



# Transfer of payment rights.

This form is used by the Policy owner(s) to transfer the rights to the benefit payment to the transferee(s) for an existing policy for the covers set out below.

A separate form must be completed for each Insured person where a transfer of payment rights is requested.

All Policy owners must complete and sign this form.

The Policy owner(s), the insured person and transferee(s) should each take a copy of this signed document to complete their records.

This transfer of payment rights can be withdrawn by the Policy owner(s) at any time by completing and signing a withdrawal of transfer of payment rights form and sending it to Fidelity Life Assurance Company Limited (Fidelity Life) at the address shown below.

**This transfer of payment rights is a: [please select one of the following]**

- new transfer of payment rights and there is no existing transfer of rights/transfer of payment rights on the policy number below
- change to an existing transfer of payment rights on the policy number below (all previous transfer of rights/transfer of payment rights are automatically withdrawn from the start date below).

Policy number	Name of insured person	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	Phone number	
<input type="text"/>	<input type="text"/>	

## Transferee(s).

If the transferee is a company, please provide the full company name and contact details.

If the transferee is a trust, please list the names and contact details of all the trustees individually. Fidelity Life is not liable in any way to be affected by notice of any trust

Transferee name	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

Cover type (e.g. Income protection cover)	Percentage of cover
<input type="text"/>	<input type="text"/> %

Address

Email address	Phone number
<input type="text"/>	<input type="text"/>

Transferee name	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Cover type (e.g. Income protection cover)	Percentage of cover
<input type="text"/>	<input type="text"/> %
Address <input type="text"/>	
Email address	Phone number
<input type="text"/>	<input type="text"/>

If 3 or more transferees tick the box and complete page 3.



# Transfer of payment rights.

Policy number

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I/we understand that this transfer of payment rights will start when it is received by Fidelity Life.

I/we transfer my/our rights to the benefit payment for the covers set out on this form by directing Fidelity Life Assurance Company Limited to pay the transferee the percentage of cover set out on this form of the sum insured in place at the time a claim is accepted by Fidelity Life and payable for the cover type shown on this form.

I/we understand that the maximum percentage of the sum insured that can be transferred is 100%. If I/we allocated more than this amount the cover sum insured will be paid proportionally to the relative percentages allocated.

I/we understand that all the other Policy owner(s) contractual rights and obligations, including the payment of premiums, continue to apply to the policy shown above.

I/we understand and agree that:

- on the death of a transferee shown on this form, the transfer of payment rights relating to that transferee is automatically withdrawn from the date of the transferee's death.
- unless a new transfer of rights is completed the percentage of the sum insured allocated to a deceased transferee will be paid to the Policy owner(s).
- where a claim is accepted by Fidelity Life for the cover type shown on this form, the transfer of payment rights which will be used for the payment of the cover amount to the transferee will be the transfer of payment rights with the latest date signed by the Policy owner(s) and received by Fidelity Life, prior to the date of the event happening.
- if there is/are any existing transfer of payment rights/transfer of rights on the policy shown above that all previous transfer of payment rights/transfer of rights are automatically withdrawn and replaced by this one.

I/we are authorised to provide the personal information of the transferee(s) listed on this form.

In this form I/we refers to the policy owner(s).

Policy owner (please print)

Policy owner signature

Date (DD/MM/YYYY)

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[Please state your position if signing on behalf of a company]

Policy owner (please print)

Policy owner signature

Date (DD/MM/YYYY)

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[Please state your position if signing on behalf of a company]

Policy owner (please print)

Policy owner signature

Date (DD/MM/YYYY)

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[Please state your position if signing on behalf of a company]

## Privacy.

This form collects personal information that will be used to transfer the rights to the benefit payments to the transferee(s). The way we collect, use, disclose and store your personal information is set out in our privacy statement, available at [fidelitylife.co.nz](http://fidelitylife.co.nz).

### Please return your completed form to:

@ adminservices@fidelitylife.co.nz ☒ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any questions please call us on 0800 88 22 88.



# Transfer of payment rights.

**Transferee(s) continued.**

Transferee name	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Cover type (e.g. Income protection cover)	Percentage of cover
<input type="text"/>	<input type="text"/> %
Address	
<input type="text"/>	
Email address	Phone number
<input type="text"/>	<input type="text"/>

Transferee name	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Cover type (e.g. Income protection cover)	Percentage of cover
<input type="text"/>	<input type="text"/> %
Address	
<input type="text"/>	
Email address	Phone number
<input type="text"/>	<input type="text"/>

Transferee name	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Cover type (e.g. Income protection cover)	Percentage of cover
<input type="text"/>	<input type="text"/> %
Address	
<input type="text"/>	
Email address	Phone number
<input type="text"/>	<input type="text"/>