



Distributor application form

Australian Financial Services Licensees who wish to distribute Life Risk Insurance and Investment Life Insurance issued by AIA Australia on or after 1 April 2021 are required to complete this Distributor Application Form.

Australian Financial Services Licensees who complete this form also have the option to apply to become a referrer for AIA Health Insurance with AIA Vitality.

By completing this Distributor Application Form and submitting it, the Australian Financial Services Licensee identified in this form (**Licensee**) agrees, subject to acceptance of the Licensee's application, to the [Distributor Terms](#), and, if the Licensee is applying to become a referrer for AIA Health Insurance with AIA Vitality, the [Referral Agreement Terms](#).

Your application will be assessed upon receipt and you will be notified of the outcome as soon as possible. Acceptance of your application is not guaranteed, and you may be asked to provide further information in support of your application.

Upon acceptance of your application:

- the Distributor Terms will constitute a binding legal agreement between the Licensee and AIA Australia Limited (**AIAA**), the issuer of the retail insurance and savings & investment products to which the Distributor Terms relate; and
- if relevant, the Referral Agreement Terms will constitute a binding legal agreement between the Licensee and AIA Financial Services Limited (**AIAFS**), a wholly-owned subsidiary of AIAA that has been appointed to authorise the distribution of private health insurance products issued by AIA Health Insurance Pty Ltd.

	Checklist
<p>Welcome to AIA Australia. Thank you for taking the time to complete your Distributor Application Form. To ensure we set up your details correctly, please read each section carefully. For your convenience, we have provided a checklist of requirements to follow, before returning your completed form.</p>	<input type="checkbox"/> All fields marked with an asterisk (*) are mandatory. <i>Any omissions may delay processing your application.</i>
	<input type="checkbox"/> Read and understand the Distributor Terms, and if relevant, the Referral Agreement Terms, attached to this form.
	<input type="checkbox"/> Complete the New Authorised Representative Form if you have representatives to appoint.
	<input type="checkbox"/> Retain a copy of the completed form for your records
<p>*Select the applicable Product set which you wish to distribute under the Distribution Terms</p>	<input type="checkbox"/> LIFE RISK INSURANCE PRODUCTS including: Priority Protection Priority Protection for Platform Investors AIA Vitality Membership - Health and Wellness Program Tailored Protection (previously CommInsure Protection) and Legacy Products previously issued by The Colonial Mutual Life Assurance Society Limited (closed to new business)
<p>Would you like to also apply to become a referrer for AIA Health Insurance with AIA Vitality in accordance with the Referral Agreement Terms with AIAFS? (optional)</p>	<input type="checkbox"/> Yes

Section 1 – Licensee information

*Licensee entity name

*ABN

*ACN

*AFSL Number

*Main phone

* Main fax

Toll free

*Website (Please enter N/A if you do not have a website)

*Email (For all official correspondence)

***Business address (PO Box is NOT acceptable)**

Unit number Street number Street name

Suburb

State

Postcode

Country

Postal address. Cross (X) in this box if same as the business address above

Unit number Street number PO Box Street name

Suburb

State

Postcode

Country

Section 2 – Licensee principal contact information

*Title

 Mr Mrs Ms Miss Other

*Date of birth

*Given name(s)

*Family name

Position title

*Email

*Phone number

Fax number

Mobile number

Section 3 – Additional Licensee contacts

These contacts are authorised by the Licensee to be additional key contacts for all administrative and general enquiries.

*Title

 Mr Mrs Ms Miss Other

*Date of birth

*Given name(s)

*Family name

Position title

*Email

Section 3 – Additional Licensee contacts (continued)

*Phone number

Fax number

Mobile number

Section 4 – Remuneration and adviser service fees payment method

Remuneration and Adviser Service Fees (if applicable) will be paid directly into the bank account of the Licensee. Please provide bank account details in the fields provided.

*Name of Australian financial institution

*Name of account holder

*Branch number (BSB)

*Account number

Recipient created tax invoice

In accordance with the GST rules, you may be required to issue a 'tax invoice' upon receipt of a payment from AIAA. To eliminate this administrative burden, you agree that AIAA may email a particular invoice (known as a 'Recipient created tax invoice') in lieu of you having to prepare this tax invoice.

Declaration and signature

I/we declare and agree, on behalf of the Licensee identified in this form:

- the details provided are true and correct
- to be bound by the Distributor Terms with AIAA and, if applicable, the Referral Agreement Terms with AIAFS
- to receive electronic communications to the email address provided, including any notices as required
- (where applicable) to the termination of our existing Distribution Agreement with AIAA (for the distribution of retail insurance products, such as Priority Protection), and/or Distributor Terms of Trade with The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035, if and with effect from the date that AIAA accepts this application.

This Distributor Application Form may be executed and delivered electronically, which upon receipt will be deemed as if the original had been received. Each person who signs this application on behalf of the Licensee represents and warrants that they are duly authorised to do so.

To be signed by two Directors or a Director and Company Secretary unless a sole proprietary company.

Signature of Director

Print name

Date signed

Signature of Director/Company Secretary

Print name

Date signed

Email completed, scanned copy to
au.retailadviseradmin@aia.com