

Consent to Disclose Personal Information



This form is to be used when you want AIA to give details about you to a third party
e.g. spouse, partner, broker etc

1 Details To be completed by Case Manager

Policy number

Life Assured name

Life Assured address

2 Release Details

Name of person that information is to be released to

Their address

Phone number

Email Address

Name of person that information is to be released to

Their address

Phone number

Email Address

Name of person that information is to be released to

Their address

Phone number

Email Address

3 Authorisation

I authorise AIA New Zealand Limited to release and/or discuss any of my personal and health information, including medical or financial details with the above-named person(s).

Full name of Life Assured

Signature of Life Assured

Date Day / Month / Year

