

Memorandum of transfer

Use this form to apply to transfer/assign ownership of this policy. To avoid delays, check that all relevant information has been provided. Please use **BLOCK LETTERS**.

Policy number



Policy type ☐ Wealth Protection ☐ Active ☐ Sumo ☐ FutureWise ☐ Ezicover ☐ Other _____

Instructions

- use this form only when transferring/assigning ownership between individuals or companies, between Self-managed super fund (SMSF trustees) or from a super fund trustee to an individual or SMSF trustee
- do not use this form to transfer ownership from an individual to the SMSF trustee or the trustee of the Zurich Insurance-only Superannuation Plan
- the person/s signing as transferor must be the current owner/s of the policy and the person/s signing as transferee must be the proposed new owner/s of the policy
- transferees aged 10 - 16 must attach written parental consent
- a transfer/assignment of ownership is subject to Zurich's agreement to the transfer/assignment and is only effective after Zurich signs and registers the transfer/assignment.
- when the transfer/assignment has been registered we will provide a new policy schedule to the transferee.

The following documents must be provided and sent to us via email or post:

- A completed and signed Memorandum of Transfer form.
- A completed Direct Debit request form
- Proof of identity of the Current policy owner(s) except where the policy is owned by the trustee of the Zurich Insurance-only Superannuation Plan. See details below.
- If you intend to claim a tax deduction for eligible personal or self-employed contributions made to a policy held by the trustee of the Zurich Insurance-only Superannuation Plan please complete the Notice of Intent to Claim a Deduction, NAT 71121 form. Please refer to the form for further information. Please contact us if you need a copy of the form.

A Current policy owner (transferor) and the new policy owner (transferee) refers to one of the following options:

- 1. One or two individuals**
Please attach a certified copy* of a driver's licence or passport with this form for all individuals.
- 2. A company**
Please provide ABN details and attach a certified copy* of a driver's licence or passport with this form for all directors. If a change of company name, a certified copy of the ASIC change of company name certificate is required, not an assignment.
- 3. A sole trader or partnership**
Please attach a certified copy* of a drivers licence or passport with this form for the sole trader or both partners.
- 4. A SMSF or Trust**
Can consist of two or up to four trustees or one corporate trustee. Please attach a certified copy* of a driver's licence or passport with this form for all trustees or directors of the corporate trustee. If there is a change of trustee for the same super fund, a signed statutory declaration is required, not an assignment.

* A certified copy is a photocopy which has been compared with the original and endorsed as a true copy of the original by an individual approved to do so, for example a Justice of the Peace, legal practitioner, Australia Post Employee with two or more years of continuous service, or an Australian finance company officer with two or more years of continuous service etc.

Privacy

Information collected about you is subject to the Privacy Act and is for the purposes of administering and servicing the policy (which we may not be able to do if not provided), complying with our obligations and enhancing customer service or products.

You consent that information may be collected from and/or disclosed to your or our service providers, advisers, government bodies, (re)insurers, or related entities where relevant for these purposes or otherwise as required by law.

We may use non-sensitive information to inform you of other products and services we offer unless you tell us not to.

For more details of Zurich's Privacy Policy, information on accessing your personal information and a list of service providers, laws (e.g insurance laws) under which we collect and use personal, and countries where our data may be located, please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or at privacy.officer@zurich.com.au.

Any questions? Call 131 551

Please return the completed form to us:

By email, as a scanned attachment, to client.service@zurich.com.au; or

By post, to **Zurich Australia Limited, Customer Care, Locked Bag 994, North Sydney NSW 2059**

Memorandum of transfer

Section 1: To be completed by the current owner(s) shown on the policy schedule or on the previous Memorandum of transfer (keep blank and go to Section 2 where the current policy owner is the trustee of the Zurich Insurance-only Superannuation Plan).

Date of transfer (dd/mm/yyyy)

Option 1 – Transferor (Individual name)

Person one

Full name of transferor	
Signature of transferor	
Date (dd/mm/yyyy)	
Full name of transferor's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferor's witness	
Date (dd/mm/yyyy)	

Person two

Full name of transferor	
Signature of transferor	
Date (dd/mm/yyyy)	
Full name of transferor's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferor's witness	
Date (dd/mm/yyyy)	

Option 2 – Transferor (Company, Sole Trader or Partnership)

Company or business name A.B.N.

Director one, sole trader or partner one

Full name of transferor	
Signature of transferor	
Date (dd/mm/yyyy)	
Full name of transferor's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferor's witness	
Date (dd/mm/yyyy)	

Director two, or partner two (if applicable)

Full name of transferor	
Signature of transferor	
Date (dd/mm/yyyy)	
Full name of transferor's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferor's witness	
Date (dd/mm/yyyy)	

Option 3 – Transferor (SMSF or Trust)

Name of SMSF or Trust		A.B.N.
If trustee is a corporation (leave blank if individual trustee):		
Full name of transferor (i.e. company name)		A.B.N.

Trustee one or director one

Full name of transferor	
Signature of transferor	
Date (dd/mm/yyyy)	
Full name of transferor's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferor's witness	
Date (dd/mm/yyyy)	

Trustee two, or director two (if applicable)

Full name of transferor	
Signature of transferor	
Date (dd/mm/yyyy)	
Full name of transferor's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferor's witness	
Date (dd/mm/yyyy)	

Trustee three or director three (if applicable)

Full name of transferor	
Signature of transferor	
Date (dd/mm/yyyy)	
Full name of transferor's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferor's witness	
Date (dd/mm/yyyy)	

Trustee four, or director four (if applicable)

Full name of transferor	
Signature of transferor	
Date (dd/mm/yyyy)	
Full name of transferor's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferor's witness	
Date (dd/mm/yyyy)	

Memorandum of transfer

Section 2: To be completed by the new policy owners(s) (Transferee(s)).

Contact details for correspondence

Please indicate if you wish to be notified by SMS for service messages, such as when premiums are dishonoured or becomes overdue ☐ Yes ☐ No

Please specify the contact details below. The contact details should not be the details of your financial adviser.

No. and street/PO Box			
Suburb/Town		State	Postcode
Email Address		Mobile	

New policy owner(s) (transferee(s). Please choose only one of the below three options to complete.

If the policy is being transferred to more than one owner, please provide details for each owner. If ownership of the policy is to continue under any of the current policy owner(s), then those persons must also be specified as new policy owner(s) on this form.

Option 1 – Transferee(s) (Individual name)

Person one

Full name of transferee	
Address of transferee	
Occupation of transferee	
Date of birth of transferee (dd/mm/yyyy)	
Signature of transferee	
Date (dd/mm/yyyy)	
Full name of transferee's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferee's witness	
Date (dd/mm/yyyy)	

Person two (If applicable)

Full name of transferee	
Address of transferee	
Occupation of transferee	
Date of birth of transferee (dd/mm/yyyy)	
Signature of transferee	
Date (dd/mm/yyyy)	
Full name of transferee's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferee's witness	
Date (dd/mm/yyyy)	

Option 2 – Transferee(s) (Company, Sole Trader or Partnership)

Full name of transferee (i.e. company or business name)
Limit of 45 characters including spaces

A.B.N.

Director one, sole trader or partner one

Full name of transferee	
Address of transferee	
Occupation of transferee	
Signature of transferee	
Date (dd/mm/yyyy)	
Full name of transferee's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferee's witness	
Date (dd/mm/yyyy)	

Director two, sole trader or partner two

Full name of transferee	
Address of transferee	
Occupation of transferee	
Signature of transferee	
Date (dd/mm/yyyy)	
Full name of transferee's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferee's witness	
Date (dd/mm/yyyy)	

Memorandum of transfer

Option 3 – Transferee's (SMSF or Trust).

Name of SMSF or Trust

Limit of 45 characters including spaces

A.B.N.

If trustee is a corporation

Full name of transferee (i.e. company or business name) Limit of 45 characters including spaces

A.B.N.

Trustee one or director one

Full name of transferee	
Address of transferee	
Occupation of transferee	
Signature of transferee	
Date (dd/mm/yyyy)	
Full name of transferee's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferee's witness	
Date (dd/mm/yyyy)	

Trustee two or director two (if applicable)

Full name of transferee	
Address of transferee	
Occupation of transferee	
Signature of transferee	
Date (dd/mm/yyyy)	
Full name of transferee's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferee's witness	
Date (dd/mm/yyyy)	

Trustee three or director three (if applicable)

Full name of transferee	
Address of transferee	
Occupation of transferee	
Signature of transferee	
Date (dd/mm/yyyy)	
Full name of transferee's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferee's witness	
Date (dd/mm/yyyy)	

Trustee four or director four (if applicable)

Full name of transferee	
Address of transferee	
Occupation of transferee	
Signature of transferee	
Date (dd/mm/yyyy)	
Full name of transferee's witness (Person must be over the age of 18 and not a party to this transfer)	
Signature of transferee's witness	
Date (dd/mm/yyyy)	

Payment details

If current payment arrangements are affected by this transfer of ownership, please submit a Direct debit request, available by contacting us on **131 551** or online at **www.zurich.com.au**.

Office Use Only

Date of Transfer of Registration by the Life Company

Day	Month	Year
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Signature of Principal Executive (or authorised person) of the Life Company

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Upon registration, this memorandum becomes an annexure to the Policy document for the Policy it relates to.