

Direct Debit Request

If this Direct Debit Request is for more than one policy then please list all relevant policy numbers.

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Payment options: 1. Initial payment and all future payments 2. All future payments

Where you are paying from a business, super, SMSF or platform account, and are applying for AIA Vitality, please also complete the AIA Vitality Payment form.

Request and Authority to debit the account named below to pay AIA Australia Monthly Half-yearly Yearly

Please refer to the Direct Debit Request Service Agreement in the Product Disclosure Statement.

I/We

Account holder 1	Title	Surname or Company Name	Given Name or ABN
Account holder 2	Title	Surname or Company Name	Given Name or ABN

request and authorise AIA Australia Limited (Direct Debit User ID 000142) to arrange for any amount payable in relation to my policy and (where applicable) AIA Vitality contributions to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert details of account to be debited

Name account is held in

BSB number - Account number

Acknowledgment I/We have read and understood the terms and conditions governing the debit arrangements between myself and AIA Australia as set out in this Request and in the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name

Address Postcode

Insert your signature

Account Holder 1 Signature X

Account Holder 2 Signature X

Date (dd/mm/yyyy)

Credit Card Authority

If this Credit Card Authority is for more than one policy then please list all relevant policy numbers.

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Payment options: 1. Initial payment only 2. All future payments 3. Initial payments and all future payments

Where you are paying from a business account, and are applying for AIA Vitality, please also complete the AIA Vitality Payment form.

Please debit my Visa MasterCard Diners AMEX

No.

Expiry Date

This authority enables AIA Australia Limited to debit your credit card for any amount payable in relation to your policy and (where applicable) AIA Vitality contributions until you advise AIA Australia in writing to cancel this authority. The amount debited may vary from time to time as a result of contractual variations (this only applies if option 2 or 3 above is chosen).

If you choose the option of using a credit card for the one-off payment of the deposit please enter the amount. \$

Name as shown on credit card

Cardholder's Signature X

Date (dd/mm/yyyy)

IMPORTANT NOTICE:
Credit Card refunds will be processed by us in the ordinary course of business. We will not accept any responsibility for credit card charges or fees incurred due to expired or cancelled cards or timing delays in processing refunds by the credit card issuer.

Authority to Release Medical Information

I,

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of Life Insured X

Date

Authority to Release Medical Information

I,

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of Life Insured X

Date



Priority Protection
Direct Debit Request
(see over)



Priority Protection
Credit Card Authority
(see over)



Priority Protection
Authority to Release Medical
Information
(see over)



Priority Protection
Authority to Release Medical
Information
(see over)