

## YOUR PERSONAL DETAILS

Please complete all sections

First Name			Surname
Email Address			
Service Number			Service Arm Army Navy Air Force Civilian Reserve
Date of Birth		<b>Gender</b> Male	Date joined NZDF
Contact Address			Base Salary + Military Factor
	Street Num	ber, Street / PO Box	
			Mobile number
Suburb, Town / City		Post Code	

Tier 1 Please send me my Tier 1 Insurance Certificate.

Yes No I authorise the use and disclosure of my personal information for the purposes of the MIBP programme. I agree that NZDF, Aon, Perpetual Guardian and the Insurer may share information about me to extent reasonably necessary to meet their respective legal obligations, administer & manage these insurances, or promote to me other products or services that may be of interest. I consent to the receipt of both electronic messages and commercial electronic messages (as defined in the Unsolicited Electronic Messages Act 2007), until such time as I advise Aon to cease sending such messages or until such time as my insurance ends.

## Receive more information on your Tier 2 and 3 insurance options.

If you would like to extend your Tier 1 protection, please indicate below and we will send you more information.

Yes	No	<ul><li>Tier 2 I understand that I can top up or increase my Tier 1 Life and Terminal Illness and Income Protection insurance and add Trauma benefits too.</li><li>Please send me my no obligation benefit options and quotation details for Tier 2.</li></ul>		
Yes	No	<b>Life</b> Partner <b>Tier 3</b> (not available for a Spouse / Partner who is already a member of NZDF) I understand I can choose to protect my Spouse / Partner with Life and Terminal Illness and Trauma insurance. Please send me my no obligation benefit options and quotation details for Tier 3.		
Your	Spous	/ Partners Date of Birth Your Spouse / Partners Gender		

Male Female



To receive your Tier 1 Insurance Certificate and Tier 2 & 3 information, please

4. Complete the online form at the NZDF MIBP Gateway aonwell.com (company code: MIBP)

complete this form and return to Aon.

You can choose to:

1. Submit it at the NZDF MIBP seminars

2. Scan and email this form to nz.nzdf.enquiries@aon.com

3. Return this form to Aon using the postpaid response address.

Free 🔁

The Aon Freepost number is 108787

**Return address:** Aon New Zealand NZDF MIBP PO Box 2845 Wellington 6140



## Registration Form



