

# Financial Hardship Declaration

To help us assess this request, Policy owner(s) must complete this application based on the policy payer's financial position. If you are not the policy payer, you must ensure you have the policy payer's consent to provide their information.

Policy number(s)

Your full name(s)

Payer of policy

Email address

Has the payer been made unemployed? ..... Yes  No

Has the payer's income (or the payers partner's income) reduced? ..... Yes  No

Payer's current total monthly household income?

Payer's current total monthly household basic regular expenses  
i.e. Accommodation, groceries, transport, utilities, clothing,  
other insurances (excluding AA Life Insurance premium)

AA Life Insurance monthly premium total

## Summary of your situation to support your application (required for all)

e.g. What has happened to your situation and how long is this anticipated to last?

  
  
  
  
  

Premium Holiday period requested (maximum 3 months per application)

Cover Pause period requested (Income Protection Cover only, maximum 12 months)

Period offered may vary depending on the information provided.

# Declaration and Privacy Statement

Under the Privacy Act, you have the right to access and request correction of any personal information we hold about you. For details on how Asteron Life Limited and The New Zealand Automobile Association (Incorporated) collect, (including when and who from Asteron Life may indirectly collect information about you) use, store and share your personal information including with our

related entities and third parties in New Zealand, Australia and other countries - please refer to our Privacy Policy available [NZAA Privacy Policy](#) and [Asteron Life's Privacy Policy](#) or by contacting us directly. Please note that this communication does not designate an information system for the purposes of Part 4 of the Contract and Commercial Law Act 2017 (NZ).

I have read, understood and given consent to the Declaration and Privacy Statement section above and declare that all the information given is true. I confirm I am applying for premium relief based on the financial hardship stated in this application.

Policy owner

Full name	<input type="text"/>	Signature	<input type="text"/>	
Date	<input type="text" value="/ /"/>			

(Joint) Policy owner

Full name	<input type="text"/>	Signature	<input type="text"/>	
Date	<input type="text" value="/ /"/>			

**Asteron Life Limited**

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