# **Change of Ownership**

Signature of witness

# (for policies requiring AML/CFT information)



Please complete this form if you wish to transfer the ownership of your policy to another person or company.

r tease complete this form if you wish	to transfer the ownership of y	our policy to another person or company.				
Requirements:						
In order to complete the change of o	wnership, you must provide the	following:				
Policy number(s) of the polito transfer	cy or policies I/we want	Contact details and dates of birth for each new owner				
Names and signatures of cu	rrent and new	A witness (over 16 years of age, not associated with the policy/policies) to sign, confirming current and new policy owners' names				
Certified / verified copies of address for each new owner Requirements Guide for more	owners names					
Current owner(s) and new owner(s)	– what you need to do:	What we'll do:				
Ensure all parties have a clear und being transferred. If you have any the AIA Customer Relationship Te	questions, please contact	<ul> <li>Register the change of ownership as requested.</li> <li>Send confirmation once the changes have been made.</li> </ul>				
Policy number details						
Please provide the policy number(s) and to processed by AIA.	day's date. This Change of Ownership fo	orm is valid for 90 days from the date the form is completed and will not take effect until				
Policy number(s)						
Date form completed	DD MM YYYY					
Would you like this policy grouped with another AIA or related policies* for correspondence purposes?	Yes No Ni	B: Not all policies can be grouped. Contact the Operations Team for details.				
If YES, please list policy numbers						
* Where related policy/policies means eligible New Zealand Branch ("AIA International"), wa		l, where Sovereign Assurance Company Limited ("Sovereign"), or AIA International Limited,				
2 Current owner details	All policy owners must complete and si with the policy or policies.	ign. All signatures must be witnessed by a person aged 16 or above, who is not associated				
	Please note: If a company has more tha	an one director, signatures by 2 or more directors of the company are required.				
Current owner 1						
Full Name or Company/Business Name						
Signature of Individual or on behalf of Company/Business		X				
Name of witness						

2 Current owner details contin	nued
• Surroitte Wildrug as talled soft and	
Current owner 2	
Full Name or Company/Business Name	
Signature of Individual or on behalf of	
Company/Business	v v
	A
Name of witness	
Signature of witness	
	X
New owner(s) details	

All new policy owners must complete 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).

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

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.

New owner 1 (new owner 1 will be the no Please note: If a company has more than or	mailing address for the policy) ne director, signatures by 2 or more directors of the company are required. Airpoints™ number
Title	Mrs Miss Mr Mx
Full name (or company name)	
Date of birth	/ / Signature X
Mailing Address	
Town, city or district	Postcode
Email	Mobile
Home phone	Business phone
Name of witness	
Signature of witness	X

3 New owner(s) details cont	tinued								
New owner 2									
Title	Mrs	Miss	Ms		Mr		Mx		
Full name (or company name)									
Date of birth	DD MM Y	YYY	Signature						Х
Mailing Address									
Town, city or district					Po	stcode			
Email						Mobile			
Home phone					Business	phone			
Name of witness									
Signature of witness					Х				
More than two new owners?	If more tha	n two new own	ers, please tick th	e box and	complete pa	age 3			
	р				Date	e owner:	ship completed	DD MM	/
Name  Additional past/new owners  All policy owners must complete an or policies.  Please note: If a company has more than one	<b>s details</b> d sign. All signatur				ged 16 or a			/	/
Additional past/new owners  All policy owners must complete an or policies.	<b>s details</b> d sign. All signatur				ged 16 or a			/	/
Additional past/new owners  All policy owners must complete an or policies.  Please note: If a company has more than one	<b>s details</b> d sign. All signatur				ged 16 or a			/	/
Additional past/new owners All policy owners must complete an or policies. Please note: If a company has more than one Current owner 3	<b>s details</b> d sign. All signatur				ged 16 or a			/	/
Additional past/new owners  All policy owners must complete an or policies.  Please note: If a company has more than one  Current owner 3  Full Name or Company/Business Name  Signature of Individual or on behalf of	<b>s details</b> d sign. All signatur				ged 16 or a			/	/
Additional past/new owners  All policy owners must complete an or policies.  Please note: If a company has more than one  Current owner 3  Full Name or Company/Business Name  Signature of Individual or on behalf of Company/Business	<b>s details</b> d sign. All signatur				ged 16 or a			/	/
Additional past/new owners  All policy owners must complete an or policies.  Please note: If a company has more than one  Current owner 3  Full Name or Company/Business Name  Signature of Individual or on behalf of Company/Business  Name of witness  Signature of witness	<b>s details</b> d sign. All signatur				ged 16 or a			/	/
Additional past/new owners All policy owners must complete an or policies. Please note: If a company has more than one Current owner 3 Full Name or Company/Business Name Signature of Individual or on behalf of Company/Business Name of witness	<b>s details</b> d sign. All signatur				ged 16 or a			/	/
Additional past/new owners All policy owners must complete an or policies. Please note: If a company has more than one Current owner 3 Full Name or Company/Business Name Signature of Individual or on behalf of Company/Business Name of witness Signature of witness Current owner 4	<b>s details</b> d sign. All signatur				ged 16 or a			/	/
Additional past/new owners  All policy owners must complete an or policies.  Please note: If a company has more than one  Current owner 3  Full Name or Company/Business Name  Signature of Individual or on behalf of Company/Business  Name of witness  Signature of witness  Current owner 4  Full Name or Company/Business Name  Signature of Individual or on behalf of	<b>s details</b> d sign. All signatur				ged 16 or a			/	/

4 Additional past/new owners	details continued
New owner 3	Airpoints™ number
Title	Mrs Miss Ms Mr Mx
Full name (or company name)	
(or company name)	DD MM YYYY
Date of birth	/ / Signature X
Mailing Address	
Town, city or district	Postcode
Email	Mobile
Home phone	Business phone
Name of witness	
Signature of	
witness	Х
New owner 4	Airpoints™ number
Title	Mrs Ms Ms Mx
Full name (or company name)	
Date of birth	/ / Signature χ
Mailing Address	
Town, city or district	Protecto
	Postcode
Email	Mobile
Home phone	Business phone
Name of witness	
Signature of witness	X

Phone (Int.): +64 9 487 9963 Freephone: 0800 500 108 Email: enquireNZ@aia.com Web: aia.co.nz



# PROOF OF IDENTITY & ADDRESS **REQUIREMENTS GUIDE**



## Why do we need proof of your identity and address?

We are required by law to verify your identity and current residential address before processing certain requests. This is a requirement of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

As a values-based company, we believe in putting people first, which includes our wider community. So, while getting your verification documents together may seem like an inconvenience, we can assure you it is essential.

You can confirm your identity and address by sending us certified/verified photocopies of the original documents, outlined below in; A - proof of identity and B - proof of address.

### **Individuals**

For individuals, or any person acting on behalf of another (as with an enduring power of attorney), we require a certified/verified photocopy of your proof of identity and proof of address documentation.

#### A-Proof of identity

Please choose one of the following three options:

#### Option 1

Provide a certified/verified photocopy of one of:

- Appropriate pages of New Zealand or overseas passport, containing your name, date of birth, photograph and signature
- New Zealand firearms licence
- New Zealand certificate of identity
- Overseas government-issued national identity card, containing your name, date of birth, photograph and signature

Provide a certified/verified photocopy of:

· A New Zealand driver's licence (please note, we require copies of **both** sides of the licence)

#### AND

A certified/verified photocopy of one of:

- · ATM (eftpos) card issued by a New Zealand registered bank, provided your name and signature is on the card (please note we currently do not accept credit or debit cards)
- Bank account statement issued in the 12 months immediately preceding the date of application
- · A printout from a New Zealand registered bank containing customer name and address, stamped by the bank
- Statement from a government or local government agency (e.g. IRD or councils) issued in the 12 months immediately preceding the date of application
- SuperGold card (with or without photo)

#### Option 3

Provide a certified/verified photocopy of:

- New Zealand or overseas full birth certificate
- · New Zealand or overseas citizenship certificate

A certified/verified photocopy of one of:

- New Zealand driver's licence (please note, we require copies of both sides of the licence)
- 18+ card
- New Zealand Police identification
- New Zealand Defence Forces card
- SuperGold card (with photo)

Please note we cannot accept expired documents as proof of identity. In some instances where information you have provided raises matters that require us to investigate further, we will ask for more verification documents.

#### **B-Proof of address**

Please provide a certified/verified photocopy of one of the following, issued and dated within the last 12 months, showing your current residential address:

- · Utility bill
- Car registration document
- Bank account statement
- Government or local government agency statement (e.g. IRD, or councils)
- A non-AIA issued insurance policy document
- A printout from a New Zealand registered bank containing customer name and address, stamped by the bank.

Note: If a bank or government agency statement has been provided as part of Option 2 under proof of identity, and shows your residential address, no further documentation will be required to verify your residential address.

#### **Trusts**

A trust must provide a certified/verified photocopy of the trust deed, together with any amendments or supplements relevant to trustees or

All trustees and settlors or other parties that have control of trust assets must provide:

- Their full name, residential address, relationship to the trust (e.g. trustee), and date of birth
- Their **proof of identity** and **proof of address** as per the requirements for individuals outlined earlier in A Proof of identity and B Proof of address.

#### Where the trustee is:

- · An approved trustee listed with the Companies Office (e.g., Public Trust, Perpetual Trust Limited, Trustee Executors Limited or The New Zealand Guardian Trust Company Limited); or
- A professional trustee company, or
- · A lawyer or accountant in their professional capacity; or
- An entity under the direct control of a lawyer or accountant in their professional capacity;

and the trustee does not have any operational authority over the facility, we require a letter on company letterhead confirming:

- The relationship with the trust (or entity associated with the trust if applicable); and
- The name, date of birth and residential address of any individual(s) who may be able to act as a trustee on behalf of the trust.

#### All trust beneficiaries for non-discretionary trusts:

- a. Who have a greater than 10% entitlement are required to provide their full name and date of birth. Please note, this information is not required to be verified.
- b. Who have a greater than 25% entitlement are required to provide their full name, residential address and date of birth and have the information verified in line with A - Proof of identity and B - Proof of address above.

Trust beneficiaries for discretionary trusts: The trust must provide confirmation of the class and type of beneficiaries (for example 'the children of Mr John Smith'). This is usually within the trust deed. If it is not possible to identify the class and type of beneficiaries from the trust deed, confirmation of the same (signed by all trustees) must be provided.

# **Companies**

A company must provide the company name, the registered address, the address of the principal place of business (if different to registered address), the industry type, the company registration number, and the date of foundation/incorporation.

All shareholders who own more than 25% must verify their proof of identity and proof of address as per the requirements for individuals referenced earlier in A - Proof of identity and B - Proof of address.

All directors (to a maximum of three) must verify their proof of identity and proof of address as per the requirements for individuals referenced earlier in this A – Proof of identity and B – Proof of address.

You can find company information online at www.business.govt.nz/companies

## How to certify/verify an identity document

### Who can certify:

- · New Zealand Honorary Consul
- Lawver
- · Chartered accountant
- · Notary public
- · Justice of the Peace
- · Registered medical doctor
- · Registered teacher
- Police officer (with identification number)
- · Registrar or Deputy Registrar of a NZ Court

### Who can verify:

AIA advisers

#### The certifier/verifier cannot be:

- · Someone who is related to you; for example, a parent, a child, brother, sister, aunt, uncle or cousin
- · A spouse or partner
- A person who lives at the same residential address

#### Additionally, the certifier cannot be:

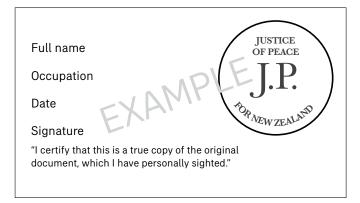
• A person involved in the transaction or business requiring the certification.

#### What information to include:

The certifier/verifier must:

- 1. Sight and take a photocopy of the original documentation
- 2. Write their full name, occupation and date; and sign the photocopy no more than three months prior to us receiving it
- 3. Write one of the following statements on each of the copies:
  - a. For **photographic identification documents** "I certify/verify that this is a true copy of the original document, which I have personally sighted; and the photograph is a true likeness."
  - b. For all other identification documents "I certify/verify that this is a true copy of the original document, which I have personally sighted."

### What a certified document looks like:



Certification/verification must be completed no more than **three** months prior to us receiving it. Please post the physical certified/verified copies, along with your policy number reference, to us at: AIA, Private Bag 92499, Victoria Street West, Auckland 1142.

If you have any questions regarding requirements for identification verification, please contact us at **enquireNZ@aia.com**, or on **0800 500 108.**