

Transfer of ownership

Poli	cy ni	umb	er			

Important information

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

You may need to provide proof of identification

If the insurance policy has an investment or surrender value, the new owner(s) (transferee(s)) will need to complete the relevant Identification Form available at **mlc.com.au**. The Identification 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.

- the Policy Document will be endorsed and returned to the New Owner(s). If you can't find your Policy Document, please call us so we can arrange a replacement.
- a Memorandum of Transfer is used only when the ownership of the policy is to change
- the person signing as Transferor must be the Current Owner(s) of the policy and the person signing as Transferee should be the New Owner(s) of the policy
- the Life Insurance Act provides that an assignment (transfer of ownership) is not valid until registered by MLC Limited
- please ensure you include the address to which future correspondence is to be sent
- the Witness signing the Memorandum of Transfer does not have to be a Justice of the Peace.

We respect your privacy and handle your information in accordance with our privacy policy, available on mlc.com.au/mlcinsuranceprivacypolicy

Memorandum of Transfer

1. Current Owner(s) details (transferor(s))

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	X	X		
Full name of Current Owner 2 (Transferor 2)			Date (DD/MM/YY)	
Signature of Current Owner 2	X	X		
Full name of Current Owner 3 (Transferor 3)			Date (DD/MM/YY)	
Signature of Current Owner 3	X	X		
Full name of Current Owner 4 (Transferor 4)			Date (DD/MM/YY)	
Signature of Current Owner 4	X	X		
Full name of Current Owner 5 (Transferor 5)			Date (DD/MM/YY)	
Signature of Current Owner 5	X	X		
Full name of Current Owner 6 (Transferor 6)			Date (DD/MM/YY)	
Signature of Current Owner 6	X	X		

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	e)
Title				
Name				
Address				
	Postcode		Postcode	
Postal address (if different to above)				
(ii dinerent 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)	Date (DI	D/MM/YY)	Date (DD/MN	M/YY)
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)				
Signature of Witness	Date (DI	D/MM/YY)	Date (DD/MN	M/YY)

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

	New Owner 3 (Transfere	ee 3) (if applicable)	New Owner 4 (Transferee 4) (if applicable)
Title			
Name			
Address			
		Postcode	Postcode
Postal address (if different to above)			
(ii dillerent 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)	Х	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	Х	Date (DD/MM/YY)	Date (DD/MM/YY)

	New Owner 5 (Transferee 5) (if applica	ole)	New Owner 6 (Transferee 6) (if applicable)
Title			
Name			
Address			
	Postcode		Postcode
Postal address (if different to above)			
(ii dinerent 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)	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)

OUR USE ONLY

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

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.