

# Special Events Application Form



This application should only be used to effect a Special Events increase under an AIA Living, TotalCare Max, or other eligible policy issued provided by AIA New Zealand Limited ("AIA").

## 1 Details of current policy(ies)

Policy number(s)

Please complete a separate Special Events Application Form for any policies with different policy owner(s).

### Policy owner (1)

Mr/Mrs/Miss/Ms

Address

Email address  Phone

### Policy owner (2)

Mr/Mrs/Miss/Ms

Address

Email address  Phone

### Policy owner (3)

Mr/Mrs/Miss/Ms

Address

Email address  Phone

## 2 Life assured(s)

Please specify the name(s) of the life assured(s) that the special event increase request applies to:

Life assured (1)

Life assured (2)

## 3 Special Events Increase Details

**Please complete the following table to select which Special Events increase you are applying for and provide supporting documentation with your application i.e. marriage certificate, mortgage documentation etc.**

The availability of the individual Special Events and related terms and conditions, including maximum increase amounts, can differ across products/benefits. Please refer to your policy wording for the Special Events and related terms and conditions applicable to you.

	Special Event	Examples of documentation required
<input type="checkbox"/>	New baby (by birth or legal adoption)	Copy of the birth certificate or adoption order
<input type="checkbox"/>	Marriage or civil union	Copy of the marriage or civil union certificate
<input type="checkbox"/>	Legal separation, divorce or dissolution of a civil union	Copy of the separation or dissolution order
<input type="checkbox"/>	Tertiary education of a child	Copy of the acceptance of enrolment
<input type="checkbox"/>	Secondary education of a child	Copy of the acceptance of enrolment
<input type="checkbox"/>	Care of a close relative	A letter signed by the life assured and evidence of the care required
<input type="checkbox"/>	Taking out or increasing a home loan	Copy of the signed mortgage document and confirmation of the loan from the lender
<input type="checkbox"/>	Salary increase	Copy of letter from the employer with advice of salary before and after the increase and payslips before and after the increase
<input type="checkbox"/>	Death of a spouse or de facto partner	Copy of the death certificate for the spouse or de facto partner

Please indicate below the Benefit(s) to be increased and confirm whether you wish to increase your cover by the maximum eligible amount or specify the amount of your increase if lower.

Life Cover

Life assured    Max  
 (1)     or \$ \_\_\_\_\_  
 (2)     or \$ \_\_\_\_\_

Total Permanent Disability

Life assured    Max  
 (1)     or \$ \_\_\_\_\_  
 (2)     or \$ \_\_\_\_\_

Family Protection

Life assured    Max  
 (1)     or \$ \_\_\_\_\_  
 (2)     or \$ \_\_\_\_\_

And / or one of the following Benefit(s):

Trauma (incl. Critical Conditions and Living Assurance)

Life assured    Max  
 (1)     or \$ \_\_\_\_\_  
 (2)     or \$ \_\_\_\_\_

Progressive Care

Life assured    Max  
 (1)     or \$ \_\_\_\_\_  
 (2)     or \$ \_\_\_\_\_

Only applicable if you have the Optional Critical Conditions Buyback or/and Optional Life Cover Buyback Benefit(s)

Would you like the Optional Critical Conditions Buyback Benefit to be applied to the increased part of the sum assured?  Yes  No

Would you like the Optional Life Cover Buyback Benefit to be applied to the increased part of the sum assured?  Yes  No

**4** Special Events TPD/Trauma Facility (Life Cover only)

If you hold a Life Cover Benefit, you can add one of the Benefits listed below. The availability of the individual Special Events TPD/Trauma Facility and related terms and conditions, including maximum increase amounts, can differ across products/benefits. Please refer to your policy wording for the related terms and conditions applicable to you. Please note that this TPD/Trauma Facility is not available if a special event increase is made for the same Product/Benefit type at the same time or within the last 12 months. Trauma Benefits, including Critical Conditions, Living Assurance and Progressive Care, are classed as the same Benefit type for this purpose.

Indicate below which Benefit you want to add and choose whether you want to increase your cover by the maximum eligible amount or specify the amount of your increase.

Select one Benefit only per life assured. If you select Accelerated Total Permanent Disablement, please complete the additional information below.

	Life assured (1)	Life assured (2)
<input type="checkbox"/> Accelerated Critical Conditions	Max <input type="checkbox"/> or \$ _____	Max <input type="checkbox"/> or \$ _____
<input type="checkbox"/> Accelerated Progressive Care	Max <input type="checkbox"/> or \$ _____	Max <input type="checkbox"/> or \$ _____

	Life assured (1)	Life assured (2)
<input type="checkbox"/> Accelerated Total Permanent Disablement (Any occupation basis with expiry age of 65)	Max <input type="checkbox"/> or \$ _____	Max <input type="checkbox"/> or \$ _____

**Life assured (1)**

What is your current main occupation?  Number of hours per week

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
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

**Life assured (2)**

What is your current main occupation?  Number of hours per week

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
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

**5 Payment Details**

Do you wish to use the same payment method for the increase as for your existing policy?  Yes  No If no, please complete below

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.

**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.

## 6 Declaration and consent

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

### IMPORTANT NOTICE: Your Duty of Disclosure

When you apply for this increase in your insurance, and whenever you apply to vary or reinstate your insurance, 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. 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.

### 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 have read the "My personal information" section below.  YES
- I/We authorise AIA to disclose **all** personal information relating to this application for insurance to my/our financial adviser.  YES

### THE BELOW NAMED LIFE/LIVES ASSURED AND POLICY OWNER(S) DECLARE AND AGREE THAT:

#### Disclosure:

- (a) 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.
- (b) I/we understand that AIA has relied on my/our disclosures on the original cover application through either AIA or Sovereign Assurance Company Limited ("Sovereign") ("related company") in issuing any cover applied for in this form, and that if any disclosures relied on by AIA in issuing cover pursuant to a Special Events Facility or Special Events TPD/Trauma Facility were not true or not correct (either in this form, or made previously to AIA or a related company), AIA may avoid this cover from the beginning.
- (c) If the occupation of the life/lives assured is required to be provided in this Application and the life/lives assured 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.
- (d) I/We acknowledge that my/our Adviser receives commission from AIA.
- (e) I/We understand that irrespective of whether I/we have been insured with AIA or a related company 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.

#### My personal information:

- (f) I/We consent to the use of the personal information provided in this Application by AIA and/or any related companies (whether incorporated in New Zealand or elsewhere), their subsidiaries, their officers, their Advisers and reinsurers so that they can assess this Application, for the processing of this Application and administration of my/our insurance cover and any claims, and 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.
- (g) I/We understand that all of my/our 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).
- (h) I/We understand that AIA will take reasonable steps to keep such information secure (whether in New Zealand or elsewhere).
- (i) I/We authorise AIA to disclose all personal information relating to this Application to my/our financial adviser for the purposes of providing me/us 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.
- (j) I/We understand that AIA may be required to disclose my/our personal information if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities.
- (k) I/We understand access to and correction of my/our personal information may be requested by me/us.

#### Correspondence by E-mail

- (l) 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 (f) above.
- (m) Such correspondence can be sent to the email address(es) detailed in this Application or subsequent email addresses I/we provide to AIA.
- (n) I am/we are responsible for advising AIA if my/our email address(es) change.
- (o) 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.

Signature of life assured (1)

Date Day / Month / Year

/ /

Signature of life assured (2)

Date Day / Month / Year

/ /

**SIGNATURE OF INDIVIDUAL POLICY OWNER(S)**

**(If other than the life/lives assured, and as listed in SECTION 1 of this application form)**

Policy owner signature 1  
(all policy owners must sign)

Date	Day / Month / Year
	/ /

Policy owner signature 2  
(all policy owners must sign)

Date	Day / Month / Year
	/ /

Policy owner signature 3  
(all policy owners must sign)

Date	Day / Month / Year
	/ /

**7 Returning your form and required evidence**

Please check that all details are correct, then either scan and email the form (and required evidence) to [enquireNZ@aia.com](mailto:enquireNZ@aia.com) or post to AIA New Zealand Limited, Private Bag 92499, Victoria Street West, Auckland 1142.

**What happens next?**

Once we have processed your application, we will post you notification of the increase of cover and your new premium.  
Once your new cover is in place, you will have 15 days to let us know if you change your mind about the change.





## 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

Email address (optional)

No Change to Payment Date/Frequency

Date of first payment (between 1st and 28th of the month)  DD / MM / YYYY **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)  Weekly  Fortnightly  Monthly  Quarterly  Half yearly  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

To: The Manager (Insert name of Bank and Branch)  Start date  DD / MM / YYYY

(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)  X

Date  DD / MM / YYYY

Authorised signature(s)  X

Date  DD / MM / YYYY

## 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

Approved
0036
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02   02

Date received

DD / MM / YYYY
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Recorded by

--

Checked by

--

Bank  
Stamp

