

Transfer of Ownership -Memorandum of Transfer

Policy number	Product name

Complete the Memorandum of Transfer (transfer form) if you want to transfer ownership of a policy. The form must be signed by both the current policy owners (transferors) and the proposed new policy owners (transferees). All signatures must be witnessed by persons who are not current or proposed new policy owners.

Do not use this form if you want to transfer ownership from an individual to the trustee of a self-managed super fund (SMSF) or from an individual to Equity Trustees Superannuation Limited as Trustee for the Smart Future Trust. Please contact us or your financial adviser to discuss your options.

We respect your privacy and handle your information in accordance with our privacy policy, available at acenda.com.au/privacy-policy

Important - Please read

On transfer of ownership, we will continue to collect premiums from the nominated account. Any current beneficiaries will also remain on the policy. If current payment arrangements or beneficiaries will be affected by this transfer of ownership, please submit a Payment Authority Request and/or Beneficiary Nomination form available at **acenda.com.au/using-your-insurance/documents-and-forms/forms** and send it to us together with this form.

- 1. All current policy owners must sign this section of the form and make the Directions and Declarations set out below.
- 2. The person/s signing as Transferor must be the current Policy Owner/s and the person/s signing as Transferee will be the new Policy Owner/s.
- 3. If the Policy Owner is a Company, the transfer form must be signed by:
 - a. Two directors of the Company, or
 One director of the Company and the company secretary.
 Signatories must state their position in the company or
 - b. In the case of a Sole Director Proprietary Company only, the sole director.

 The director must indicate that he/she is the sole director and sole company secretary.
- 4. If the Policy Owner is a Self-Managed Super Fund.
 - a. Where the trustees are individuals, all trustees are to sign; or
 - b. Where the trustee is a company, the requirements in 3a & 3b above apply.

The Life Insurance Act provides that an assignment (transfer of ownership) is not valid until registered by us. Any transfer may be liable for Stamp Duty.



Insurance is issued by Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694 (the Insurer). The Insurer is part of the Nippon Life Group. Any reference to 'Acenda', 'we', 'us' and 'our' means the Insurer.

Section 1: Details of the Current Policy Owner/s (Transferor/s) and **Claims Declaration**

Please provide details in this section of all current Policy Owners (Transferors) from whom this policy is to be transferred. All Current Policy Owners (known as Transferors) are to be noted.

If any Current Policy Owners are to retain their ownership, they must also be listed in the New Policy Owner section.

All current policy owners must complete the below declaration and return it with the completed transfer form. Please speak with your financial, tax and/or legal adviser to determine if a transfer of ownership is appropriate for your circumstances, particularly if you have a current claim or entitlement to make a claim. Once ownership of the policy is transferred, all benefits payable under the policy will be payable to the new policy owner. This includes:

- benefits payable under an existing claim for events which occurred before the date of transfer, where the claim is in progress at the date of transfer;
- benefits payable under an existing entitlement to claim for events which occurred before the date of transfer, but for which a claim is not in progress at the date of transfer; and
- benefits payable for any future claim for events which have not yet occurred at the date of transfer.

The current policy owner(s) make the following Declarations and Directions

I/We are the current policy owner(s) and I/we direct Nippon Life Insurance Australia and New Zealand Limited (the Insurer) to proceed with the transfer of ownership.

I/We understand that on and from the date the Memorandum of Transfer is registered with the Insurer, all benefits payable under the policy after the date of registration on any current claim or entitlement to claim (for claimable events, conditions or illnesses which occurred before the transfer was registered), and all benefits payable on any future claim (for claimable events, conditions or illnesses that occurred after the transfer was registered), will be payable to the new owners of the policy.

I/We understand I/we must seek our own independent advice in relation to the appropriateness and financial impact of the transfer.

Please tick here if there is a	current claim on the	e policy	/											
Name of Company (if applicable)					ABN									
Name of fund (if applicable)						BN								
Date of transfer (DD/MM/YYYY)					J L	<u> </u>				<u> </u>	<u> </u>			<u> </u>
	Current Policy O	wner 1					rent Po		wner	2				
Title														
Full name														
Role of Signatory (Tick appropriate role)	Individual Company Sec	Truste retary		Directo e Direc			ndividu Compa		Trust			Direct	or	
Signature of current policy owner (Transferor)	X			-		X								
Signature date (DD/MM/YYYY)														
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)														
Signature of Witness	X													
Signature date (DD/MM/YYYY)														

Section 1: Details of the Current Policy Owner/s (Transferor/s) and Claims Declaration continued

	Current Policy Owr (if applicable)	ner 3				ent Policy plicable)	Owner	4				
Title												
Full Name												
Role of Signatory (Tick appropriate role)	Individual Tr	rustee _	Directo	or		dividual [ompany Se	Trus			Direc	ctor	
Signature of current policy owner (Transferor)	X				X							
Signature date (DD/MM/YYYY)												
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)		-: - : - : -										-
Signature of Witness	X				X							
Signature date (DD/MM/YYYY)												
Please provide details of all prop f the policy is being transferred t	oosed New Policy Ow o more than one perso	ners (Tran on, please	sferees) provide	to who details t	m this p	policy is to person. If	owners	ship c	of the			
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Section 2: Details of the New Policy Owner/s (Transferee/s) continued

	New Policy Owner 1					New Policy Ow (if applicable)	ner 2				
Title											
Full name											
Role of Signatory (Tick appropriate role)	Individual Company S	Trust		Director le Direc		Individual Trustee Director					
	Company o	Corotary		ie Direc		Company Se	- Ciciai y				_
Occupation of Transferee											_
Address											_
		F	ostcode				Ро	stcode			
Postal address (if different to above)											
(ii dilielelli to above)		F	ostcode				Ро	stcode			
Phone number(s)	Home					Home					
	Business					Business					
	Mobile					Mobile					
Email											
Date of birth (DD/MM/YYYY)											
Signature of New Owner (transferee)	X					X					
Signature date (DD/MM/YYYY)											
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)											
Signature of Witness	X					X					
Signature date (DD/MM/YYYY)											

Section 2: Details of the New Policy Owner/s (Transferee/s) continued

	New Policy (if applicab	r 3				New Policy Ow (if applicable)	ner 4					
Title												
Full name												
Role of Signatory (Tick appropriate role)	Individua Compan	 Trustee etary	e [Directo	or	Individual Company Se	Trus			Direc	tor	
Occupation of Transferee												
Address												
		Pos	stcode				Р	ostc	ode			
Postal address												
(if different to above)		Pos	stcode				Р	ostc	ode			
Phone number(s)	Home					Home						
	Business					Business						
	Mobile					Mobile						
Email												
Date of birth (DD/MM/YYYY)												
Signature of New Owner (transferee)	X					X						
Signature date (DD/MM/YYYY)												
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)												
Signature of Witness	X					X						
Signature date (DD/MM/YYYY)												

Section 3: Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations PO BOX 23455 Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions, please contact your financial adviser or call us on 13 65 25, 8.30am to 6pm AEST, Monday to Friday.

OUR USE ONLY	
Date of Registration of Transfer by Company (DD/MM/YYYY)	
Signature of Principal Executive Officer of Company or authorised person	X
This is the annexure to Policy Number	Name
on the life of	Signature of Witness
	Date (DD/MM/YY)
issued by Nippon Life Insurance Australia and New Zealand Limited being a Memorandum of Transfer of the said Policy.	