

Memorandum of Transfer

Please complete this form if you want to transfer the ownership of your life insurance policy to another person(s) or Company.

Policy number

Date

Day	Month	Year			

Transfer of ownership will only be effective once we have processed this request.

Transferor Details - Current policy owner(s) details

- › All current policy owners are required to complete this section. If the owner is a company, at least two directors (if there is more than one) need to complete this section.
- › All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy.

Current policy owner 1

Full Name (or Company Name)

Signature

Witness Name

Signature

Current policy owner 2

Full Name (or Company Name)

Signature

Witness Name

Signature

Current policy owner 3

Full Name (or Company Name)

Signature

Witness Name

Signature

Transferee Details - New policy owner(s) details

- › All new policy owners are required to complete this section.
- › The new policy owner(s) can be a person aged 16 or above or a company.
- › If the new owner is a company, at least two of the company directors (if there is more than one) need to complete this section.
- › All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy.

New policy owner 1

Title Mr Mrs Miss Company Other

Name
Surname First Names

Gender Male Female Date of birth
Day Month Year

Company Name

No. & Street Suburb/Town

Postcode Phone Number

Email

Signature X Date
Day Month Year

Witness: Name

Witness Signature X

New policy owner 2

Title Mr Mrs Miss Company Other

Name
Surname First Names

Gender Male Female Date of birth
Day Month Year

Company Name

No. & Street Suburb/Town

Postcode Phone Number

Email

Signature X Date
Day Month Year

Witness: Name

Witness Signature X

New policy owner 3

Title Mr Mrs Miss Company Other

Name
Surname First Names

Gender Male Female Date of birth
Day Month Year

Company Name

No. & Street Suburb/Town

Postcode Phone Number

Email

Signature X Date
Day Month Year

Witness: Name

Witness Signature X

Information for policy owner(s)

- › Please ensure all parties understand what is being transferred. If you have any questions please talk with your Financial Adviser or contact us on 0508 464 999.
- › All fields need to be completed, simply indicate 'NA' if a field is not applicable.
- › Please send the completed form to us (details below) so we can register the transfer.
- › We will confirm with you when the transfer is complete.

Please scan and email this form to Getintouch.NZ@chubb.com or post it to
Chubb Life Insurance New Zealand Limited, Private Bag 92131, Victoria Street West, Auckland 1142.

Office use only section

Registered stamp

Date

Day	Month	Year			

Date of registration
of new policy ownership

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Signature of principal
officer of company or
duly authorised person:

X
