

Benefit Alteration



You should fill out this form if you want to make changes to your insured benefits or change the way you pay your premium. If you have any questions, or need help with wording your request, please call our Customer Relationship Team on 0800 500 108, from 8.00am to 6.00pm, Monday to Friday.

1 Policy/Plan details

Policy/Plan number	<input type="text"/>
Name(s) of lives insured	<input type="text"/>
	<input type="text"/>
Policy owner(s) or member(s)	<input type="text"/>
	<input type="text"/>

2 Changes to insured benefits

Fill out this section if you want to increase, decrease, cancel or make any other changes to your insured benefits. For correct benefit names see your policy document. Use the comments section if you want to explain the reason(s) for your request or provide further information.

Name of benefit	<input type="text"/>		
Change requested	<input type="text"/>		
Name of benefit	<input type="text"/>		
Change requested	<input type="text"/>		
Name of benefit	<input type="text"/>		
Change requested	<input type="text"/>		
Date for changes to be made (dd/mm/yyyy)	<input type="text"/>	Comments	<input type="text"/>
			<input type="text"/>

3 Changes to premium payments

Fill out this section if you want to change the way you pay your premium. If you have changed any of your benefits (above) AIA will calculate a new total premium.

Premium frequency (please tick one)	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> half-yearly	<input type="checkbox"/> yearly
Premium payment	<input type="checkbox"/> cheque	<input type="checkbox"/> existing direct debit	<input type="checkbox"/> new direct debit (attach completed form)	
New total premium (calculated by AIA)	<input type="text"/>			

4 Your declaration and signature

I understand that:

- > my new insurance contract will be based on the information provided in this form together with the information provided in the original proposal
- > the changes I have requested may mean that the values illustrated in the latest annual statement or progress report for this policy or plan may no longer be valid.

Policy owner or member signature	Date (dd/mm/yyyy)	Policy owner or member signature	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Returning your form

Please check that all details are correct, then return this form to AIA, Private Bag 92499, Victoria Street West, Auckland 1142. If you are setting up a new direct debit, make sure you include a completed direct debit form. You do not need to return your policy document with this form. If you have any questions please call our Customer Relationship Team on 0800 500 108 who will be happy to help. Our Customer Relationship Team is available from 8.00am to 6.00pm, Monday to Friday.

6 For use by your Adviser

Adviser name	<input type="text"/>	Adviser code	<input type="text"/>
Adviser signature	<input type="text"/>	Date	<input type="text"/>

