

# Change of Ownership



Please complete this form if you wish to change the ownership of your policy/policies.

- > On completion of the change of ownership confirmation will be sent to both old and new owners.
- > Ensure all parties have a clear understanding of what is being changed.
- > If you have any questions, please contact the AIA Customer Relationship team on 0800 500 108 or Live Chat [aia.co.nz/chat](https://www.aia.co.nz/chat)

## How to Complete the Form:

### Section A

#### Current Owner(s)

- > All current policy owners are required to complete this section. If the owner is a company, at least two directors (if there is more than one) need to complete this section.
- > All signatures must be witnessed by a person over 16 years of age, who is not associated with the policy.

### Section B

#### New and Remaining Owner(s)

- > All new and remaining policy owners must complete this section.
- > We require contact details and date of birth for each individual owner(s).
- > A policy cannot be owned by a trust. However, it can be owned by the individual trustees of the trust in their personal capacity.
- > All signatures must be witnessed by a person over 16 years of age, who is not associated with the policy.

**AIA requires an acceptable form of identification from all current and new policy owner(s) for signature verification.**

#### Acceptable forms of ID are:

- > Driver's Licence
- > Passport
- > New Zealand certificate of identity
- > Overseas government-issued national identity card, containing your name, date of birth, photograph and signature

## Policy/Plan number details

Please complete all fields

Please provide the Policy/Plan number(s) and today's date. This Change of Ownership form is valid for 90 days from the date the form is completed and will not take effect until processed by AIA.

Policy/Plan number(s)

Date form completed

Would you like this policy grouped with another AIA or related policies\* for correspondence purposes?

\* Where related policy/policies means eligible policy(s) issued for the Life to be Assured, where Sovereign Assurance Company Limited ("Sovereign"), or AIA International Limited, New Zealand Branch ("AIA International"), was the insurer. AIA will group policies where possible. NB: Not all policies can be grouped, contact our Customer Relationship Team on 0800 500 108 or Live Chat [www.aia.co.nz/chat](https://www.aia.co.nz/chat) for details

Yes

If YES, please list Policy/Plan numbers

No

**A Current owner details**

Please complete all fields

**Current Owner 1**

Full Name (or Company Name)

Signature of Individual (or Company Director)

 X Copy of acceptable ID is attached (see requirements section above)

Witness Name

Witness  
Signature X**Current Owner 2**

Full Name (or Company Name)

Signature of Individual (or Company Director)

 X Copy of acceptable ID is attached (see requirements section above)

Witness Name

Witness  
Signature X**Current Owner 3**

Full Name (or Company Name)

Signature of Individual (or Company Director)

 X Copy of acceptable ID is attached (see requirements section on page 1)

Witness Name

Witness  
Signature X**Current Owner 4**

Full Name (or Company Name)

Signature of Individual (or Company Director)

 X Copy of acceptable ID is attached (see requirements section page 1)

Witness Name

Witness  
Signature X**All new and remaining policy owners must complete section B and sign this form.**

The new policy owner can be a person or persons aged 16 or above (except for AIA Real, Superior Health or other policies issued by AIA International Limited, New Zealand Branch, where the policy terms require owners to be aged 18 years or above), a company or a bank. AIA Superior Health and AIA Real Health policies cannot be transferred to another policy owner. If the Policy is owned or going to be owned by the trustees of a trust, all trustees must sign this form individually (the trustees own/will own the policy in their capacity as trustees of the trust). All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy or policies. Please note: If ownership is changing for a child less than 16 years on a trauma policy, AIA requires proof that the new policy owner is a parent or has legal guardianship, e.g. (copy of child's birth certificate confirming parents; copy of adoption documentation confirming adoptive parents or copy of family court order appointing legal guardians).

**Privacy**

By signing this form, the new policy owners confirm their agreement to the following terms regarding privacy. Personal information provided in this form will be collected, used, stored and disclosed by AIA and/or any related companies (whether incorporated in New Zealand or elsewhere), their subsidiaries, their officers, their advisers and reinsurers:

- > to process this change of ownership, process claims, communicate with policy owners for administrative purposes, and for internal business and administrative purposes;
- > inform policy owners about products/services offered by AIA, or by reputable organisations with whom AIA contracts (policy owners may opt out of such communications);
- > to assist AIA to work with other reputable organisations with whom AIA contracts, whether in New Zealand or overseas, that offer products or services (including loyalty programmes) connected with any of the services that AIA provides. Such assistance may include undertaking data matching exercises both internally within AIA and with such organisations in order to identify products and services that I/we might be interested in;
- > to meet regulatory or legal obligations;
- > otherwise in accordance with AIA's privacy statement, available on [www.aia.co.nz/privacy](http://www.aia.co.nz/privacy)

Personal information may be collected, held and/or stored by AIA and may be made available to AIA related companies, local and overseas and to any agent, contractor or third party who provides technology, administrative or other services to AIA or any member of the AIA Group. 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). Access to and correction of a policy owner's personal information may be requested by that policy owner.

**B New and remaining owners**

Please complete all fields

**New or remaining Owner 1**  
(will be the mailing address for the policy)

Title  Full Name (or Company Name)

Mobile  Date of birth  DD / MM / YYYY

Email

Mailing Address

Postcode

Signature of Individual (or Company Director)

**New or remaining Owner 2**

Title  Full Name (or Company Name)

Mobile  Date of birth  DD / MM / YYYY

Email

Mailing Address  Same as New or remaining Owner 1

Postcode

Signature of Individual (or Company Director)

**Please note:** If a company has more than one director, signatures by 2 or more directors of the company are required.

**Copy of acceptable ID is attached** (see requirements section on page 1)

Witness Name

Witness Signature

**Copy of acceptable ID is attached** (see requirements section on page 1)

Witness Name

Witness Signature

**New or remaining Owner 3**

Title  Full Name (or Company Name)

Mobile  Date of birth  DD / MM / YYYY

Email

Mailing Address  Same as New or remaining Owner 1

Postcode

Signature of Individual (or Company Director)

**New or remaining Owner 4**

Title  Full Name (or Company Name)

Mobile  Date of birth  DD / MM / YYYY

Email

Mailing Address  Same as New or remaining Owner 1

Postcode

Signature of Individual (or Company Director)

**Please note:** If a company has more than one director, signatures by 2 or more directors of the company are required.

**Copy of acceptable ID is attached** (see requirements section on page 1)

Witness Name

Witness Signature

**Copy of acceptable ID is attached** (see requirements section on page 1)

Witness Name

Witness Signature

**For use by AIA – Change of Ownership**

Name  Date ownership completed  DD/MM/YYYY

