



AIA Vitality Application Form

1 October 2024

(Head Office Use Only)

Adviser No:

Campaign:

Platform ID:
(if applicable)

Please print in capital letters using a black pen.

Important Information for Adviser

This Application Form is to be used where the Life Insured is insured under one or more eligible AIA Australia 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 Insured on any previous Application Form.

This application form will need to be completed by both the Policy Owner(s) and the Life Insured under each eligible AIA Australia policy.

Please send the completed form to: PO Box 6111, Melbourne VIC 3004, or au.customer@aia.com

Note: ongoing monthly AIA Vitality contributions must be paid by Direct Debit or Credit Card. AIA Vitality contributions cannot be funded by superannuation, SMSF monies or from a platform account.

AIA Vitality contribution payments will match the frequency of premium payments on the relevant associated insurance policy.

Proposed AIA Vitality member (Life Insured to complete this section in full.)

AIA Vitality is a health and wellbeing program, encouraging you to get healthier and earn great rewards. By participating in the AIA Vitality program, you may earn discounted premiums on your eligible life insurance policies, see the terms provided to you with your application which are also available on the AIA Vitality Member website.

1. Policy number(s) (if known):

Your AIA Vitality membership will be associated with an eligible AIA Australia insurance policy. AIA Australia will determine which is the associated policy.

2. Name (as per legal identity)

Title	Surname	Given Name	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Date of Birth (dd/mm/yyyy)

Note: To be eligible for AIA Vitality you must be 18 years and over.

4. Email

An email address is mandatory. To ensure confidentiality a unique email address must be entered. You cannot enter the same email address as another AIA Vitality member.

5. Contact Details

Mobile	Phone (home)	Phone (work)
<input type="text"/>	<input type="text"/>	<input type="text"/>

A mobile phone number is mandatory.

6. Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Home Affairs) or are you a New Zealand citizen living permanently in Australia? Yes No

If 'No', are you applying for, or intending to apply for, Permanent Residency in Australia? Yes No

Information for completion of Payment Authority forms:

- **Superannuation policies** – AIA Vitality contributions cannot be funded by superannuation monies (including SMSF). In order to have the AIA Vitality fee deducted please complete the AIA Vitality Payment Direct Debit Request or AIA Vitality Payment Credit Card Authority form (page 5).
- **Non Superannuation policies** – In all other instances the AIA Australia insurance premium(s) and the AIA Vitality contribution will be deducted from the same bank account/credit card. The Payment Direct Debit Request or Payment Credit Card Authority form (page 6) of this Application Form must be completed.
- If you are currently paying your insurance premium(s) via a method of BPAY, Post Billpay or cheque please take this opportunity to complete the Direct Debit Request or Payment Credit Card Authority form (page 6) to enable AIA Australia to more efficiently collect your premium(s) and AIA Vitality contribution.

Declaration and Privacy Notification (Life Insured and Policy Owner/s must complete this section.)

Privacy Notification

Personal (including sensitive) information provided will be handled in the manner described in the AIA Australia Group Privacy Policy as updated from time to time, accessible by visiting our website at www.aia.com.au, or by contacting us on 1800 333 613 to request a copy. AIA Australia handles and collects personal information for purposes which include the administration of your policy or claim, the provision of products and services, our business operations and other purposes set out in our Privacy Policy. By providing personal information to us or your adviser (and the licensed dealer or broker they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, or by continuing your relationship and otherwise interacting with us, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal information as described in the AIA Australia Group Privacy Policy as updated from time to time on our website. We rely on the accuracy of the personal information provided to us. If any of your personal information reflected in this form or any of the attachments is incorrect, out of date or incomplete, please call us on 1800 333 610 and we can take reasonable steps to correct the personal information. Where you provide us with personal information about someone else, you must have their consent to provide their information to us in the manner described in the AIA Australia Group Privacy Policy.

Adviser appointment – Policy Owner and Life Insured

Please read this important section and make sure you understand it, obtain advice in relation to it (if required) and agree to it before submitting your application.

You agree to appoint advisers assisting you with your AIA Vitality application to progress and finalise it on your behalf and to arrange for the AIA Vitality membership to be issued without further involvement from you.


By signing this application you (being the Policy Owner and/or the Life Insured) agree that:

- your adviser is authorised to provide any further instructions, information, consents or declarations in relation to your insurance application (and your AIA Vitality application, if relevant) on your behalf and that we can request and rely on such instructions, information, consents or declarations from your adviser without further confirmation from you;
- we, or persons acting on our behalf, may verify any instruction, information, consents, declarations or agreement received from your adviser before acting on it. However, we are not obliged to do so and our failure to do so does not mean that we have waived our right to rely on the instruction, information, consents, declarations or agreement received from your adviser.
- you agree to indemnify us against all loss or liabilities and costs incurred as a result of our reasonable reliance on this adviser appointment, except to the extent that we remain liable for such losses or liabilities by operation of a law that we cannot exclude.

Declaration

Life Insured and Policy Owner/s must complete this section (or if applying on-line, have declared the following) except where the Life Insured and/or Policy Owner is under 16, where in such circumstances the parent/guardian of that Life Insured and/or Policy Owner must complete this section (or if applying on-line, have declared the following) on behalf of the Life Insured and/or Policy Owner.

- I/We declare that the information contained in the attached statements (whether written in my/our hand or not, attached, input into the computer using the electronic application system or are otherwise provided to AIA Australia) is true and correct and that no information material to the insurance has been withheld.
- I/We understand that AIA Australia underwriting does not have access to my/our AIA Vitality information (including health and medical information) unless I/we disclose that information as part of my/our insurance application. I/We acknowledge that any health, medical or other information that may affect the risk under an insurance policy, needs to be provided to AIA Australia underwriting, even if it was also provided as part of the Life Insured's participation in AIA Vitality and I/we agree to do so.
- If I/we am/are a Policy Owner, in that capacity I/we agree that the premium relating to my/our policy may be discounted in some circumstances, based on the Life Insured's conduct, in respect of AIA Vitality where the Life Insured is a member of AIA Vitality. This declaration is part of my/our application for Priority Protection despite anything to the contrary in this document.
- If I/we am/are insured (or become insured) under an eligible private health insurance policy issued by AIA Health Insurance Pty Ltd which provides me/us with an entitlement to participate in AIA Vitality, I/we agree that the premium relating to the life insurance policy to which this application relates may be discounted.
- I/We acknowledge and confirm that any discounts and benefits provided in respect of the life insurance policy that is the subject of this application because of the Life Insured's conduct in respect of AIA Vitality where the Life Insured is a member of AIA Vitality or because the Life Insured is insured under a private health insurance policy issued by AIA Health Insurance Pty Ltd in respect of AIA Vitality and private health insurance are not guaranteed and AIA Australia reserves the right to vary or withdraw the discounts and benefits or the AIA Vitality product.
- I/We acknowledge and confirm that AIA Australia does not issue, and is not responsible for the administration of or the payment of any benefits provided under, private health insurance products issued by AIA Health Insurance Pty Ltd.
- I/We have been notified of, have read and have consented to the handling, collection, use and disclosure of my/our personal (including sensitive) information including the exchange of personal information with third parties located in Australia and overseas in the manner described in the Privacy section in the current Priority Protection Product Disclosure Statement and Policy Document (PDS) and any relevant Supplementary PDS (SPDS) and the Privacy Policy on the AIA Australia website www.aia.com.au and on the AIA Vitality website www.aivitality.com.au which were provided to me/us. I/We agree that any personal information AIA Australia holds will be governed by the most current Privacy Policy. I/We also agree that AIA Australia may update its Privacy Policy from time to time, by posting an updated version on these websites and that a separate notice about the Privacy Policy may not be provided in each instance of collection.
- Where I/we have indicated that I/we hold a private health insurance policy issued by AIA Health Insurance Pty Ltd or would like to apply for such a policy, I/we consent to my/our personal information being provided to AIA Health Insurance Pty Ltd and its contractors and agents to facilitate my/our application and to confirm that I/we am/are (and continue to be) insured under such a policy. I/We understand that my/our information will be handled by AIA Health Insurance Pty Ltd in accordance with the AIA Health Insurance Privacy Policy which can be found at www.aia.com.au/health.
- I/We confirm that AIA Australia and its related entities, subsidiaries, affiliates and partners, may use my/our personal information to provide marketing communications that may be of interest to me/us, including about insurance and financial products and services, wellness products and services and, if I am a member of AIA Vitality, products and services of our AIA Vitality partners. Communications may be provided on an ongoing basis by telephone, electronic messages (eg. email and pop-ups), online (including websites and mobile apps) and other means. If I/we do not wish to receive these marketing communications I/we will follow unsubscribe instructions in the communications themselves where prompted or contact AIA Australia on 1800 333 613.
- If I/we am/are a Policy Owner who is/are a natural person with an ordinary money Priority Protection or Priority Protection for Platform Investors policy, I/we agree to pay fees that the Life Insured is required to pay, in respect of the Life Insured's AIA Vitality membership, on behalf of the Life Insured, unless otherwise agreed with AIA Australia and to the extent permitted by law, and I/we agree that unless a new Direct Debit Request or Credit Card Authority is completed (as attached), the Direct Debit Request or Credit Card Authority that was completed by me/us, in relation to my/our eligible AIA Australia policy be varied as appropriate to include the payment of the AIA Vitality Contribution, in addition to any amounts payable in respect of my/our policy. This declaration is not part of my/our application for Priority Protection or Priority Protection for Platform Investors, despite anything to the contrary in this document.

Continued overleaf 

Declaration and Privacy Notification (continued) (Life Insured and Policy Owner/s must complete this section.)

Where I am the Life Insured and I have indicated that I would like to apply for an for AIA Vitality membership, I declare that:

- I have read the terms and conditions of AIA Vitality that were provided to me, together with this application (also available on the AIA Vitality Member website at www.aiavitality.com.au) and I agree to those terms. I do so in my personal capacity and not in my capacity as a Policy Owner under an eligible life insurance policy or a member of a superannuation fund.
- I consent to receive information about AIA Vitality electronically to the email address indicated in this form. Electronic communications must be regularly checked and it is my responsibility to ensure that I provided to AIA Australia an up to date, unblocked and unfiltered email address and that email from AIA Australia is not filtered. I acknowledge that hard copies of AIA Vitality information may not always be provided, but that they may be sent at AIA Australia's discretion. I may withdraw my consents by following the unsubscribe instructions in the communications themselves.
- I understand and agree that all AIA Vitality information contained in this application and (unless otherwise indicated) any consents, declarations, authorities and other matters relating to AIA Vitality in this application, are not part of the application for Priority Protection or Priority Protection for Platform Investors and are part of my application for AIA Vitality.

A copy of the quotation is attached to this application

Signature of Life Insured

X

Name of Life Insured (as per legal identity)

Date

Not applicable for policies owned via an approved super fund or platform account.

POLICY OWNER/S (Please complete one section below)

1. Individual/s

Signature of Policy Owner 1

X

Date

Signature of Policy Owner 2

X

Date

Name of Policy Owner 1

Name of Policy Owner 2

2. Company/Corporate Trustee/Business Partnership

Executed by (Company/Business Partnership Name)

Company/Business Partnership ABN/ACN

Signature of Director/Business Partner

X

Date

Signature of Director/Secretary/Business Partner

X

Date

Name of Director/Business Partner

Name of Director/Secretary/Business Partner

If you are a sole director please tick here.

When a company is to be the policyholder it is important that the application is signed either by: (1) Two directors; or (2) one director and company secretary; or (3) for a proprietary company that has a sole director who is also the sole company secretary, that director.

3. Non-corporate Trustee (including Self Managed Super funds)

Signature of Trustee 1

X

Date

Signature of Trustee 2

X

Date

Name of Trustee 1

Name of Trustee 2

Signature of Trustee 3

X

Date

Signature of Trustee 4

X

Date

Name of Trustee 3

Name of Trustee 4

When the trustee of a Self Managed Superannuation Fund is to be the policyholder it is important that the application is signed either by: (1) All individual trustees; or (2) for single member fund, 2 individual trustees.

Adviser Use Only

Adviser 1 details (Servicing Adviser)

Name of Adviser

Adviser Code

Platform ID (if applicable)

Company Name of Adviser (if applicable)

ABN/ACN (if applicable)

Telephone number

Fax number

Email

Adviser 2 details

Name of Adviser

Adviser Code

Platform ID (if applicable)

Can the proposed Policy Owner/s read and understand English?

Yes No

Can the proposed life/lives to be insured read and understand English?

Yes No

If 'No', what language was used to explain the policy?

Adviser Declaration

- I confirm that I have given each Policy Owner and/or Life Insured a copy of the current:
 - AIA Australia Privacy Policy;
 - A copy of the AIA Vitality Terms and Conditions (and where given electronically, the Policy Owner and/or Life Insured agree to receive information/disclosure electronically); and
 - where private health insurance products issued by AIA Health Insurance Pty Ltd is being referred, an AIA Health Insurance Member Guide and Product Fact Sheet.
- I agree to be appointed on behalf of the Policy Owner and Life Insured as described in the 'Adviser appointment – Policy Owner and Life Insured' sub-section in the Declaration and Privacy Notification section of the application form. I agree to only exercise the authority granted as part of that appointment in line with the Policy Owner's and Life Insured's instructions (as relevant) and agree to maintain reasonable evidence of those instructions. I further agree to indemnify AIA Australia and persons acting on its behalf against all loss or liabilities and costs incurred as a result of this adviser appointment, except to the extent that AIA Australia remains liable for such losses or liabilities by operation of a law that it cannot exclude.

Adviser 1 Signature

Date

Adviser 2 Signature

Date

Adviser Notes

Mandatory: Please complete a Direct Debit Request or Credit Card Authority form below.



AIA Vitality Payment Direct Debit Request

Policy No.

This authority will be used for collection of your AIA Vitality contributions at the same frequency as the premiums under the associated policy. Please note: AIA Vitality contributions cannot be funded by superannuation or SMSF monies or from a platform account.

Request and Authority to debit the account named below to pay AIA Australia

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

I,	Title	Surname or Company Name	Given Name or ABN
Account holder	<input type="text"/>	<input type="text"/>	<input type="text"/>

request and authorise AIA Australia Limited (Direct Debit User ID 000142) to arrange for any amount payable in relation to 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 Signature

Date (dd/mm/yyyy)



AIA Vitality Payment Credit Card Authority

Policy No.

This authority will be used for collection of your AIA Vitality contributions at the same frequency as the premiums under the associated policy.

Request and Authority to debit

Visa MasterCard AMEX

No.

Expiry Date

This authority enables AIA Australia Limited, to debit your credit card for any amount payable in relation to your 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 AIA Vitality variations which apply to your AIA Vitality membership.

Name as shown on credit card

Cardholder's Signature

Date (dd/mm/yyyy)

IMPORTANT NOTICE:

Please do not send unprotected credit card information by email to AIA Australia as these requests will be rejected to protect your sensitive information. Instead please complete the secure Credit Card Authority DocuSign form which can be found at aia.com.au/en/help-and-support/forms-docs or contact our Customer Care team on 1800 333 613 between 8am – 6pm AEDT weekdays. 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.

This authority will be used for the collection of your AIA Australia insurance premium(s) and the AIA Vitality contribution associated with your policy (where applicable).

For Platform accounts:

The following Direct Debit Request and/or Credit Card Authority are only required to be completed where premiums for non-superannuation benefits are to be paid for from a financial institution other than an applicable platform account. Payment of policy premiums from a financial institution other than the applicant's platform account can only occur if there is a linked policy which has premiums paid from the applicant's platform account.

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

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	Account Holder 2 Signature	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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 Date (dd/mm/yyyy)

IMPORTANT NOTICE:

Please do not send unprotected credit card information by email to AIA Australia as these requests will be rejected to protect your sensitive information. Instead please complete the secure Credit Card Authority DocuSign form which can be found at aia.com.au/en/help-and-support/forms-docs or contact our Customer Care team on 1800 333 613 between 8am-6pm AEDT weekdays.

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.