Money-back Term Partial Premium Refund Discharge

Name of Life Insured: _____ Policy Number _____

Name of Policy Owner: _____ Date of Birth / /

Residential/Registered Address of Policy Owner: _____

Postcode

I, the Policy Owner, hereby request the partial premium refund for my Money-back Term benefit to be credited to my nominated account as soon as possible in full and final discharge of AIA Australia's liability under the Policy (or such part of the said policy as relates to the payment).

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the AIA Australia Privacy Policy available on the AIA Australia website at www.aia.com.au as updated from time to time or by calling AIA Australia on 1800 333 613, including exchange with third parties located in Australia and overseas.

Name(s) of Policy Owner(s) and ABN if applicable (please print):

Are you an Australian Citizen or permanent resident of Australia (as approved by the Department of Immigration and Citizenship)? ☐ Yes ☐ No

If you hold other citizenship(s), please advise your country of citizenship.

Signature(s) of Policy Owner(s):

✗ ✗

Name(s) of person(s) signing, and position if a company is the Policy Owner (please print):

For fast and efficient processing of your payment, AIA Australia now makes payments by Electronic Funds Transfer (EFT) rather than by cheque. Your payment is deposited directly into your nominated bank account and ensures 'cleared funds' are immediately available to you.

Please complete this form and return to the Policy Services Department, either by mail to the address below or by fax to (03) 9009 4824.
If the bank account nominated does not belong to the Policy Owner, please contact our office for a 'Policyholder 3rd Party Payment Identification Form'. We require you to complete and return this form before we can process your payment.

Insert details of account to be credited

Name account is held in:

BSB number: ☐☐☐ — ☐☐☐

Account number: ☐☐☐☐☐☐☐☐☐

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

Financial Institution name:

Branch/Address:

Postcode

Account Holder Signature: Date: / /

Please be advised that we require the return of the original Policy Document with the Partial Premium Refund Discharge Form. In accordance with Part 10 of the Life Insurance Act 1995 (Cth), if the net claim value of your policy is greater than $25,000.00 and you are unable to locate your original policy document, AIA Australia is required to advertise the fact that your policy has been lost or destroyed. After a compulsory 10 day waiting period, your request will then be processed. If this applies to you, please enclose your cheque or money order for $100.00 made payable to AIA Australia to cover advertising costs associated with this procedure. If the net claim value is less than $25,000 the $100.00 payment is not required. If you are unable to locate your original policy document please contact our office on 1800 333 613 for a Lost Policy Declaration form.

AIA Australia reserves the right to request additional identification documentation from the Policy Owner or holder of the nominated account.

AIA Australia Limited (ABN 79 004 837 861 AFSL 230043), PO Box 6111, St Kilda Road Central, VIC 8008
Customer Phone: 1800 333 613 Adviser Phone: 1800 033 490 Fax: 1800 832 266