# Membership Renewal 1 January - 31 December 2025



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Please complete form in BLOCK LETTERS. Payment must accompany form.

### **Personal Details**

Your Master ID (if you do not know your Master ID please find it at www.anziif.com)				
Given Name	Middle Name			
Family Name				
Date of Birth				
D D / M M / Y Y Y Y				
Mobile	Business Phone			
( )	( )			
Email				
Business Name and City/ Suburb				

## **CIP Membership Levels**

Please tick the level you are renewing as

CIP Level	Post Nominal	Membership Fees			
		Australia	New Zealand	International	International Emerging Markets*
Fellow	ANZIIF (Fellow) CIP	A\$520	NZ\$494	A\$399	A\$294
Senior Assoc	ANZIIF (Snr Assoc) CIP	A\$520	NZ\$494	A\$399	A\$294
Associate	ANZIIF (Assoc) CIP	A\$520	NZ\$494	A\$399	A\$294
Affiliate	ANZIIF (Aff) CIP	A\$520	NZ\$494	A\$399	A\$294

# **Non-CIP Membership Levels**

Please tick the level you are renewing as

CIP Level	Post Nominal	Membership Fees			
		Australia	New Zealand	International	InternationI Emerging Markets <sup>+</sup>
Allied	ANZIIF (Allied)	A\$250	NZ\$256	A\$222	A\$222

\* A discounted membership fee is available for individuals residing in countries which have been categorised as "low income" or "lower middle income" countries by the World Bank Country Income Classification List (as of 1 January 2024). If you do not know your country's categorisation, please contact <u>customerservice@anziif.com</u>

ANZIIF offers a discount to those who have retired from working or who are on maternity leave. Please contact <u>customerservice@anziif.com</u> for further details.

\*\*\* All Membership fees are non-refundable

Payment Details (Payment is required before your enrolment can be processed)

The total amount to be paid is

I will pay by credit card.

We accept Visa, Mastercard and AMEX. (AMEX currently not accepted from students in New Zealand)

Please do not provide your credit card details on this form. When we process your enrolment, we will call you from 03 9613 7200 to take your payment.

If we cannot reach you, we will email you from <u>customerservice@anziif.com</u>. This is to ensure your credit card details are protected

I will pay by bank transfer.

Bank transfers often incur bank fees. Please ensure these fees are accounted for in your transfer.

The date of transfer is / / 20 Y Y

For Australian and International Students/ Members: Bank Name: NAB BSB: 083-004 Account Number: 515117195 Swift Code: NATAAU3303M For New Zealand Students/Members: Bank Name: NAB BSB: 020-500 Account Number: 0550383025 Swift Code: BKNZNZ22

#### **Privacy Statement**

The Australian and New Zealand Institute of Insurance and Finance (ANZIIF) collects and stores your personal information for the purposes of providing membership services, providing education and training programs, improving and promoting products and services, meeting education regulatory reporting and compliance requirements, and promoting your membership status in various ways. For full details of our Privacy Policy refer to our website www.anziif.com/ privacy. ANZIIF produces lists of members and CIPs to promote membership/ CIP status for circulation within the insurance industry and in ANZIIF publications (including in the Journal and on the ANZIIF website). Please indicate if you do not wish to have your name included on such lists by emailing customerservice@ anziif.com

Many employers support their staff membership. ANZIIF on occasions is asked to supply membership details to employers. Please indicate if you do not wish to have your results released to your employer by emailing customerservice@ anziif.com, quoting your Master ID and advising that you do not agree to ANZIIF releasing your results to your membership details to your employer this year.

All ANZIIF members are bound by ANZIIF's Constitution and Regulations and Code of Ethics and Standards of Professional Conduct. These can be accessed at www.anziif.com. Payment of the annual membership fees implies agreement to abiding by these ANZIIF membership requirements.

### Declaration

I declare that to the best of my knowledge the information supplied in this form is correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my membership may result in withdrawal of my membership, at the discretion of ANZIIF. I agree to abide by ANZIIF's Constitution and Regulations and Code of Ethics and Standards of Professional Conduct.

Signature	Date

Please return this completed membership form with correct fee to the Australian and New Zealand Institute of Insurance and Finance.

Mail to: Level 18, 1 Nicholson Street East Melbourne VIC 3002 Australia Email: customerservice@anziif.com

This acts as a tax invoice upon payment of the fee. ABN 56 004 320 076