

Policy Cancellation Form

Use this form if you wish to cancel your policy.

How to fill in this form:

- Ensure that the policy number(s) and policy type(s) are written clearly in Section 1.
- Fill in the details of the policy owner(s) and person(s) insured under this policy in Section 1.
- Policy owner(s) to sign this form in Section 3.
- This form allows for the cancellation of three policies. If you need to cancel four or more policies, please fill in multiple forms.

Complete, sign and return this form by: Email contactus@aalife.co.nz
 Post Asteron Life, PO Box 894, Wellington 6140

Personal Information Disclosure

This form collects personal information which is necessary to provide the service you are requesting. If you do not provide all the requested information we may not be able to make the changes you would like. Personal information you provide about yourself or other individuals will be used and stored by Asteron Life Limited, Level 13, 55 Featherston Street, Wellington and other members of the Suncorp Group for the purpose of administering your insurance policy and related services. Under the Privacy Act individuals have certain rights of access to, and to request correction of, any personal information we hold about you. More detail about Asteron Life's privacy practices is contained in the Asteron Life Privacy Statement available at www.asteronlife.co.nz/privacy or on request.

Section 1 – Policy Details

Policy 1

Policy number Policy type

Policy Owner(s)

Family name Given name(s)
 Family name Given name(s)

Person Insured

Family name Given name(s)
 Family name Given name(s)

Policy 2

Policy number Policy type

Policy Owner(s)

Family name Given name(s)
 Family name Given name(s)

Person Insured

Family name Given name(s)
 Family name Given name(s)

Policy 3

Policy number Policy type

Policy Owner(s)

Family name Given name(s)
Family name Given name(s)

Person Insured

Family name Given name(s)
Family name Given name(s)

Section 2 – Declarations and Signatures

I understand that by signing this form, I am ending my policy and I release all claims that may have been made or may be made on Asteron Life as the underwriter of AA Life Insurance policies.

Policy 1

Policy owner 1
Signature Date / /

Policy owner 2
Signature Date / /

Policy 2

Policy owner 1
Signature Date / /

Policy owner 2
Signature Date / /

Policy 3

Policy owner 1
Signature Date / /

Policy owner 2
Signature Date / /

Asteron Life Limited

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Contact Centre Hours: Mon – Fri, 8am-6pm

Level 13, Asteron Centre, 55 Featherston Street, Wellington

AA Life Insurance policies are distributed by the New Zealand Automobile Association Incorporated and provided and underwritten by Asteron Life Limited.