

# Change of Ownership



Please complete this form if you wish to transfer the ownership of your policy to another person or company.

## Requirements:

In order to complete the change of ownership, you must provide the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Policy number(s) of the policy or policies I/we want to transfer  | <input type="checkbox"/> Contact details and dates of birth for each new owner  |
| <input type="checkbox"/> Names and signatures of current and new owner(s)  | <input type="checkbox"/> A witness (over 16 years of age, not associated with the policy/policies) to sign, confirming current and new policy owners' names |
| <input type="checkbox"/> A copy of the current policy owner(s) driver's licence or passport(s) for signature verification purposes |   |

## Current owner(s) and new owner(s) – what you need to do:

- > Ensure all parties have a clear understanding of what is being transferred. If you have any questions, please contact the AIA Customer Relationship Team on 0800 500 108.

## What we'll do:

- > Register the change of ownership as requested.
- > Send confirmation once the changes have been made.

## 1 Policy number details

Please provide the policy number(s) and today's date. This Change of Ownership form is valid for 90 days from the date the form is completed and will not take effect until processed by AIA.

Policy number(s)

Date form completed

DD/MM/YYYY

Would you like this policy grouped with another AIA or related policies\* for correspondence purposes?

Yes

No

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

If YES, please list policy numbers

\* 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.

## 2 Current owner details

All policy owners must complete and sign. All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy or policies.

**Please note:** If a company has more than one director, signatures by 2 or more directors of the company are required.

### Current owner 1

Full Name or Company/Business Name

Signature of Individual or on behalf of Company/Business

Name of witness

Signature of witness

## 2 Current owner details continued

### Current owner 2

Full Name or Company/Business Name

Signature of Individual or on behalf of  
Company/Business

Name of witness

Signature of witness

## 3 New owner(s) details

All new policy owners must complete and sign this form. The new policy owner can be a person or persons aged 16 or above (except for AIA Real, Superior Health or other policies issued by AIA International Limited, New Zealand Branch, where the policy terms require owners to be aged 18 years or above), a company or a bank. AIA Superior Health and AIA Real Health policies cannot be transferred to another policy owner. If the Policy is owned or going to be owned by the trustees of a trust, all trustees must sign this form individually (the trustees own/will own the policy in their capacity as trustees of the trust). All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy or policies. Please note: If ownership is changing for a child less than 16 years on a trauma policy, AIA requires proof that the new policy owner is a parent or has legal guardianship, e.g. (copy of child's birth certificate confirming parents; copy of adoption documentation confirming adoptive parents or copy of family court order appointing legal guardians).

### Privacy

By signing this form, the new policy owners confirm their agreement to the following terms regarding privacy. Personal information provided in this form will be collected, used, stored and disclosed by AIA and/or any related companies (whether incorporated in New Zealand or elsewhere), their subsidiaries, their officers, their advisers and reinsurers:

- > to process this change of ownership, process claims,

communicate with policy owners for administrative purposes, and for internal business and administrative purposes;

- > inform policy owners about products/services offered by AIA, or by reputable organisations with whom AIA contracts (policy owners may opt out of such communications);
- > 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;
- > to meet regulatory or legal obligations;
- > otherwise in accordance with AIA's privacy statement, available on [www.aia.co.nz/privacy](http://www.aia.co.nz/privacy)

Personal information may be collected, held and/or stored by AIA and may be made available to AIA related companies, local and overseas and to any agent, contractor or third party who provides technology, administrative or other services to AIA or any member of the AIA Group. Personal 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). Access to and correction of a policy owner's personal information may be requested by that policy owner.

**New owner 1** (new owner 1 will be the mailing address for the policy)

**Please note:** If a company has more than one director, signatures by 2 or more directors of the company are required.

Title

 Mrs  Miss  Ms  Mr  Mx

Full name  
(or company name)

Airpoints™ number

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

Date of birth

DD MM YYYY  
/ /

Signature

Mailing Address

Town, city or district

Postcode

Email

Mobile

Home phone

Business phone

Name of witness

Signature of  
witness

### 3 New owner(s) details continued

New owner 2

Title

Mrs

Miss

Ms

Mr

Mx

Full name  
(or company name)

Airpoints™ number

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

Date of birth

DD MM YYYY  
/ /

Signature

Mailing Address

Town, city or district

Postcode

Email

Mobile

Home phone

Business phone

Name of witness

Signature of  
witness

More than two new owners?

If more than two new owners, please tick the box and complete page 3

For use by AIA – Change of Ownership

Name

Date ownership completed

DD MM YYYY

### 4 Additional past/new owners details

All policy owners must complete and sign. All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy or policies.

Please note: If a company has more than one director, signatures by 2 or more directors of the company are required.

#### Current owner 3

Full Name or Company/Business Name

Signature of Individual or on behalf of  
Company/Business

Name of witness

Signature of witness

#### Current owner 4

Full Name or Company/Business Name

Signature of Individual or on behalf of  
Company/Business

Name of Witness

Signature of Witness

**4 Additional past/new owners details continued**

**New owner 3**

Title  Mrs  Miss  Ms  Mr  Mx

Full name (or company name)

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

Date of birth  DD /  MM /  YYYY

Signature  X

Mailing Address

Town, city or district  Postcode

Email  Mobile

Home phone  Business phone

Name of witness

Signature of witness  X

**New owner 4**

Title  Mrs  Miss  Ms  Mr  Mx

Full name (or company name)

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

Date of birth  DD /  MM /  YYYY

Signature  X

Mailing Address

Town, city or district  Postcode

Email  Mobile

Home phone  Business phone

Name of witness

Signature of witness  X

