



Transfer of Ownership - Memorandum of Transfer

Policy number

Product name

Complete the Memorandum of Transfer (transfer form) if you want to transfer ownership of a policy. The form must be signed by both the current policy owners (transferors) and the proposed new policy owners (transferees). All signatures must be witnessed by persons who are not current or proposed new policy owners.

Do not use this form if you want to transfer ownership from an individual to the trustee of a self-managed super fund (SMSF) or from an individual to NULIS Nominees (Australia) Limited as Trustee for the MLC Super Fund. Please contact us or your financial adviser to discuss your options.

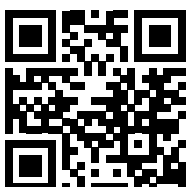
We respect your privacy and handle your information in accordance with our privacy policy, available at mlcinsurance.com.au/privacy-policy

Important – Please read

On transfer of ownership, we will continue to collect premiums from the nominated account. Any current beneficiaries will also remain on the policy. If current payment arrangements or beneficiaries will be affected by this transfer of ownership, please submit a Payment Authority Request and/or Beneficiary Nomination form available at mlcinsurance.com.au/using-your-insurance/documents-and-forms/forms and send it to us together with this form.

1. All current policy owners must sign this section of the form and make the Directions and Declarations set out below.
2. The person/s signing as Transferor must be the current Policy Owner/s and the person/s signing as Transferee will be the new Policy Owner/s.
3. If the Policy Owner is a Company, the transfer form must be signed by:
 - a. Two directors of the Company, or
One director of the Company and the company secretary.
Signatories must state their position in the company or
 - b. In the case of a Sole Director Proprietary Company only, the sole director.
The director must indicate that he/she is the sole director and sole company secretary.
4. If the Policy Owner is a Self-Managed Super Fund.
 - a. Where the trustees are individuals, all trustees are to sign; or
 - b. Where the trustee is a company, the requirements in 3a & 3b above apply.

The Life Insurance Act provides that an assignment (transfer of ownership) is not valid until registered by us.
Any transfer may be liable for Stamp Duty.



Insurance is issued by MLC Limited ABN 90 000 000 402 AFSL 230694. MLC Limited uses the MLC brand under licence from the Insignia Financial Group. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the Insignia Financial Group.

Section 1: Details of the Current Policy Owner/s (Transferor/s) and Claims Declaration

Please provide details in this section of all current Policy Owners (Transferors) from whom this policy is to be transferred. All Current Policy Owners (known as Transferors) are to be noted.

If any Current Policy Owners are to retain their ownership, they must also be listed in the New Policy Owner section.

All current policy owners must complete the below declaration and return it with the completed transfer form. Please speak with your financial, tax and/or legal adviser to determine if a transfer of ownership is appropriate for your circumstances, particularly if you have a current claim or entitlement to make a claim. Once ownership of the policy is transferred, all benefits payable under the policy will be payable to the new policy owner. This includes:

- benefits payable under an existing claim for events which occurred before the date of transfer, where the claim is in progress at the date of transfer;
- benefits payable under an existing entitlement to claim for events which occurred before the date of transfer, but for which a claim is not in progress at the date of transfer; and
- benefits payable for any future claim for events which have not yet occurred at the date of transfer.

The current policy owner(s) make the following Declarations and Directions

I/We are the current policy owner(s) and I/we direct MLC Limited to proceed with the transfer of ownership.

I/We understand that on and from the date the Memorandum of Transfer is registered with MLC Limited, all benefits payable under the policy after the date of registration on any current claim or entitlement to claim (for claimable events, conditions or illnesses which occurred before the transfer was registered), and all benefits payable on any future claim (for claimable events, conditions or illnesses that occurred after the transfer was registered), will be payable to the new owners of the policy.

I/We understand I/we must seek our own independent advice in relation to the appropriateness and financial impact of the transfer.

Please tick here if there is a current claim on the policy

Name of Company (if applicable)

ABN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name of fund (if applicable)

ABN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Date of transfer (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

	Current Policy Owner 1	Current Policy Owner 2 (if applicable)
Title		
Full name		
Role of Signatory (Tick appropriate role)	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Sole Director	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary
Signature of current policy owner (Transferor)	X	X
Signature date (DD/MM/YYYY)		
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)		
Signature of Witness	X	X
Signature date (DD/MM/YYYY)		

Section 1: Details of the Current Policy Owner/s (Transferor/s) and Claims Declaration continued

	Current Policy Owner 3 (if applicable)	Current Policy Owner 4 (if applicable)
Title		
Full Name		
Role of Signatory (Tick appropriate role)	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary
Signature of current policy owner (Transferor)	X	X
Signature date (DD/MM/YYYY)		
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)		
Signature of Witness	X	X
Signature date (DD/MM/YYYY)		

Section 2: Details of the New Policy Owner/s (Transferee/s)

Please provide details of all proposed New Policy Owners (Transferees) to whom this policy is to be transferred.

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 Policy Owners, then those persons must also be specified again as New Policy Owners in this section of the form. Please note that when transferring a policy to more than one person, the policy will be held in joint tenancy.

Please note: Unless we receive written instructions for an alternative address signed by all New Policy Owners, all communications (such as renewal letters, statements and lapse notices, as applicable) will be sent to the person shown on the transfer form as New Policy Owner 1 (Transferee 1).

It is the responsibility of New Policy Owner 1 (Transferee 1) to send copies of any communications to other policy owners or any other person who may have an interest in this policy.

New Policy Owner

Complete this section if ownership is to be transferred to a Company, trustee of an SMSF or Trust.

- If the trustees are individuals – please provide the name of the fund. All trustees must complete and sign the form.
- If the trustee is a company – please provide the name of the fund, and the name and ABN of the company. The form must be completed and signed by two (2) directors (or a director and the company secretary), or one director if the company is a sole director company
- If new policy owner is a company only - please provide the name and ABN of the company. The form must be completed and signed by two (2) directors (or a director and the company secretary), or one director if the company is a sole director company

Name of Company (if applicable)

ABN

Name of fund (if applicable)

ABN

Section 2: Details of the New Policy Owner/s (Transferee/s) continued

	New Policy Owner 1	New Policy Owner 2 (if applicable)
Title		
Full name		
Role of Signatory (Tick appropriate role)	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Sole Director	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary
Occupation of Transferee		
Address		
	Postcode	Postcode
Postal address (if different to above)		
	Postcode	Postcode
Phone number(s)	Home	Home
	Business	Business
	Mobile	Mobile
Email		
Date of birth (DD/MM/YYYY)		
Signature of New Owner (transferee)	X	X
Signature date (DD/MM/YYYY)		
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)		
Signature of Witness	X	X
Signature date (DD/MM/YYYY)		

Section 2: Details of the New Policy Owner/s (Transferee/s) continued

	New Policy Owner 3 (if applicable)	New Policy Owner 4 (if applicable)
Title		
Full name		
Role of Signatory (Tick appropriate role)	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary	<input type="checkbox"/> Individual <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary
Occupation of Transferee		
Address		
	Postcode	Postcode
Postal address (if different to above)		
	Postcode	Postcode
Phone number(s)	Home	Home
	Business	Business
	Mobile	Mobile
Email		
Date of birth (DD/MM/YYYY)		
Signature of New Owner (transferee)	X	X
Signature date (DD/MM/YYYY)		
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)		
Signature of Witness	X	X
Signature date (DD/MM/YYYY)		

Section 3: Send us your form

Please return your completed, signed and dated form to:

MLC Life Insurance - Operations
PO BOX 23455
Docklands VIC 3008

Email: enquiries.retail@mlcinsurance.com.au

If you have any questions, please contact your financial adviser or call us on **13 65 25**, 8.30am to 6pm AEST, Monday to Friday.

OUR USE ONLY	
Date of Registration of Transfer by Company (DD/MM/YYYY)	
Signature of Principal Executive Officer of Company or authorised person	X
This is the annexure to Policy Number <input type="text"/>	Name <input type="text"/>
on the life of <input type="text"/>	Signature of Witness <input type="text"/>
issued by MLC Limited being a Memorandum of Transfer of the said Policy.	Date (DD/MM/YY) <input type="text"/>

MLC4816-0424
CGP-13860 OCM0289