

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 contributions must be paid by Direct Debit or Credit Card.

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

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

Name	Title	<input type="text"/>		
	Surname	<input type="text"/>		
	Given Name	<input type="text"/>		
	Gender	<input type="text"/>		
	Date of Birth (dd/mm/yy)	<input type="text" value="/ /"/>		
Note: To be eligible for AIA Vitality you must be 16 years and over.				
	Email	<input type="text"/>		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, do you know your policy number?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 contribution deducted please complete the AIA Vitality Payment Direct Debit Request or AIA Vitality Payment Credit Card Authority form (page 3).

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 between 16 and 18, 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 Program ('AIA Vitality') member, declare and agree that I:

- > Am either over 18 years of age, or between 16 and 18 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 <https://www.aia.co.nz/en/index/privacy-statement.html>);

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 1994) 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);
 - 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; and
- Understand any discounts and benefits provided in respect of membership in AIA Vitality are not guaranteed and AIA reserves the right to vary or withdraw the discounts and 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.

(please ✓ the boxes below)

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

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

- a. AIA Australia Limited and its third party service providers; and
- b. 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 that owns AIA Vitality and licenses it to AIA.

To administer AIA Vitality, I provide authority and consent for AIA to disclose your 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 AIA Vitality 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 Program 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 Program 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.

Name of Life Assured

Signature of Life Assured

Date

Parent or guardian Signature

Date

Financial Adviser or Insurance Manager name (If applicable)

Date



1 Personal details

Mr/Mrs/Miss/Ms/Other

Contact number

Name of AIA Vitality member

Email address

Payment frequency and AIA Vitality membership fee (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

 / /

Name on card

Card number

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 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 Account

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)

Start date

 / /

I/We authorise you until further notice in writing to debit my/our account with you all amounts which AIA Services New Zealand Limited (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Authorisation code

1	2	0	0	3	6	5
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Information to appear in my/our Bank Statement

Payer particulars

A	I	A	V	I	T	A	L	I	T	Y
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Payer code

Payer reference

5 AIA Vitality payment 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

Approved 0036 ----- 02 02	Date received <input type="text"/>	Recorded by <input type="text"/>	Bank Stamp
	Checked by <input type="text"/>		

