

Retail Electronic Funds Transfer (EFT) Authority Form

For fast and efficient processing of your payment, AIA Australia makes payment by Electronic Funds Transfer (EFT). Should your claim be admitted by AIA Australia, we will pay your benefit directly into your nominated bank account ensuring 'cleared funds' are immediately available to you. AIA Australia will keep your account details confidential.

To enable AIA Australia to process the EFT we require the following information from you.

Please complete this form and return by mail to the Claims Department, AIA Australia, PO Box 6111,

St Kilda Road Central VIC 8008 or fax to (03) 9009 4127.

| | Policy Owner's Name | |
|--|-----------------------|--|
| | Life Insured's Name | |
| | Policy Number | |
| | | |
| | Bank Name | |
| | Branch Name | |
| | BSB Number | |
| | Account Number | |
| | Account Name | |
| | Signature | X |
| | Dated | |
| | | |
| | | s Bank Account details will not be accepted unless the benefit is being paid to the policy is owned by the business. |
| | | it of the benefit payment and you were not required to complete a Claim Form, |
| | please answer the fol | |
| | | your other country of citizenship(s). |
| | · | |
| | | cond recipient of the benefit who is the joint Policy Owner, please arrange for them og if they hold citizenship(s) other than an Australian citizenship. |
| | Name | |
| | Date of Birth / | / Country of Citizenship(s) |
| | | |
| | Signature | Date / / |
| | | |