

# 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)	<input type="text"/>
Your full name(s)	<input type="text"/>
Payer of policy	<input type="text"/>
Email address	<input type="text"/>

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?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Premium Holiday period requested (maximum 3 months per application)

# Declaration and Privacy Statement

For the purpose of the Privacy Act 2020, 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 with Asteron Life and 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, please refer to the [NZAA Privacy Policy](#) and [Asteron Life's Privacy Policy](#).

Both are available online or you can request them by phoning 0800 737 101 or by writing to AA Life Insurance, PO Box 894, Wellington 6140.

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**

contactus@aalife.co.nz | 0800 874 444 | aalife.co.nz

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