

_____|_____|_____|_____|_____|_____|

Memorandum of Transfer

Please complete this form if you want to transfer the ownership of your policy to another person or company. **Note that transfer of ownership does not take effect until accepted by Partners Life.**

Date completed

1.0 Transferor details – current policy owner

All current policy owners are required to complete this section and sign.

All signatures must be witnessed by a person aged 16 or above, not associated with the policy.

Transferor 1

Mr First name
Mrs Middle name(s)
Miss Surname
Other
OR
Company name

Signature of current owner 1

Full name of witness

Signature of witness

Date

Transferor 2 (if applicable)

Mr First name
Mrs Middle name(s)
Miss Surname
Other
OR
Company name

Signature of current owner 2

Full name of witness

Signature of witness

Date

Transferor 3 (if applicable)

Mr First name
Mrs Middle name(s)
Miss Surname
Other
OR
Company name

Signature of current owner 3

Full name of witness

Signature of witness

Date

Transferor 4 (if applicable)

Mr First name
Mrs Middle name(s)
Miss Surname
Other
OR
Company name

Signature of current owner 4

Full name of witness

Signature of witness

Date

2.0 Transferee details – new policy owner

The new policy owners can be a person aged 16 or above, a company or a bank. It may not be an unincorporated trust (most Family Trusts are not incorporated), however, ownership can be transferred to individual trustees. If the new owner is a bank, this form must be stamped and signed by an authorised employee at the bank. All new owners must complete and sign this form. All signatures must be witnessed by a person aged 16 or above not associated with the policy.

Transferee 1

Mr First name
Mrs Middle name(s)
Miss Surname
Other Male Female Date of Birth
OR
Company name

Signature of transferee 1

Full name of witness

Signature of witness

Date

Transferee 2 (if applicable)

Mr First name
Mrs Middle name(s)
Miss Surname
Other Male Female Date of Birth
OR
Company name

Signature of transferee 2

Full name of witness

Signature of witness

Date

Transferee 3 (if applicable)

Mr First name
Mrs Middle name(s)
Miss Surname
Other Male Female Date of Birth
OR
Company name

Signature of transferee 3

Full name of witness

Signature of witness

Date

Transferee 4 (if applicable)

Mr First name
Mrs Middle name(s)
Miss Surname
Other Male Female Date of Birth
OR
Company name

Signature of transferee 4

Full name of witness

Signature of witness

Date

Transferee 1

PO Box Private Bag Street number
Number
Street name
Rural delivery no. Suburb
Town/City Postcode
Email address

Contact number
Alternate contact number

Transferee 2 (if applicable)

PO Box Private Bag Street number
Number
Street name
Rural delivery no. Suburb
Town/City Postcode
Email address

Contact number
Alternate contact number

Transferee 3 (if applicable)

PO Box	Private Bag	Street number
Number		
Street name		
Rural delivery no.	Suburb	
Town/City	Postcode	
Email address		
<hr/>		
Contact number		
Alternate contact number		

Transferee 4 (if applicable)

PO Box	Private Bag	Street number
Number		
Street name		
Rural delivery no.	Suburb	
Town/City	Postcode	
Email address		
<hr/>		
Contact number		
Alternate contact number		

Note to current policy owners and new policy owners:

- Ensure all parties have a clear understanding of what is being transferred. Queries may be directed to the servicing adviser or Partners Life Policy Servicing Team.
- Complete all relevant fields. If any field is not applicable, simply indicate 'NA'.
- Complete and return this form to Partners Life to register the transfer.
- Partners Life will register the transfer and ensure a confirmation letter is sent outlining the change in ownership of this policy

Office use only

.....

Registered stamp	Adviser code Date
------------------	----------------------