

# Memorandum of transfer

Application or policy number							
-	-			-	-		 - :

### Important - Please read

Your Policy Document must accompany this form if you decide to change ownership.

A Memorandum of Transfer is for use only when the ownership of the policy is to change.

#### 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 **mlc.com.au**. 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.

#### Please note

- 1. 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. The Life Insurance Act provides that an assignment (transfer of ownership) is not valid until registered by us.
- 3. Please ensure you include the address to which future correspondence is to be sent.
- 4. Any transfer maybe liable for Stamp Duty.
- 5. The Witness signing the Memorandum of Transfer does not have to be a Justice of the Peace.

### 1. Memorandum of transfer

Date of Transfer (DD/MM/YYYY)		Full name and signature of Witnes	ss
Full name of Current Owner 1 (Transferor 1)			Date (DD/MM/YY)
Signature of Current Owner 1	χ	Х	
Full name of Current Owner 2 (Transferor 2)			Date (DD/MM/YY)
Signature of Current Owner 2	Х	Х	
Full name of Current Owner 3 (Transferor 3)			Date (DD/MM/YY)
Signature of Current Owner 3	Х	Х	
Full name of Current Owner 4 (Transferor 4)			Date (DD/MM/YY)
Signature of Current Owner 4	Х	Х	
Full name of Current Owner 5 (Transferor 5)			Date (DD/MM/YY)
Signature of Current Owner 5	Х	Х	
Full name of Current Owner 6 (Transferor 6)			Date (DD/MM/YY)
Signature of Current Owner 6	Х	Х	

MLC Limited ABN 90 000 000 402 AFSL 230694 (the Insurer). MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance group and not a part of the NAB group of companies.

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## 2. 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 in provided in Section 3 of this form.

It is their responsibility to send copies of any communications to other Policy owners 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	Home
	Business	Business
Occupation		
Date of birth (DD/MM/YYYY)		
Signature of New Owner (Transferee)	Date (DD/MM/YY)	Date (DD/MM/YY)
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/YY)	Date (DD/MM/YY)
	New Owner 3 (Transferee 3) (if applicable)	New Owner 4 (Transferee 4) (if applicable)
Title		

	New Owner 3 (Transferee 3) (if applic	able)	New Owner 4 (Transferee 4)	) (if applicable)
Title				
Name				
Address				
	Postcode			Postcode
Postal address (if different to above)				
(ii dinorone to disovo)	Postcode			Postcode
Phone number(s)	Home		Home	
	Business		Business	
Occupation				
Date of birth (DD/MM/YYYY)				
Signature of New Owner (Transferee)	Date	DD/MM/YY)		Date (DD/MM/YY)
(	X		X	
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/YY)	V	Date (DD/MM/YY)
	X		X	

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# 2. New owner(s) details (transferee(s))

	New Owner 5 (Transferee 5) (if app	plicable)	New Owner 6 (Transferee 6) (if applicable)
Title			
Name			
Address			
	Postco	ode	Postcode
Postal address (if different to above)			
(ii dinorone to disovo)	Postco	ode	Postcode
Phone number(s)	Home		Home
	Business		Business
Decupation			
Date of birth (DD/MM/YYYY)			
Signature of New Owner		-t- (DD (A A A A A A A	Deta (DD A MANA)
(Transferee)	X	ate (DD/MM/YY)	Date (DD/MM/YY)
Full name of Witness Person must be over the age of 18 and not a party to this transfer)			
Signature of Witness		-t- (DD (A A A A A A A	Deta (DD AMANA)
organization of vitalious	X	ate (DD/MM/YY)	Date (DD/MM/YY)
We direct that all notices for thi	s policy are sent to:	Address	
Surname			Postcode
ignatures of all transferees:		: 	
ignature 1		Signature 2	
X	Date (DD/MM/YY)	X	Date (DD/MM/YY)
ignature 3		Signature 4	
ignature 3	Date (DD/MM/YY)	Signature 4	Date (DD/MM/YY)
ignature 3	Date (DD/MM/YY)	Signature 4	Date (DD/MM/YY)
X	Date (DD/MM/YY)	Signature 4 Signature 6	Date (DD/MM/YY)
Signature 3	Date (DD/MM/YY)  Date (DD/MM/YY)	X	Date (DD/MM/YY)  Date (DD/MM/YY)

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## 4. Send us your form

Please mail your completed, signed and dated form to us at:

MLC Life Insurance PO Box 200 North Sydney NSW 2059

If you have any questions, please contact your financial adviser or call us on  $1300\,428\,482$  any business day between  $8.00\,\mathrm{am}$  and  $6.00\,\mathrm{pm}$  (AEST/AEDT).

OUR USE ONLY				
Date of Registration of Transfer by Company (DD/MM/YYYY)				
Signature of Principal 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 MLC Limited bearing a Memorandum of Transfer of the said Policy.				

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