

Memorandum of Transfer



Use this form to change ownership of policy benefits. A separate form must be completed for each Life Assured. Please read the notes below, before completing the Memorandum of Transfer.

Notes:

1. Health Cover cannot be transferred to another Policy Owner.
2. Income Protection Cover cannot be transferred to another Life Assured.
3. Ownership cannot be transferred to minors (persons aged under 18 years).
4. An Identification Verification Statement must be completed for any new owners added to the policy. See overleaf.
5. **Note for Trustees:** The Life Insurance Act 1908 requires that no notice of any trust be given on a policy. Therefore you must not sign the transfer as 'trustee'. You must use your full name.
6. **Note for Companies:** Where there is more than one director in the company, a minimum of two directors must sign this form.

	Owner 1	Owner 2	Owner 3
Date of Transfer			
Type of benefit being transferred			
Cover transferred from: (Transferor)			
Full Name			
Signature			
Witness To be witnessed by someone other than a member of the Life Assured's or Policy Owner's family.			
Full Name			
Address			
Occupation			
Signature			
Cover transferred to: (Transferee)			
Full Name			
Address			
Occupation			
Date of Birth			
Signature			
Witness To be witnessed by someone other than a member of the Life Assured's or Policy Owner's family.			
Full Name			
Address			
Occupation			
Signature			
Office Use Only			
Date of Registration			
Signature of authorised officer			

Identification Verification Statement

An Identification Verification Statement must be completed on behalf of each Policy Owner applying for an AIA New Zealand product, in order to comply with the Financial Transactions Reporting Act 1996.

1. If a Policy Owner pays the initial premium via a cheque (not a bank cheque or third party cheque) or a direct debit from an account in the Policy Owner's name, a statement for that Policy Owner need not be completed.
2. This statement must be completed by your AIA New Zealand Insurance Adviser, a solicitor, Justice of the Peace or any other person who is authorised to take statutory declarations.
3. This statement must be completed on behalf of each Policy Owner applying for insurance cover.
Multiple statements are required for multiple owners.
4. Acceptable forms of identification are a current and valid passport or New Zealand firearms licence or New Zealand driver licence OR any TWO of a, New Zealand birth certificate, New Zealand student ID, WINZ card, New Zealand bank issued credit card or New Zealand bank issued ATM card. The original or a certified copy must be sighted by the person completing the declaration below.
5. Where the Policy Owner is a company, partnership, incorporated society or club, the authorised individual who signs on behalf of the company, partnership, incorporated society or club must be identified below.

Identification Details

Policy Owner (1)

Full Name of Policy Owner	<input type="text"/>
Identification Type (include bank name etc.)	<input type="text"/>
Identification Number	<input type="text"/>
Expiry Date (if applicable)	<input type="text" value="/"/> <input type="text" value="/"/>

Policy Owner (2)

Full Name of Policy Owner	<input type="text"/>
Identification Type (include bank name etc.)	<input type="text"/>
Identification Number	<input type="text"/>
Expiry Date (if applicable)	<input type="text" value="/"/> <input type="text" value="/"/>

Declaration

I confirm that I have sighted proof of identification in respect of the above named Policy Owner(s) and believe this to verify the identity of the Policy Owner(s).

IFA Number (if applicable)	<input type="text"/>
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Name of Insurance Adviser/Solicitor/Justice of the Peace/other person authorised to take statutory declarations (delete as appropriate)

Signature of Insurance Adviser/Solicitor/Justice of the Peace/other person authorised to take statutory declarations (delete as appropriate)

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