

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

For the purpose of the Privacy Act, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy. For further information about how we deal with your personal information, please refer to [Asteron Life's Privacy Policy](#). It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

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, 8.30am-5pm

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