

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.

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									
	Mobile										Mobile									
	Email										Email									
Occupation																				
Date of birth (DD/MM/YYYY)																				
Signature of New Owner (Transferee)	X					Date (DD/MM/YY)					X					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	X					Date (DD/MM/YY)					X					Date (DD/MM/YY)				

2. New Owner(s) details (transferee(s)) continued

	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										Home									
	Business										Business									
	Mobile										Mobile									
	Email										Email									
Occupation																				
Date of birth (DD/MM/YYYY)																				
Signature of New Owner (Transferee)	X					Date (DD/MM/YY)					X					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	X					Date (DD/MM/YY)					X					Date (DD/MM/YY)				

	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										Home									
	Business										Business									
	Mobile										Mobile									
	Email										Email									
Occupation																				
Date of birth (DD/MM/YYYY)																				
Signature of New Owner (Transferee)	X					Date (DD/MM/YY)					X					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	X					Date (DD/MM/YY)					X					Date (DD/MM/YY)				

OUR USE ONLY

Date of Registration of Transfer by Company (DD/MM/YYYY) <div></div>	Signature of Principal Officer of company or authorised person Name <div></div>
This is the annexure to Policy Number <div></div>	<div><div>X</div><div>Date (DD/MM/YYYY) <div></div></div></div>
on the life of <div></div>	Signature of Witness Name <div></div>
issued by MLC Limited bearing a Memorandum of Transfer of the said Policy.	<div><div>X</div><div>Date (DD/MM/YYYY) <div></div></div></div>

Send us your form

Please send this form and supporting documentation to:

MLC Life Insurance – Operations
PO Box 23455
Docklands VIC 3008

If you have any questions, please speak with your financial adviser, or call us on **13 65 25** between 8:30 am and 6 pm (AEST/AEDT), Monday to Friday.

We cannot accept an emailed or faxed copy of this form.