

Change of Policy Ownership

Use this form if you need to:

- Transfer your policy ownership to someone else.
- Add another person as an owner to your policy.

How to fill in this form

Complete Section 1 to change the ownership of this policy and then get someone to sign as a witness (must not be an interested party under the policy). Please state your preferred method of communication in Section 2.

Notes

- Section 1 must be completed in full before this assignment can be registered by Asteron Life.
- If this policy is owned by someone other than the Person Insured, or the policy has been previously assigned, the person signing as Transferor must be the owner of the policy or the Transferee named in the last registered Memorandum of Transfer, as appropriate.
- If the current Policy Owner wishes to remain as a Policy Owner, they will also need to be included in 'New Policy Owners' under Section 1.
- Please advise Asteron Life to whom future communications concerning this policy are to be sent.

Complete, sign and return this form by:

Email to contactus@aalife.co.nz

Post to Asteron Life, PO Box 894, Wellington 6140

Personal information disclosure

This form collects personal information which is necessary to provide the service you are requesting. If you do not provide all the requested information we may not be able to make the changes you request. Personal information you provide about yourself or other individuals will be used and stored by Asteron Life Limited, Level 13, 55 Featherston Street, Wellington and other members of the Suncorp Group for the purpose of administering your insurance policy and related services. Under the Privacy Act individuals have certain rights of access to, and to request correction of, any personal information we hold about them. More detail about Asteron Life's privacy practices is available in the Asteron Life Privacy Statement which can be found at asteronlife.co.nz/privacy or on request.

Section 1 - Memorandum of Transfer

Policy details

Policy number

Current Policy Owners

Date / /

Transferred from

Signature

Transferred from

Signature

Transferred from

Signature

Transferred to:

Policy Owner 1

Surname

Given name(s)

Date of birth / /

Postal Address

No.	Street	
Suburb	City/Town	Post code

Policy Owner 2

Surname

Given name(s)

Date of birth / /

Postal Address

No.	Street	
Suburb	City/Town	Post code

Policy Owner 3

Surname

Given name(s)

Date of birth / /

Postal Address

No.	Street	
Suburb	City/Town	Post code

Witness

Please ensure that this form is signed by a witness.

The witness must not be a Nominated Beneficiary or other interested party under the policy.

Full name	<input type="text"/>		
Postal Address	No.	Street	
	Suburb	City/Town	Post code
Occupation	<input type="text"/>		
Signature	<input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>

Section 2 - Preferred method of communication

My preferred method of communication is (please tick one): Email Phone Letter

Contact details for communications

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

Asteron Life Limited

contactus@aalife.co.nz | 0800 874 444 | aalife.co.nz

Contact Centre Hours: Mon - Fri, 8am - 6pm

Level 13, Asteron Centre, 55 Featherston Street, Wellington

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