



Request for Alteration

Adviser name:

Adviser email:

Policy No.

Life Insured's Date of Birth

Life Insured

Family Name

Given Name

I/We the undersigned hereby request AIA Australia to alter this Policy as indicated below with effect from the effective date, as determined by the Company.

Place "X" in relevant square(s)

Change Frequency of Premium Payment to Monthly[▲] Half-Yearly Yearly

Reduce Benefit Sum Insured Benefit Type..... Reduce to \$

Benefit Type..... Reduce to \$

Benefit Type..... Reduce to \$

Remove Additional Benefits

Remove Benefit Indexation (CPI)

Increase Waiting Period From..... To.....

Reduce Benefit Period From..... To.....

Change Premium Structure From..... To.....

If the new premium structure is on Level, please select one of the following:

Level to age 65 Level to age 70

Note: Any premium changes involving Term Level can only be processed via a cancel-and-replace of your Policy.

Change of Name* From.....

To

Change Postal Address To

.....

Change Telephone Number To

.....

▲ Monthly payment frequency is not available for superannuation policies paid by rollover.

* Attach an original certified copy of the Marriage, Divorce or Change of Name Certificate.

Note: Premiums for the basic sum insured on a whole of life and endowment policy cannot be reduced.

DECLARATION

I/We 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.

I/We agree that this 'Request for Alteration' shall be deemed to be incorporated in the said Policy and form(s) part of the basis of the contract contained therein. If it is necessary to re-issue the Policy, the Company is hereby authorised to do so in the form currently used and subject to the terms and conditions applicable at this date.

Dated this day of 20

If Company, affix
Company stamp here.

Signature of the Policy Owner(s) (If two lives, both signatures are required)

Address of Policy Owner(s)