Memorandum of Transfer

Application or policy number

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.

You may need to provide proof of identification

If the insurance policy has an investment or surrender value transferees (new owners) will need to complete a relevant Identification Form available at acenda.com.au/proof-of-identity.

The ID form needs to be attached to this form and returned to us together with certified copies of your required identification documents. The transfer won't be able to proceed until we receive this information.

1. Please note: The person signing as transferor must be the current owner of the policy and the person signing as transferee should be the new owner of the policy.
2. Please ensure you include the address to which future correspondence is to be sent.
3. Any transfer maybe liable for Stamp Duty.
4. The Witness signing the Memorandum of Transfer does not have to be a Justice of the Peace.

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 policy

Name of Company (if applicable) ABN

Name of fund (if applicable) ABN

Date of transfer (DD/MM/YYYY)

Section 2: Memorandum of transfer

Date of Transfer (DD/MM/YYYY)		**Full name and signature of Witness**	
Full name of Current Owner 1 (Transferor 1)			**Date (DD/MM/YY)**
Signature of Current Owner 1	✗	✗	
Full name of Current Owner 2 (Transferor 2)			**Date (DD/MM/YY)**
Signature of Current Owner 2	✗	✗	
Full name of Current Owner 3 (Transferor 3)			**Date (DD/MM/YY)**
Signature of Current Owner 3	✗	✗	
Full name of Current Owner 4 (Transferor 4)			**Date (DD/MM/YY)**
Signature of Current Owner 4	✗	✗	
Full name of Current Owner 5 (Transferor 5)			**Date (DD/MM/YY)**
Signature of Current Owner 5	✗	✗	
Full name of Current Owner 6 (Transferor 6)			**Date (DD/MM/YY)**
Signature of Current Owner 6	✗	✗	

Section 3: New owner(s) details (transferee(s))

If the policy is being transferred to more than one person, please provide details for each person. If ownership of the policy is to continue under any of the current owners, then those persons must also be specified as new owners on this form. Please note when transferring a policy to more than one person, the policy will be held in joint tenancy.

Please note: All communications (including renewal and lapse notices) will be sent to the person shown on the Memorandum of Transfer form as transferee 1 unless an alternative instruction is provided in Section 3 of this form.

It is their responsibility to send copies of any communications to other owners of the policy or any other person who may have an interest in this policy.

	New Owner 1 (transferee 1)	**New Owner 2 (transferee 2) (if applicable)**
Title		
Name		
Address	Postcode	Postcode
Postal address (if different to above)	Postcode	Postcode
Phone number(s)	Home Business	Home Business
Occupation		
Date of birth (DD/MM/YYYY)		
Signature of New Owner (transferee)	✗ Date (DD/MM/YYYY)	✗ 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	✗ Date (DD/MM/YYYY)	✗ Date (DD/MM/YYYY)

	New Owner 3 (transferee 3) (if applicable)	**New Owner 4 (transferee 4) (if applicable)**
Title		
Name		
Address	Postcode	Postcode
Postal address (if different to above)	Postcode	Postcode
Phone number(s)	Home Business	Home Business
Occupation		
Date of birth (DD/MM/YYYY)		
Signature of New Owner (transferee)	✗ Date (DD/MM/YYYY)	✗ 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	✗ Date (DD/MM/YYYY)	✗ Date (DD/MM/YYYY)

Section 3: New owner(s) details (transferee(s)) continued

	New Owner 5 (Transferee 5) (if applicable)	New Owner 6 (Transferee 6) (if applicable)
Title		
Name		
Address	Postcode	Postcode
Postal address (if different to above)	Postcode	Postcode
Phone number(s)	Home Business	Home Business
Occupation		
Date of birth (DD/MM/YYYY)		
Signature of New Owner (transferee)	✗ Date (DD/MM/YYYY)	✗ 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	✗ Date (DD/MM/YYYY)	✗ Date (DD/MM/YYYY)

Section 4: Instructions for all notices

I/We direct that all notices for this policy are sent to:

First name

Middle name

Last name

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Signatures of all transferees:

Signature of Policy owner 1

✗ Date (DD/MM/YY)

Signature of Policy owner 2

✗ Date (DD/MM/YY)

Signature of Policy owner 3

✗ Date (DD/MM/YY)

Signature of Policy owner 4

✗ Date (DD/MM/YY)

Signature of Policy owner 5

✗ Date (DD/MM/YY)

Signature of Policy owner 6

✗ Date (DD/MM/YY)

Section 4: Send us your form

Please send your completed 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	✗
This is the annexure to Policy Number on the life of issued by the Insurer bearing a Memorandum of Transfer of the said Policy.	Name **Signature of Witness** ✗ Date (DD/MM/YY)