

# 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](mailto: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
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