

Transfer of ownership

Information sheet

When to use this form

Use this form to transfer the ownership of your policy to another person, a company, or a trust.

How to complete this form

It's important you provide the right information in each section of the form so we can transfer the ownership of your policy.

If you need help completing this form, please speak to your adviser, or call us on 133 731.

Policy details

Please include your policy number and the life insured name.

Current owner (transferor) details

Each current owner must include their full name and signature.

New owner (transferee) details

Each new owner must complete the form and include their full name, address, occupation, and signature.

If the new owner is a:

company:

- two authorised people must each complete the new owner details section of the form (ie **transferee—new owner 1** and **transferee—new owner 2**). The authorised people can be two directors or a director and a secretary.
- include the full company name as the new owner name (eg ABC Company Pty Ltd).

trust:

- include the trustee name as the new owner name.
- if there's more than one trustee they should each complete the new owner details section of the form. For example, if there are two trustees, trustee A should complete the **transferee—new owner 1** section and trustee B should complete the **transferee—new owner 2** section.

self-managed superannuation fund (SMSF):

- include the trustee name and the fund name as the new owner name. For example:
'Mr and Mrs Smith ATF Smith Family Super Fund',
or
'Smith Pty Ltd ATF Smith Family Super Fund'.
- if there's more than one trustee they should each complete the new owner details section of the form. For example, if there are two trustees, trustee A should complete the **transferee—new owner 1** section and trustee B should complete the **transferee—new owner 2** section.

life insured on the policy and the life insured is under 18:

- a guardian must sign **the transfer of ownership form** on their behalf.
- the guardian must include their name and signature.

Witness signature

A person who isn't linked to the policy must witness each current owner signature and each new owner signature.

The witness must not be the current policy owner, the new policy owner or the life insured.

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Please keep this information sheet for your records—
don't return it with your completed form(s).

Transfer of ownership

Use this form to transfer ownership of your policy to another person, a company, or a trust.

Please print in CAPITAL LETTERS and place a cross **X** in any applicable boxes

! When you've completed this form, please mail it to us together with:

- your **policy document**,
- completed **know your customer** form(s) for each new owner. You can find the relevant forms online at **resolutionlife.com.au**, and
- certified copies of the original documents verifying the identity of the new owner(s).

1. What you need to do

Current owner(s)	> Complete sections 2, 3, and 5
New owner(s) (individual person, sole trader, company, trust or other organisation)	> Complete section 4

2. Policy details

The policy this form applies to is endorsed in line with the below memorandum of transfer.

Policy number

Life insured name

3. Current owner details

Transferor—current owner 1

Name

Current owner 1 signature

Date

Witness signature

Name

Signature

Date

3. Current owner details (continued)

Transferor—current owner 2 (if applicable)

Name

Current owner 2 signature

Date

Witness signature (if applicable)

Name

Signature

Date

3. Current owner details (continued)

Transferor—current owner 3 (if applicable)

Name

Current owner 3 signature

Date

Witness signature (if applicable)

Name

Signature

Date

4. New owner details

Transferee—new owner 1

Name

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

Occupation

New owner 1 signature

Witness signature

Name

Signature

Date

4. New owner details (continued)

Transferee—new owner 2 (if applicable)

Name

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

Occupation

New owner 2 signature

Witness signature (if applicable)

Name

Signature

Date

Transferee—new owner 3 (if applicable)

Name

Residential address (a PO Box is not acceptable)

Suburb

State

Postcode

Occupation

New owner 3 signature

Witness signature (if applicable)

Name

Signature

Date

5. Checklist

- Have you completed all relevant sections of this form?
- Have you signed and dated the form where indicated?
- Have all signatures been witnessed?
- Have you attached your original **policy document**?
- Has each new owner completed the relevant **know your customer** form?

Where to send this form

Mail this completed form to:

Resolution Life
GPO Box 5441
Sydney NSW 2001

Any questions?
133 731

Office use only

Date of registration of transfer by company

D	D	M	M	Y	Y	Y	Y
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Signature of principal officer or authorised person

X