

--	--	--	--	--	--	--	--

## 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

D	D	M	M	Y	Y		

### 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 

D	D	M	M	Y	Y												

#### Transferor 2 (if applicable)

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 

D	D	M	M	Y	Y												

#### Transferor 3 (if applicable)

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 

D	D	M	M	Y	Y												

#### Transferor 4 (if applicable)

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 

D	D	M	M	Y	Y												

## 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

## 3.0 Contact details

### Transferee 1

PO Box  Private Bag  Street Number

Number

Street Name

Rural Delivery No.  Suburb

Town/City  Postcode

Email Address

Business Phone

Home Phone

Mobile Phone

### Transferee 2 (if applicable)

PO Box  Private Bag  Street Number

Number

Street Name

Rural Delivery No.  Suburb

Town/City  Postcode

Email Address

Business Phone

Home Phone

Mobile Phone

**Transferee 3 (if applicable)**

PO Box  Private Bag  Street Number

Number

Street Name

Rural Delivery No.  Suburb

Town/City  Postcode

Email Address

Business Phone

Home Phone

Mobile Phone

**Transferee 4 (if applicable)**

PO Box  Private Bag  Street Number

Number

Street Name

Rural Delivery No.  Suburb

Town/City  Postcode

Email Address

Business Phone

Home Phone

Mobile Phone

**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

D D M M Y Y