

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 processed by Partners Life.

Policy number	Date completed	/ /
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Transferor details – current policy owner

All 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

Full name or company name
Signature of current owner 1
Full name of witness
Signature of witness

Transferor 2 (if applicable)

Full name or company name
Signature of current owner 2
Full name of witness
Signature of witness

Transferor 3 (if applicable)

Full name or company name
Signature of current owner 3
Full name of witness
Signature of witness

Transferor 4 (if applicable)

Full name or company name
Signature of current owner 4
Full name of witness
Signature of witness

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 without referencing the trust or that individuals are 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

Title	Date of birth	/	/
Full name or company name			
Postal address			
Suburb			
Town/city	Postcode		
Email address			
Home phone ()			
Business phone ()			
Mobile ()			
Signature of new owner 1			
Full name of witness			
Signature of witness			

Transferee 2 (if applicable)

Title	Date of birth	/	/
Full name or company name			
Postal address			
Suburb			
Town/city	Postcode		
Email address			
Home phone ()			
Business phone ()			
Mobile ()			
Signature of new owner 2			
Full name of witness			
Signature of witness			

Transferee 3 (if applicable)

Title	Date of birth / /
Full name or company name	
Postal address	
Suburb	
Town/city	Postcode
Email address	
Home phone ()	
Business phone ()	
Mobile ()	
Signature of new owner 3	
Full name of witness	
Signature of witness	

Transferee 4 (if applicable)

Title	Date of birth / /
Full name or company name	
Postal address	
Suburb	
Town/city	Postcode
Email address	
Home phone ()	
Business phone ()	
Mobile ()	
Signature of new owner 4	
Full name of witness	
Signature of witness	

Note to current owners and new owners:

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

Office use only

Registered stamp	Date / /
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Scan and email to service@partnerslife.co.nz
or post to

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Auckland 0752
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