



Memorandum of transfer.

- Memorandum of transfers are not applicable to superannuation policies.
- A trust name cannot be designated as the owner of a policy eg Johnson Family Trust. Instead, the individual names of trustees need to be listed e.g. Wayne Johnson.
- A limited trustee company can be a policy owner, e.g. XYZ Trustees Limited.
- New owners must be a minimum of 18 years of age.
- All signatures must be witnessed by a person aged 18 or above. The witnesses cannot be the current policy owners, the new policy owners, a relative, or live at the same address as you.
- A separate form is required for each policy.

| | |
|----------------------|-------------------------------|
| Policy number | Date of transfer (DD/MM/YYYY) |
| <input type="text"/> | <input type="text"/> |

Current owners.

| | | |
|-----------------------------|------------------------|----------------------|
| Policy owner (please print) | Policy owner signature | Date (DD/MM/YYYY) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Witness name | Witness signature | Witness phone number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|-----------------------------|------------------------|----------------------|
| Policy owner (please print) | Policy owner signature | Date (DD/MM/YYYY) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Witness name | Witness signature | Witness phone number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|-----------------------------|------------------------|----------------------|
| Policy owner (please print) | Policy owner signature | Date (DD/MM/YYYY) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Witness name | Witness signature | Witness phone number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|-----------------------------|------------------------|----------------------|
| Policy owner (please print) | Policy owner signature | Date (DD/MM/YYYY) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Witness name | Witness signature | Witness phone number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |



Memorandum of transfer.

Policy number

Date of transfer (DD/MM/YYYY)

Privacy consent.

This form collects personal information about you. The personal information will be used by Fidelity Life to administer the insurance and for the promotion of insurance and other services to you. The information may also be used for statistical purposes provided you are not identified. If you do not provide any requested information, it may mean that we are unable to complete the transfer of ownership.

This privacy consent authorises Fidelity Life, its subsidiaries, its advisers, reinsurers and any agents appointed by Fidelity Life to collect from, use, and disclose to any third party, your information where that is reasonably necessary for the administration of the insurance or promotion of services to you. This privacy consent authorises those third parties to disclose that information to Fidelity Life, its subsidiaries, its advisers, reinsurers and any agents appointed by Fidelity Life. Those third parties include (but are not limited to): financial advisers, agents, medical and health service providers, banks and financial institutions, accountants, insurers and reinsurers, and any other individual or organisation where the collection/disclosure is required by law.

The information collected is held securely at Fidelity Life's Auckland Office or by one of Fidelity Life's storage providers and through cloud-based services in New Zealand or Australia who store information on our behalf.

Under the Privacy Act 2020 you have the right of access to and correction of the information that Fidelity Life holds about you. Fidelity Life will rely on you to keep them informed of any changes to your information.

A copy of our privacy statement is available at fidelitylife.co.nz.

New owner(s).

Title

New policy owner name (please print)

Date of birth (DD/MM/YYYY)

Occupation

Address

Email address

Phone number

New policy owner signature

Witness name

Witness signature

Date (DD/MM/YYYY)

Title

New policy owner name (please print)

Date of birth (DD/MM/YYYY)

Occupation

Address

Email address

Phone number

New policy owner signature

Witness name

Witness signature

Date (DD/MM/YYYY)

More than 2 new policy owners? Complete page 3

Please return your completed form to

@ admin.services@fidelitylife.co.nz ✉ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any questions, please call 0800 88 22 88.



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Privacy consent.

You agree to the Privacy consent on page 2.

New owner(s) (continued).

Title New policy owner name (please print) Date of birth (DD/MM/YYYY)

Occupation Address

Email address Phone number New policy owner signature

Witness name Witness signature Date (DD/MM/YYYY)

Title New policy owner name (please print) Date of birth (DD/MM/YYYY)

Occupation Address

Email address Phone number New policy owner signature

Witness name Witness signature Date (DD/MM/YYYY)

Title New policy owner name (please print) Date of birth (DD/MM/YYYY)

Occupation Address

Email address Phone number New policy owner signature

Witness name Witness signature Date (DD/MM/YYYY)