# Apply



## partners life

Date completed

### 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.

#### 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		Transferor 2 (if applicable)		
Mr Firs nan		Mr	First name	
	ddie me(s)	Mrs	Middle name(s)	
Miss Sur	rname	Miss	Surname	
Other		Other		
OR Company name		OR Company name		
Signature	of current owner 1	Signat	ure of current owner 2	
Full name (	of witness	Full na	me of witness	
Signature	of witness	Signat	ure of witness	
	Date			Date

#### Transferor 3 (if applicable)

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

lignature of current owner 3	
-ull 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				
Signa	ature 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.

Transf	eree 1	Transferee 2 (if applicable)
Mr	First name	Mr First name
Mrs	Middle	Mrs Middle
	name(s)	name(s)
Miss	Surname	Miss Surname
Other	Male Female Date of Birth	Other Male Female Date of Birth
OR Company name		OR Company name
Signa	ture of transferee 1	Signature of transferee 2
Full n	ame of witness	Full name of witness
Signa	ture of witness	Signature of witness
	Date	Date
	Date	Date
Tropol		Transferres 4 (if applicable)
	eree 3 (if applicable)	Transferee 4 (if applicable)
Mr	First name	Mr First name
Mrs	Middle name(s)	Mrs Middle name(s)
Miss	Surname	Miss Surname
Other	Male Female Date of Birth	Other Male Female Date of Birth
OR		OR
Company name		Company name
Signa	ture of transferee 3	Signature of transferee 4
Full n	ame of witness	Full name of witness
Signa	ture of witness	Signature of witness
	Date	Date
Transf	eree 1	Transferee 2 (if applicable)
PO Box	Private Bag Street number	PO Box Private Bag Street number
Number		Number
Street nar	ne	Street name
Rural	Suburb	Rural Suburb
delivery n	0.	aeiivery no.
Town/City	Postcode	Town/City Postcode
Email add	ress	Email address
Contact		Contact

Alternate contact number

number Alternate contact number

Transferee 3 (if applicable)			Transfere	Transferee 4 (if applicable)			
PO Box	Private Bag	Street number		PO Box	Private Bag	Street number	
Number				Number			
Street name				Street name			
Rural delivery no.		Suburb		Rural delivery no.		Suburb	
Town/City			Postcode	Town/City			Postcode
Email address				Email address			
Contact number				Contact number			
Alternate 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

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Registered stamp	Adviser
	code
	Date

Scan and email to service@partnerslife.co.nz or post to: Partners Life Limited. Private Bag 300995, Albany, Auckland 0752, New Zealand 0800 14 54 33 | partnerslife.co.nz