indicate how you would like us to refer to this policy in future correspondence (eg John's Protection Plan):

Would you like this policy to be grouped with another AIA and/or related policy/policies* for correspondence purposes?

YES NO

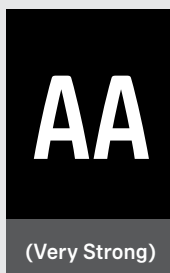
If YES, please list policy numbers

(NB: Not all policies can be grouped. Contact the Operations Team for details
* 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.)

Is this application part of a joint policy?

YES NO

If YES, please complete a separate Continuation Option application form for each Life to be Assured



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.

1 Personal details of Life to be Assured Please complete a separate application for each Life to be Assured

Title Mrs Miss Ms Mr Mx Dr

Full name of Life to be assured

Previous name(s) if different

Gender Male Female X

| Addresses | | Home Address | Mailing Address |
|-----------|----------------------|--------------|----------------------|
| Street | <input type="text"/> | Street | <input type="text"/> |
| Suburb | <input type="text"/> | Suburb | <input type="text"/> |
| City | <input type="text"/> | City | <input type="text"/> |
| Postcode | <input type="text"/> | Postcode | <input type="text"/> |

Home phone Mobile

Email address

Country of birth Nationality

Date of birth DD MM YYYY

What date did or will your employment cease with your plan's employer? DD MM YYYY

2 Policy owner(s) details

Please tick if you wish the Life to be Assured to be the Policy Owner

Policy Owner 1

Full name of Policy Owner

Previous name(s) if different

Gender Male Female X

| Addresses | | Home Address | Mailing Address |
|-----------|----------------------|--------------|----------------------|
| Street | <input type="text"/> | Street | <input type="text"/> |
| Suburb | <input type="text"/> | Suburb | <input type="text"/> |
| City | <input type="text"/> | City | <input type="text"/> |
| Postcode | <input type="text"/> | Postcode | <input type="text"/> |

Policy Owner 1 continued...

Home phone

Mobile

Email address

Country of birth

Nationality

Date of birth

 / /

Occupation

Policy Owner 2

Full name of Policy Owner

Previous name(s)
if different

Gender

Male

Female

X

Addresses

Home Address

Street

Suburb

City

Postcode

Mailing Address

Street

Suburb

City

Postcode

Home phone

Mobile

Email address

Country of birth

Nationality

Date of birth

 / /

Occupation

Which Policy Owner's address
should correspondence go to?

Policy Owner 1

Policy Owner 2

3 Benefit details

| | | | Current benefit amount | Applied for | Expiry age | | |
|--|--|--|--|---|--|---------------------------------------|---------------------------------------|
| Life | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Total Permanent Disablement | <input type="checkbox"/> Any | <input type="checkbox"/> Own | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Critical Illness / Living Assurance | <input type="checkbox"/> Accelerated | <input type="checkbox"/> Standalone | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Income Protection Cover (Indemnity) | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Wait period | <input type="checkbox"/> 14 days/ 2 weeks | <input type="checkbox"/> 30 days/ 4 weeks | <input type="checkbox"/> 60 days/ 8 weeks | <input type="checkbox"/> 90 days/ 13 weeks | <input type="checkbox"/> 180 days/ 26 weeks | <input type="checkbox"/> 52 weeks | <input type="checkbox"/> 104 weeks |
| Benefit period | <input type="checkbox"/> 1 year | <input type="checkbox"/> 2 years | <input type="checkbox"/> 3 years | <input type="checkbox"/> 4 years | <input type="checkbox"/> 5 years | <input type="checkbox"/> to age 65 | <input type="checkbox"/> to age 70 |

4 Personal statement

a) In the last 12 months have you smoked tobacco, or any other substance and/or used smoke alternatives? (eg e-cigarettes., vaping, nicotine gum or patches) Yes No If Yes, please give details of each substance including date started (or stopped) and quantity per day.

b) Do you participate, intend to participate, or in the last three years have you participated in any hazardous occupation or pursuit? (eg motor racing, aviation, martial arts, parachuting, scuba diving, or motor boat racing) Yes No If yes please provide details

(a) i. Please indicate your New Zealand residency status Citizen/ Permanent resident Work permit - Please enclose a copy Long-term business visa and permit Other

ii. How long have you resided in New Zealand? / Years/Months

(b) Do you intend to live, work or travel overseas within the next 12 months? Yes No If YES, please tick purpose and give details below Live Work Travel

| Country | Start date | Duration |
|---------|------------|----------|
| | | |

Telephone Underwriting

Telephone Underwriting is a service that helps us process your Application quickly and simply. If we require further information, an AIA Underwriter will phone you. They may ask you questions about your health, your occupation or hazardous pursuits so we can process your Application. We use this additional information to assess the acceptance terms of your Application.

The information you provide will be taken down and a copy of the questions and your answers will be posted to you. We ask that you check that the details are correct and advise us of any amendments, if necessary, within seven days of receiving this information.

If we require further information to process your application quickly, would you use our Telephone Underwriting service? Yes No

Contact number Time

5 Occupation and income details

To be completed if applying for Total Permanent Disablement Cover and/or Income Protection Cover

What was your occupation with your plan's employer?

What is your new occupation?

Who is your new employer?

Will you be self-employed or are you intending to become self-employed? Yes No If yes, please give details

What is your new salary? (Gross per annum)

How many hours per week will you be employed?

Do you work from home? Yes No If YES, please give details of your home set up and % of time spent in this workplace

Occupation and income details continued...

| Describe your exact duties (including details as applicable of heights, depths and locations at which you work and chemicals, gases or any toxic substances used) and provide the % of time spent on each duty and the % of time that each duty requires manual or physical work, including driving | Exact duties | % of time on each duty | % that requires manual or physical work, including driving |
|---|--------------|------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

6 Payment details

Payment Method (please ✓ one option) Direct Debit Credit Card Cheque (annual)

If paying by credit card/debit card or direct debit, please complete the attached Authority Form (page 8 or 9).

Payment Frequency*:

Weekly Fortnightly Monthly Quarterly Half Yearly Annually

deduction to be on every day

starting on the

Please specify date of first payment (between 1st and 28th)

*Paying premiums by instalments may increase the total annual premiums payable. Should you require further information please contact us.

7 Adviser details

Credit this case to adviser code FSPR number or FAP name

Group Voluntary Code

Percentage split Initial Renewal

Adviser's company Adviser name

(please ✓ one option) Variable % Pendulum % As earned

Second Adviser (if applicable)

Credit this case to adviser code FSPR number or FAP name

Group Voluntary Code

Percentage split Initial Renewal

Adviser's company Adviser name

(please ✓ one option) Variable % Pendulum % As earned

Adviser details continued...

Checklist

| | | | | | | |
|---------------------|-----------------|--------------------------|--|--|---|--|
| Type of application | New application | <input type="checkbox"/> | <input type="checkbox"/> Single Life | <input type="checkbox"/> Joint Life (please complete a separate application) | | |
| | Increase | <input type="checkbox"/> | Policy no. | <input type="text"/> | <input type="checkbox"/> Use existing DD/CC | <input type="checkbox"/> Use new DD/CC |
| | Amendment | <input type="checkbox"/> | Policy no. | <input type="text"/> | | |
| Application details | | <input type="checkbox"/> | All relevant sections completed and signature(s) obtained on the declaration | | | |
| | | <input type="checkbox"/> | The Quote is attached to this application | | | |

8 Declaration and consent

Please read your duty of disclosure and declaration carefully and sign the bottom of the next page to show your acceptance of these terms. Failure to make the following declaration truthfully may invalidate your insurance.

THE BELOW NAMED LIFE TO BE ASSURED AND POLICY OWNER(S) DECLARE AND AGREE THAT:

Disclosure:

1. I/We have read the notice explaining my/our duty of disclosure and all the statements contained in this application for insurance ('Application') are true and complete to the best of my/our knowledge.
2. Should the Life to be Assured undergo any alteration in mental or physical health or have a change of occupation between the date of this Application and the issue of the insurance, I/we agree to notify AIA immediately as this information is relevant to any decision AIA may make to accept this Application.
3. I/We understand that statements made in this Application, including statements made by me/us to any medical examiner or made by any medical examiner on my/our behalf, forms the entire basis of the insurance contract between me/us and AIA.
4. I/We acknowledge that my/our adviser receives commission from AIA.
5. I/We understand that irrespective of whether I/we have been insured with AIA before, that AIA will rely on the accuracy and completeness of my/our answers given in this Application and I/we must not assume AIA has any prior knowledge of my/our history.
6. I/We understand that if I/we apply or have applied to become AIA Vitality members any information I/we subsequently provide through participation in the AIA Vitality Programme will not be available to AIA for the purposes of administering or assessing any AIA policy (current or future). I/We understand that the segregation of information between the AIA Vitality Programme and AIA insurance policies requires that any information that may affect an insurance policy needs to be provided to AIA as part of any insurance application or variation to an existing insurance policy, even if it has also been provided as part of my/our participation in the AIA Vitality Programme. I/We understand that AIA does not have any prior knowledge of my/our history as a consequence of my/our AIA Vitality membership.

Underwriting:

7. I/We will be bound by the standard conditions applicable to the proposed insurance upon AIA's acceptance of this Application. I/We understand that if my/our Application requires underwriting, then special terms (including special conditions, premium loadings, exclusions or maximums) may be applied to my/our policy. I/We understand that any special terms will apply from the risk commencement date of my/our insurance. I/We understand that the special terms will be set out in the schedule to my/our policy document and will form part of my/our insurance contract. I/We will accept the special terms if I/we either make a premium payment after the policy free look period or agree to the special terms in writing.
8. I/We understand if additional information is required to process my/our Application, I/we may be telephoned by an Underwriter. The information that I/we provide to the Underwriter will form part of my/our Application.
9. I/We understand that if I/we do not consent to AIA collecting personal information on this Application and from the sources listed in clause (24) AIA may not be able to undertake a full underwriting assessment which may result in AIA declining to offer cover or offering cover on less favourable terms than I/we may otherwise be offered.
10. I/We understand that financial information may be required as part of the Illustration (quoting) process, and that any such information, if requested, will form part of my/our Application.

Premiums:

11. I/We understand the insurance proposed in this Application shall not commence until this Application has been accepted by AIA and the initial premium or a completed Direct Debit Authority or premium payment direction (such as a Credit Card) has been received by AIA.
12. I/We authorise AIA to debit the nominated credit card account with the premiums payable for the insurance. AIA may debit the credit card account with an Insurance premium even where there may be insufficient clear funds in the credit card account, but AIA shall not be obliged to do so. If there are insufficient funds but AIA debits the credit card AIA may also debit the credit card account with any applicable fees and charges. If the insurance premium cannot be recovered from me/us, then AIA may reverse the insurance premium payment resulting in the premiums being treated as not having been paid and AIA may be entitled to cancel the insurance in accordance with the insurance terms relating to non-payment of premiums.
13. I/We understand that the premium relating to my/our policy may be discounted in

some circumstances based on the Life to be Assured's participation in the AIA Vitality Programme. I/We understand that further information can be found in the AIA Vitality Premium Adjustment Rules available on www.aia.co.nz/vitality.

14. I/we understand that the premium relating to my/our policy may be discounted in some circumstances based on the Life to be Assured holding multiple benefits across this and other policies with AIA or related companies, and any cancellation or alteration of benefits for the Life to be Assured may result in that discount being changed or removed. I understand that further information can be found in the Multi-Benefit Discount Terms and Conditions available on www.aia.co.nz/multi-benefit-discount

My Personal Information

15. I/We understand that any personal information that I/we provide in this Application will be collected, used, stored and disclosed in accordance with AIA's privacy statement, available on www.aia.co.nz/privacy
16. I/We acknowledge and consent that except in relation to "health information" (as that term is defined in the Health Information Privacy Code 2020) personal information provided in this Application to AIA, or obtained by AIA from the sources listed in clause (24) may be used, held, stored and/or disclosed by AIA and/or any related companies (whether incorporated in New Zealand or elsewhere), their subsidiaries, their officers, their advisers and reinsurers:
 - to assess and process this Application and any other application for insurance I/we make to AIA;
 - for the purposes of assessing any claim(s), including assessing if I/we have met my/our duty of disclosure under this Application;
 - to design new, or enhance existing, products and services provided by AIA, including research/direct marketing firms engaged by AIA or its related companies to seek my/our views on products or services offered by AIA or its related companies (whether or not I/we choose to proceed with this Application);
 - to communicate with me/us, including to send me/us administrative communications about any policy I/we may have with AIA;
 - to third parties for the purposes of such parties providing AIA with technology services;
 - for statistical or actuarial research undertaken by AIA;
 - unless I/we tell AIA otherwise or opt out, to tell me/us about other products and services that are offered by AIA, or by reputable organisations with whom AIA contracts; or to send me/us other information or promotional material that we think may be of interest to you;
 - to assist AIA to work with other reputable organisations with whom AIA contracts, whether in New Zealand or overseas, that offer products or services (including loyalty programmes) connected with any of the services that AIA provides. Such assistance may include undertaking data matching exercises both internally within AIA and with such organisations in order to identify products and services that I/we might be interested in;
 - for internal business and administrative purposes;
 - where disclosure is required by law;
 - as otherwise specified in this declaration.
17. I/We acknowledge and consent that health information provided in this Application to AIA, or obtained by AIA from the sources listed in clause (24) may be used, held, stored and/or disclosed by AIA and/or any related companies (whether incorporated in New Zealand or elsewhere), their subsidiaries, their officers, their advisers and reinsurers:
 - to assess and process this Application and any other application for insurance I/we make to AIA;
 - for the purposes of assessing any claim(s), including assessing if I/we have met my/our duty of disclosure under this Application;
 - where disclosure is required by law;
 - in accordance with clauses (18), (19) and (20) below.
18. All personal information (including health information) may be collected, held and/or stored by AIA and may be made available to AIA related companies, local and overseas (and in this regard I/we consent to the transfer of my/our information outside New Zealand) and to any agent, contractor or third party who provides technology, administrative or other services to AIA or any member of the AIA Group.

19. I/we understand that AIA is a member of the Health Funds Association of New Zealand (HFANZ). I/we agree that AIA is authorised to collect, use, store and disclose personal information and health information about me/us for the purposes of the HFANZ Integrity Registry. I/we authorise disclosure of personal and health information to HFANZ or its agents, and HFANZ Members, for that purpose.
20. I/we authorise AIA to obtain my/our full medical history where the application form contains:
 - ongoing medical conditions
 - partial or incomplete medical history
 - multiple medical conditions
 - a referral to a medical provider
21. I/we understand that all of my/our personal information (including health information) will be stored by AIA at, 74 Taharoto Road, Takapuna, New Zealand, and may also be held by AIA's data storage providers, including cloud-based data storage providers (in New Zealand or elsewhere). I/we understand that AIA will take reasonable steps to keep such information secure.
22. I/we understand access to and correction of my/our personal information (including health information) may be requested by me/us.
23. I/we authorise AIA to disclose all personal information (including health information) relating to this Application to my financial adviser for the purposes of providing me with advice regarding the underwriting of this Application by AIA. This authority is limited to this Application, and is only valid for the period of the assessment and until an outcome is reached. I/we acknowledge that the personal information which may be disclosed includes, but is not limited to, health information, vocational, occupational and financial information relevant to the assessment of this Application.
24. I/we consent and give authority to AIA and/or any of its related companies to seek from, and for all and any of the following, their officers and employees, to disclose to AIA and/or any of its related companies, their advisers, reinsurers, and to any legal tribunal before which any question concerning the insurance may arise, any medical, financial or other personal information affecting such insurance which they may hold in respect of me/us:
 - any doctor or other registered medical practitioner or specialist, counsellor, psychologist, therapist, dentist, clinic, hospital or medical laboratory;
 - the Accident Compensation Corporation;
 - any bank, financial institution, accountant or financial adviser;
 - any of my/our current or former employers;
 - insurers or reinsurers (whether public or private); and
 - any government department, agency, organisation or enterprise.

25. I/we understand that the supply of the information gathered from the above sources is voluntary and that AIA and/or any of its related companies may or may not seek information from the above agencies – whether they seek information is dependent on what information is required to make a decision on my/our insurance.
26. I/we understand that in collecting information that is relevant to this Application AIA may also receive/collect information that is not relevant to the assessment of this Application or the assessment and administration of my claim and AIA will not use this non-relevant information for any purpose other than as permitted under the Privacy Act.
27. I/we understand that if I/we are the life assured/s for existing cover with AIA or related companies, that cover may be used by AIA to calculate and apply a Multi-Benefit Discount to any policy issued pursuant to this Application. Any subsequent cancellation or alteration of cover for me/us as the life assured/s may result in that discount being changed or removed. Accordingly, if there is any change in my/our cover which results in a change to, or removal of, a Multi-Benefit Discount, I/we consent to AIA notifying the policy owner(s) of any impacted policy.
28. I/we consent to the release of my/our name/s and basic contact details to Business Mentors under my/our Business Continuity Benefit, if applicable.

Correspondence by Email:

29. Where I/we have provided my/our email address(es) in this Application, I/we consent to AIA corresponding with me/us by email for the purposes set out in clause (16) above.
30. Such correspondence can be sent to the email address(es) detailed in this Application or subsequent email addresses I/we provide to AIA.
31. I am/we are responsible for advising AIA if my/our email address(es) change.
32. I am/we are responsible for the security of the information sent to and held in my/our email account(s) and the access that others have to this account/these accounts e.g. the access other family members/colleagues may have to my/our emails.

Insurance Policy:

33. I/we have checked the information that my/our Insurance adviser has entered onto this Application form.
34. At the date of Application, no statement affecting this Application has been made to any representative of AIA that has not been recorded in this Application.
35. I/we acknowledge that the Quote attached to this Application forms part of the Application and sets out the insurance benefits I/we are applying for.
36. I/we have been advised that a Specimen Policy Document and the financial statements of AIA are available to me/us on request from AIA's Head Office.

IMPORTANT NOTICE: Your Duty of Disclosure and Personal Information

When you apply for this insurance, and whenever you apply to vary or reinstate it, you have a duty to disclose to AIA New Zealand Limited ("AIA") all information you know (or could reasonably be expected to know) that would influence the judgment of a prudent underwriter in deciding whether or not to insure you, and if so, on what terms and at what cost. I/we acknowledge that in issuing a policy related to this Application, that AIA is relying on all disclosures made by or on behalf of me/us on any applications for cover for me/us under the related Corporate Solutions or Workplace Plan ("related plan") and Application, and that this includes any application for a cover under a related plan underwritten by AIA International Limited, New Zealand Branch ("AIA International") and/or Sovereign Assurance Company Limited ("Sovereign") ("related companies"), and that such disclosures were true and correct to the best of my/our knowledge at the time they were made. If you fail to comply with your duty of disclosure, AIA may avoid this insurance from the beginning, which means any claim will not be paid.

Please note, AIA may request a copy of your entire medical file from your General Practitioner and other medical providers.

IF IN DOUBT - DISCLOSE. WE TREAT ALL INFORMATION CONFIDENTIALLY.

Please complete the below Check boxes to confirm that each life assured understands and accepts the following:

- I/we understand the importance of full disclosure of all information required in this application for Insurance and have read the "Disclosure" section above..... YES
- I/we understand that AIA may require access to my/our medical records, other sensitive financial information or other personal information from my/our medical providers and other agencies. I/we give consent to AIA to do so pursuant to clause (24) under the "My personal information" section above..... YES
- I/we authorise AIA to disclose all personal information relating to this application for insurance to my/our financial adviser pursuant to clause (23) under the "My personal information" section above..... YES

Please print full names of Life to be Assured

Signature of Life to be Assured X Date / /
DD MM YYYY

Signature of Individual policy owner(s)
 (if other than Life to be Assured and as named in SECTION 2 of this application form)

Name (please print)

Signature X Date / /
DD MM YYYY

Name (please print)

Signature X Date / /
DD MM YYYY

Credit Card/Debit Card Payment Authority



Application/
policy no.

Please ensure Section 8 is completed in conjunction with the following:

1 Policy owner details

Policy numbers you want
this authority applied to

First name and surname

Telephone

Day

Evening

Mobile

Email address

Payment start date
(between 1st and 28th
of the month)

2 Credit or debit card details

Card type
(Tick one)

MasterCard

Visa

Debit Card

Frequency
(Tick one)

Weekly

Fortnightly

Monthly

Quarterly

Half Yearly

Annually

Name on card

Card number

Expiry date

I/We declare and agree that I/We authorise AIA New Zealand Limited ("AIA") to debit the nominated credit card/debit card account with the premiums payable (and any increases to those premiums), for the insurance cover provided under the policies listed above. AIA may debit the credit card/debit card account with an insurance premium even when there may be insufficient clear funds in the credit card/debit card account, but AIA shall not be obliged to do so. If there are insufficient funds but AIA debits the credit card/debit card, AIA may also debit the credit card/debit card account with any applicable fees and charges. If the insurance premium cannot be recovered from me/us, then AIA may reverse the insurance premium payment resulting in the premiums being treated as not having been paid and AIA may be entitled to cancel the Insurance in accordance with the insurance terms relating to non-payment of premiums.

Card holder 1
signature

Date

Card holder 2
signature

Date



Authority To Accept Direct Debits



1 Personal Details

Policy number

Or, apply to all policies

Mr/Mrs/Miss/Ms/Other

Name of policy owner

Telephone

| Home | Work | Mobile |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Email address (optional)

No Change to Payment Date/Frequency

Date of first payment (between 1st and 28th of the month)

You do not need to complete this date field if you want the payment date relating to this new authority to remain the same as your existing direct debit.

Frequency (please tick one)

| | | | | | |
|---------------------------------|--------------------------------------|----------------------------------|------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Half yearly | <input type="checkbox"/> Annually |
|---------------------------------|--------------------------------------|----------------------------------|------------------------------------|--------------------------------------|-----------------------------------|

2 Authority to accept direct debits

Authority to accept direct debits
(Not to operate as an assignment or agreement)

Name of Account

Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited.

| Bank | Branch number | Account number | Suffix |
|---|---|---|--|
| <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"/> | <input type="text"/> <input type="text"/> <input type="text"/> |

To: The Manager (Insert name of Bank and Branch)

Start date

(Hereinafter referred to as the Bank)

Address (PO Box)

Town/City

I/We authorise you until further notice in writing to debit my/our account with all amounts which AIA New Zealand Limited (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

Authorisation code

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 0 | 0 | 3 | 6 | 5 |
|---|---|---|---|---|---|---|

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Information to appear in my/our Bank Statement

Payer particulars

| | | | | | | | | | | | |
|---|---|---|--|---|---|--|--|--|--|--|--|
| A | I | A | | N | Z | | | | | | |
|---|---|---|--|---|---|--|--|--|--|--|--|

Payer code

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Payer reference

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Your signature must appear here – Name of Account – Customer (Debtor) to complete

Authorised signature(s)

Date

Authorised signature(s)

Date

Conditions of authority to accept direct debits

1 The Initiator:

- 1.1. Will provide notice either:
 - 1.1.1. in writing; or
 - 1.1.2. by electronic means, including SMS and email, where the Customer has provided prior written consent to the Initiator.
- 1.2. Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting at least 2 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated.
 - 1.2.1. The advance notice will include the following message:
Unless advice to the contrary is received from you by (date*), the amount of \$..... will be directly debited to your Bank account on (initiating date*).

*This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.
- 1.3. Alternatively, the Initiator undertakes to give notice to the Acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months).
 - 1.3.1. Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date.
 - 1.3.2. In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give advance notice of at least 30 days before the changes comes into effect. This notice must be provided either:
 - (a) in writing; or
 - (b) by electronic mail where the Customer has provided prior written consent to the Initiator.
- 1.4. May initiate a Direct Debit on my/our account when authorisation is received from me/us in accordance with the terms and conditions agreed between me/us and the Initiator of each amount to be debited from my/our account.
 - 1.4.1. Notice will be sent of the net amount of each Direct Debit and the due date of debiting after receiving authorisation from me/us under clause 1.4 but no later than the date the Direct Debit will be initiated. This notice must be provided either:
 - (a) in writing; or
 - (b) by any other means which provides a verifiable record of the initiated transaction and where the Customer has provided prior written consent to the Initiator.
 - 1.4.2. Where the notice is in writing it must include the following message: "The amount \$..... was directly debited to your Bank account on (initiating date)."
 - 1.4.3. Where the notice is provided by other means:
 - (a) the Initiator should hold prior written consent of those means of providing notice; and
 - (b) the notice should provide a verifiable record of the initiated transaction and include the amount and initiating date of that transaction.
- 1.5. Upon the relationship which gave rise to this Instruction being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Instruction. Upon receipt of such notice the Bank may terminate this Instruction as to future payments by notice in writing to me/us.
- 1.6. May rely on this authority to debit a different bank account upon receipt of instructions from the customer via a bank to which their account has been transferred.

2 The Customer may:

- 2.1. At any time, terminate this Instruction as to future payments by giving written (or by the means previously agreed in writing) notice of termination to the Bank and to the Initiator.
- 2.2. Stop payment of any Direct Debit to be initiated under this Instruction by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- 2.3. Where no advance notice is provided under clause 1.4 a variation to the amount agreed between the Initiator and the Customer from time to time to be Direct Debited had been made without notice being given in terms of clause 1.4 above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of Direct Debit back to the Initiator through the Initiator's Bank PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3 The Customer acknowledges that:

- 3.1. This Instruction will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Instruction until actual notice of such event is received by the Bank.
- 3.2. In any event this Instruction is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- 3.3. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Instruction. Any other disputes lie between me/us and the Initiator.
- 3.4. Where the Bank has used reasonable care and skill in acting in accordance with this Instruction, the Bank accepts no responsibility or liability in respect of:
 - 3.4.1. the accuracy of information about Direct Debits on Bank statements; and
 - 3.4.2. any variations between notices given by the Initiator and the amounts of Direct Debits.
- 3.5. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with clauses 1.1 to 1.4. nor for the non receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- 3.6. Where notice given by the Initiator in terms of clause 1.4 to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4 The Bank may:

- 4.1. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Instruction, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- 4.2. At any time terminate this Instruction as to future payments by notice in writing to me/us.
- 4.3. Charge its current fees for this service in force from time to time.
- 4.4. Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debits.

Bank use only

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Date received

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Bank
Stamp



Important Information

This Application Form is to be used where the life assured is insured under one or more eligible AIA New Zealand Limited (AIA) insurance policies and wishes to apply for AIA Vitality. This form is intended to supplement information already collected from the policy owner(s) and the life assured on any previous Application Form.

This Application Form will need to be completed by the life assured.

Please send the completed form to: enquireNZ@aia.com

Note: Ongoing AIA Vitality membership fee must be paid by Direct Debit or Credit/Debit Card.

1 AIA Vitality member details (Life Assured to complete this section in full)

AIA Vitality is a health and wellness programme, encouraging you to get healthier and earn great rewards. Premiums relating to the eligible policy(s) that covers you may be discounted in certain circumstances based on your participation in the AIA Vitality Programme, the terms of which were provided to you with your application and are available on the AIA Vitality member website www.aiavitality.co.nz

Title

Surname

Given Name

Gender

Date of Birth
(dd/mm/yyyy)

Email

Note: To be eligible for AIA Vitality you must be 16 years and over.

A unique email address is mandatory. You cannot have the same email address as another AIA Vitality member.

Contact Details

| Mobile | Phone (home) | Phone (work) |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Do you have existing insurance policy(s) with AIA, ASB or Sovereign? Yes No

If yes, do you know your policy number(s)?

Your AIA Vitality membership will be associated with your eligible insurance policy(s)

Information for completion of Payment Authority forms

In order to have the AIA Vitality membership fee deducted please complete the AIA Vitality Payment Form, either **Credit or debit card details** or **Authority to accept direct debits**.

Declaration and Consent: AIA Vitality

There is some important information you need to know about AIA Vitality. You need to be over 18, or if you're 16 or 17, have the permission of a parent/guardian, to confirm your understanding of the following:

- > I understand that any personal information I provide in this AIA Vitality application, or during my membership, will be used and disclosed in accordance with the AIA Vitality terms and conditions and AIA's privacy statement, both available on AIA's website aia.co.nz
- > I understand that AIA operates AIA Vitality separately from its business of providing insurance policies. My personal information provided through AIA Vitality will not be available to AIA for the purposes of any AIA insurance policy.
- > I understand that I am still obliged to disclose any information that might be relevant to any insurance policy with AIA (current or future), even if I provide information to AIA as part of my participation in AIA Vitality.
- > I understand that I need an eligible insurance policy to get AIA Vitality and that any discounts or benefits provided as part of my AIA Vitality membership are not guaranteed and may be varied or withdrawn by AIA at any time.

I, the named Life to be Assured who is applying to become an AIA Vitality Programme ('AIA Vitality') member, declare and agree that I:

- > Am either over 18 years of age, or if you're 16 or 17 years of age, and have the permission of my parent/guardian to make this declaration;
- > Understand that any personal information that I provide in this application to become a member of AIA Vitality will be used and disclosed in accordance with the terms and conditions of AIA Vitality (available on the AIA Vitality website at www.aiavitality.co.nz) and will be collected, used, stored and disclosed in accordance with AIA's privacy statement (available on www.aia.co.nz/privacy);

Declaration and Consent: AIA Vitality continued...

- > Understand that AIA Services New Zealand Limited ('AIA') operates AIA Vitality separately from its business of providing insurance policies. The only information that is received out of AIA Vitality that will be passed through to AIA in relation to insurance policies is information that might relate to AIA Vitality status (for example to provide me with a discount on my insurance policy). Accordingly, I understand that:
 - once I am a member of AIA Vitality, any personal information (including "Health Information" as defined in the Health Information Privacy Code 2020) that I subsequently provide through participation in AIA Vitality will not be available to AIA for the purposes of renewing, amending or assessing any AIA insurance policy (current or future); and
 - in accordance with my duty of disclosure, I am still obliged to disclose any information to the extent it may be relevant to any future application for insurance cover (including increased or varied cover) or changes to existing insurance cover or claims under an insurance policy with AIA, even if I provide information to AIA as part of my participation in AIA Vitality; and
 - AIA does not have any prior knowledge of my history as a consequence of my membership of AIA Vitality.
- > Understand any discounts or benefits provided in respect of membership in AIA Vitality are not guaranteed and AIA reserves the right to vary or withdraw the discounts or benefits or AIA Vitality.

Use and Disclosure of Personal Information

Please note that if you **do not consent** to the use and disclosure of your personal information (including Health Information) as set out below you will not be able to participate in AIA Vitality. For further information or if you have any questions, please feel free to contact us on 0800 242 888.

I agree to my personal information being shared with AIA Australia and AIA Vitality Partners to administer the programme

To administer AIA Vitality, I provide authority and consent for AIA to disclose my personal information to:

- a. AIA's third party service providers;
- b. AIA Australia Limited and its third party service providers; and
- c. AIA Vitality Partners for verification purposes only.

I agree that anonymised information will be shared with members of the AIA Group (based in Hong Kong) and Discovery Holdings Limited (based in South Africa) the company who owns the Vitality programme and licenses it to AIA.

To administer AIA Vitality, I provide authority and consent for AIA to disclose my non-personally identifiable information (including anonymised Health Information) to other members of the AIA Group (Hong Kong) and to Discovery Holdings Limited (South Africa) (who owns the Vitality programme and licenses it to AIA), and their third party service providers. Anonymised Health Information will be disclosed in such a way that it is not reasonably capable of being de-anonymised by these entities.

Note: The Privacy statement of each of the entities above is available on their websites. For Discovery Holdings Limited's privacy statement see: <https://www.discovery.co.za/portal/individual/terms-and-conditions>. These documents may be updated from time to time.

I agree to receive marketing communications for non-financial products/services that are outside of AIA Vitality, but relate to our AIA Vitality Partners. You can unsubscribe at any time.

I provide authority and consent for AIA to use and disclose my personal information (other than Health Information) to AIA Australia, to promote or market AIA Vitality Partner offers.

If subsequently I do not wish to receive marketing communications, I will follow unsubscribe instructions in the communications themselves where prompted, or contact AIA on 0800 242 888.


I agree to AIA sharing information relating to my AIA Vitality membership to Policy Owner(s) and/or my Financial Adviser.

I provide authority and consent for AIA to disclose information (other than Health Information) that relates to my membership of AIA Vitality to my financial adviser, ASB Insurance Manager and/or to the policy owner of any AIA insurance policy to which my membership of AIA Vitality attaches for the purposes of administering AIA Vitality and for me to receive the benefits and services of AIA Vitality. Such information may include AIA Vitality membership information such as my AIA Vitality status, membership number, whether I have purchased or used certain devices and/or accessories or whether I have visited or used certain AIA Vitality Partners, to earn AIA Vitality points.

I understand that there are terms and conditions that relate to the AIA Vitality Programme and I agree to read, understand and accept these before activating my AIA Vitality membership.

The terms and conditions of AIA Vitality are available on the AIA Vitality website at www.aiavitality.co.nz. A link to the terms and conditions will be sent to you in your activation email. By agreeing to the terms and conditions, you do so in your capacity as a life assured named in this application.

Please note that if you do not agree to the terms and conditions of AIA Vitality, your membership application will not be able to be accepted by AIA.


By completing the check box you the Life Assured confirm you have read and accepted the 'Use and Disclosure of Personal Information' section.
Please tick
Please note that if you do not consent to the use and disclosure of your personal information as set out above you will not be able to participate in AIA Vitality.

| | | | |
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| Name of Life Assured | | | |
| Signature of Life Assured | X | Date (dd/mm/yyyy) | / / |
| Parent or guardian consent is only required where the Life Assured is 16 or 17 years of age. | | | |
| Parent or guardian Signature | X | Date (dd/mm/yyyy) | / / |
| Financial Adviser or Insurance Manager name (If applicable) | | Date (dd/mm/yyyy) | / / |

1 Personal details

Mr/Mrs/Miss/Ms/Other

Contact number

Name of AIA Vitality member

Email address

Payment frequency and AIA Vitality membership fee including GST (please tick one)

Monthly \$11.50

Half yearly \$69

Annually \$138

AIA Vitality membership fee could be subject to change.

2 Payment method

Please tick the appropriate box for your AIA Vitality membership payment only.

Credit Card or Debit Card
(please complete Section 3)

Direct Debit
(please complete Section 4)

3 Credit or debit card details

Card type (Tick one)

MasterCard

Visa

Debit Card

Expiry date (mm/yy)

 /

Name on card

Card number

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I/We declare and agree that I/We authorise AIA Services New Zealand Limited ("AIA") to debit the nominated credit card/debit card account with the AIA Vitality membership fees payable (and any increases to those fees), AIA may debit the credit card/debit card account with AIA Vitality membership fees even when there may be insufficient clear funds in the credit card/debit card account, but AIA shall not be obliged to do so. If there are insufficient funds but AIA debits the credit card/debit card, AIA may also debit the credit card/debit card account with any applicable fees and charges. If the AIA Vitality membership fees cannot be recovered from me, then AIA may reverse the AIA Vitality membership fees payment resulting in the fees being treated as not having been paid and AIA may be entitled to cancel the AIA Vitality membership in accordance with the AIA Vitality terms and conditions.

4 Authority to accept direct debits

Name of my Account to be debited (Acceptor)

Authority to accept direct debits
(Not to operate as an assignment or agreement)

Customer (Debtor) to complete Bank/Branch number and Account Number and Suffix of Account to be debited.

Bank

Branch number

Account number

Suffix

To: The Manager (Insert name of Bank and Branch)

I authorise you, until further notice in writing, to debit my account with all amounts which GoCardless, the registered initiator of authorisation code 1226237, may initiate by direct debit on behalf of AIA Services New Zealand Limited ("AIA"). I agree that this authority is subject to:

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

I provide authorisation to GoCardless, the initiator acting on behalf of AIA Services New Zealand Limited ("AIA") to send the confirmation of this authority to me via email.

Authorisation code

| | | | | | | |
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Information to appear on my/our Bank Statement

Payer particulars

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Payer code

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Payer reference

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5 AIA Vitality payment authorised signature(s)

Signature 1

Date (dd/mm/yyyy)

Signature 2

Date (dd/mm/yyyy)

Bank Terms and Conditions

Specific conditions relating to notices and disputes

- › I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
 - › I don't receive a written notice of the amount and date of each direct debit from the initiator, or I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
 - › I may ask my bank to reverse a direct debit up to 9 months after the date the initiator sent the first direct debit under the authority if I am not reasonably satisfied that the authority authorised my bank to debit my account with the amount of the direct debit.
- › The initiator is required to give a written notice of the amount and date of each direct debit, including the first direct debit in a series, of no less than 2 working days. The notice is to include: the dates of the debits, and the amount of each direct debit.
- › If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 10 days before the change.
- › If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify you a second time of the amount and date of the direct debit.

Banks and building societies may not accept Direct Debit Instructions for some types of accounts

GoCardless Terms and Conditions

GoCardless process Direct Debit payments on behalf of other businesses and organisations, such as the merchant that you wish to make payments to. These businesses and organisations create payments for their customers using our system and we then process these according to the parameters and instructions they have set. These terms and conditions explain how GoCardless will operate, when it collects payments from your bank account.

1 Definitions

- › Unless otherwise defined in these terms and conditions (the "GoCardless Terms"), capitalised terms have the meaning given to them in the "Conditions of Instruction to Accept Direct Debits" ("Bank Terms").
- › **Customer** means the person or entity identified as such on the Application, who intends to make payments to the Merchant by way of direct debit (also referred to as "you" and "your" in these Terms and Conditions).
- › **Direct Debit Instruction** means the application form containing the GoCardless Terms and the Bank Terms and completed by you for the purposes of authorising payments to be made from your bank account to the Merchant by way of direct debit.
- › **GoCardless** means GoCardless Limited, the payment service provider authorised by the Merchant to process direct debit payments made by you to it, on its behalf. The "Initiator" in the "Conditions of Instruction to Accept Direct Debits" above is GoCardless.
- › **Merchant** means the person or entity that the Customer intends to make payments to by way of direct debit, and identified as such on the Application.

2 Direct Debit Instruction

- 2.1 By completing the Direct Debit Instruction, you agree to be bound by the Bank Terms in addition to the GoCardless Terms.
- 2.2 You acknowledge that by completing the Direct Debit Instruction, you are authorising the Merchant to debit your nominated bank account (as it appears on the Direct Debit Instruction) for the amounts and at the frequency set out in the Direct Debit Instruction. You acknowledge that GoCardless provides direct debit payment processing activities to the Merchant and as such, where GoCardless is instructed by the Merchant, GoCardless will debit your nominated bank in accordance with the instruction.
- 2.3 Any changes to the information provided by you on the Direct Debit Instruction must be communicated by you directly to the Merchant. You acknowledge that GoCardless will not accept any instruction directly from you to vary the Direct Debit Instruction.

3 Liability of GoCardless

- 3.1 GoCardless may cease providing the Merchant with direct debit payment processing services upon written notice to the Merchant in accordance with the agreement entered into by GoCardless and the Merchant for the supply of those services. In such circumstances, GoCardless will cease accepting the Merchant's instruction to debit your nominated bank account in connection with the Direct Debit Instruction. If you continue to receive goods or services from the Merchant, you must contact the Merchant directly to set up an alternative payment method.
- 3.2 GoCardless will not be responsible for any delay that may occur in processing a direct debit payment on the Merchant's behalf if:
 - 3.2.1 there is a public holiday on the day or on the day after a payment is due to be made;
 - 3.2.2 a payment is received either on a day that is not a business day or after the normal close of business on a business day;
 - 3.2.3 GoCardless does not receive the Direct Debit Instruction in sufficient time to process the payment; or
 - 3.2.4 the Direct Debit Instruction is not duly completed.
- 3.3 You acknowledge that GoCardless is not involved in the supply of any goods and/or services to you, and any disputes regarding the supply of any goods and/or services for which you have made payment for in connection with the Direct Debit Instruction are to be dealt with directly by you and the Merchant. GoCardless has no involvement in or express or implied liability in relation to any goods or services provided by the Merchant.
- 3.4 Nothing in the GoCardless Terms or the Bank Terms creates any relationship or liability between GoCardless and you for any purpose and any disputes regarding any payments debited from your nominated bank account should be directed to the Merchant.

4 General

- 4.1 If there is any inconsistency or conflict between the GoCardless Terms and the Bank Terms, the GoCardless Terms will prevail.
- 4.2 The GoCardless Terms are governed by the laws of New Zealand.

Bank use only

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Bank
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AIA House,
74 Taharoto Road,
Takapuna,
Auckland 0622

Private Bag 92499,
Victoria Street West,
Auckland 1142

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



X00092 002a 2207

Airpoints Dollars™ Application Form



Earn Airpoints Dollars™ with AIA*

For every \$100 premium paid on eligible products and benefits, you will earn 1 Airpoints Dollar™.

To start earning Airpoints Dollars on your eligible insurance policy, please provide your Airpoints™ number.

Note that we can accept only one Airpoints number for each application/policy. All Policy Owners must sign this form to confirm the Airpoints number which will earn Airpoints Dollars for the AIA policy detailed below.

*Terms and conditions apply.

1 Policy Owner details

Please complete all fields below.

Application/policy no.

First name
(as held by Air New Zealand)

Last name
(as held by Air New Zealand)

Airpoints™ number

Telephone number

Email address

If you are not an Airpoints member, you can join for free at www.airnz.co.nz/airpoints

You can request to change the Airpoints number registered to your AIA policy at any time by contacting our call centre on 0800 500 108 or talk to your adviser.

It is your responsibility to provide us with accurate details of your Airpoints account, and to let us know of any changes to your Airpoints account name or number.

2 Policy Owners to complete

By signing this form you:

- > Agree that the nominated Airpoints number will earn Airpoints Dollars on the AIA policy referred to above; and
- > Confirm that you are authorised, by the individual(s) to which the Airpoints number relates, to provide to AIA New Zealand the information set out in the Airpoints Details section above.

Full name of Policy Owner (1)

Signature of Policy Owner (1)

Date

Full name of Policy Owner (2)

Signature of Policy Owner (2)

Date

Full name of Policy Owner (3)

Signature of Policy Owner (3)

Date

3 AIA Airpoints™ terms and conditions

These Airpoints™ terms and conditions set out the terms under which a customer of ours (“you” or “your”) may earn Airpoints Dollars™ through AIA Services New Zealand Limited (“us”, “we” or “our”) in accordance with the Airpoints loyalty programme that is offered by Air New Zealand Limited (Air NZ). You acknowledge that your ability to earn Airpoints Dollars is subject to Air NZ’s Airpoints terms and conditions.

Eligibility

- To be eligible to earn Airpoints Dollars™ (an Eligible Customer) you must:
 - be a policy owner of one or more of the “Eligible Products and Benefits” (as defined in Section 2 below);
 - be a member of Air NZ’s Airpoints programme (which will be subject to Air NZ’s Airpoints terms and conditions); and
 - register your Airpoints membership number with us.
- Eligible Customers will be eligible to earn Airpoints Dollars™ in respect of the following products and benefits issued on any policy or policies where AIA New Zealand Limited (“AIA”) is the insurer, including any related policy(s) issued by either Sovereign Assurance Company Limited (“Sovereign”) or AIA International Limited, New Zealand Branch (“AIA International”):

(Policies issued from 5 August 2019, where AIA is the insurer)

- AIA Living Personal and Business: Life, Critical Conditions, Progressive Care, Total Permanent Disablement, Income Protection, Loss of Earnings, Family Protection, Accidental Death, Mortgage and Income Protection, Redundancy, Retirement Protection, Rural Continuity, Waiver of Premium, Business Continuity, Accidental Injury Cover.

(Policies issued from 1 June 2001 to 4 August 2019, where AIA International was the insurer)

- REAL Life Cover, REAL Level Life Cover, REAL Accidental Death, REAL Business Continuation Cover, REAL Income Protection, REAL Farmers Revenue Protection Cover, REAL Health, REAL Easy Life Cover, REAL Easy Funeral Cover, REAL Level Trauma Cover, REAL Total Permanent Disability, REAL Level Total Permanent Disability, REAL Business Life Cover, REAL Business Trauma Cover, REAL Business Total and Permanent Disability, REAL Vital Income Protection, REAL Mortgage Income and Rent Cover, REAL New to Business Cover, REAL Trauma Cover, Business Overheads, Cancer Benefit Rider, Cancer Treatment Benefit, Family Protect Cancer Treatment Benefit, Family Protect Critical Illness Cover, Family Protect Life Cover, Family Protect Terminal Illness Cover, Income Protection Redundancy LOE Premier, Income Protection Redundancy - Agreed, Income Protection Redundancy - Indemnity, Key Person Benefit, Level Cancer Benefit Rider, Monthly Life Cover, Mortgage Redundancy Cover, Mortgage Repayment Cover, Personal Accident Benefit, Spouse or Partner Funeral Benefit, Superior Health Cover, Superior - 3 Health Cover, Trauma - Child Top Up.

(Policies issued from 1 February 2001 to 4 August 2019, where Sovereign was the insurer)

- TotalCare and TotalCareMax Personal and Business (policies issued from 1 February 2001 with Guaranteed Enhancement Benefit): Life, Living Assurance Comprehensive and Essential, Progressive Care, Total Permanent Disablement, Disability Income Protection, Loss of Earnings, Essential Disability Income Protection, Family Protection, Accidental Death, Mortgage and Income Protection, Redundancy, Locum Cover, Retirement Protection, Business Overheads, Rural Continuity, Waiver of Premium, Business Continuity, Specialist and Diagnostic Testing, Accidental Injury Cover.
- Start-Up Income Protection
- Private Health
- Private Health Plus
- Absolute Health
- MajorCare Health
- Key Health
- Surehealth

Products underwritten by AIA and distributed by ASB Bank, IAG New Zealand or any other distribution partner, are not included.

Registering your Airpoints number

- Eligible Customers can register an Airpoints number with us by:
 - including it on the application form when you apply for one or more of our Eligible Products and Benefits;
 - calling our call centre on 0800 500 108;
 - providing it to your insurance adviser to register with us on your behalf; or
 - via any other means we make available for this purpose.
- The Airpoints number that is provided to us under Section 3 will be registered to the policy number applicable to either:
 - the Eligible Product and Benefit which you are applying under Section 3(a), once we have accepted your application; or
 - the Eligible Product and Benefit or Eligible Products and Benefits that you have informed us of via the means set out in Sections 3(b) to 3(d).
- We will only accept one Airpoints number for each policy number relating to an Eligible Product and Benefit. If there is more than one policy owner in relation to an Eligible Product and Benefit the policy owners must nominate one Airpoints number to earn Airpoints Dollars through that Eligible Product and Benefit.
- You can request to change the Airpoints number registered to an applicable policy number at any time.

- It is your responsibility to provide us with accurate details of the Airpoints account and to let us know of any changes to the Airpoints account name or number.
- We will not be liable for any loss, including any loss of benefits, resulting from the Airpoints account details being out of date, inaccurate or otherwise.

Earning Airpoints Dollars

- All new applications by Eligible Customers for Eligible Products and Benefits that are accepted by us will qualify to earn Airpoints Dollars subject to these terms and conditions.
- If you are an Eligible Customer and you already have one of our Eligible Products and Benefits then, subject to these terms and conditions, you will be able to accrue Airpoints Dollars for each Eligible Product and Benefit from the date that you pay your next premium for that Eligible Product and Benefit.
- Subject to these terms and conditions, Eligible Customers will earn 1 Airpoints Dollar for every \$100 of premium actually paid to us in respect of an Eligible Product and Benefit, which will accrue to the Airpoints account registered with us in accordance with Section 3.
- We may change the earn rate for Airpoints Dollars at any time.
- This offer is not transferable or redeemable for cash.
- Eligible Customers may also be eligible to earn additional Airpoints Dollars through special offers or promotions that we notify you of from time to time, subject to both these terms and conditions and any additional offer or promotion terms.
- Airpoints Dollars will not accrue for premium payments received prior to the launch date (as determined by us), or in relation to premium payments received prior to Eligible Customers registering an Airpoints number with us.
- Air NZ will use reasonable endeavours to credit Airpoints Dollars to the relevant Airpoints account notified to us in accordance with these terms and conditions within 30 days of the premium being paid on an Eligible Product and Benefit.

Deduction of Airpoints Dollars

- If for any reason, the payment that earned you Airpoints Dollars is refunded or dishonoured, or you cancel the Eligible Product and Benefit that you took out with us, we reserve the right to deduct those Airpoints Dollars from the Airpoints account linked to the policy number for that Eligible Product and Benefit.

Privacy

- Personal information disclosed to AIA in relation to the Airpoints programme will be collected, used, stored and disclosed in accordance with AIA’s Privacy Statement: see www.aia.co.nz/privacy
- In addition, by registering an Airpoints number with us, you acknowledge and agree that personal information about you, together with other data relating to transactions that earn you Airpoints Dollars, may be collected, used, stored and disclosed by us, our contractors, Air NZ and/or its Airpoints partners for the following purposes:
 - to administer the Airpoints programme, including:
 - communicating with you about the Airpoints programme;
 - undertaking data matching activities;
 - providing such information and data to Air NZ and its Airpoints partners (including for the redemption of rewards);
 - to enable marketing activities, including the planning, research, promotion and marketing of goods, services and products, to you by us, Air NZ or its Airpoints partners;
 - to conduct analyses relating to the Airpoints programme; and
 - to assist in law enforcement purposes, investigations by police or other government or regulatory authorities and to meet requirements imposed by applicable laws and regulations; and
 - or other obligations committed to government or regulatory authorities.

- You have the right to access and request correction of information held by us about you. To contact us for this purpose, please refer to our Privacy Statement.

Cancellation

- We may stop awarding Airpoints Dollars to you at any time at our absolute discretion, including if:
 - we cease to be a partner in Air NZ’s Airpoints programme; or
 - you are no longer eligible to earn Airpoints Dollars through us.

Liability

- We are not responsible, and accept no liability, for any act or omission of Air NZ or its Airpoints partners in respect of the Airpoints programme.

Changes

- We may change these terms and conditions at any time without prior notice by publishing an amendment to these terms and conditions on our website, with such amendment to be effective from the date of publication.

