

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

For the purpose of the Privacy Act, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information about how we deal with your personal information, please refer to [Asteron Life's Privacy Policy](#). It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

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

Signature

Policy Owner 2

Surname

Given name(s)

Date of birth / /

Postal Address

No.	Street
Suburb	City/Town
	Post code

Signature

Policy Owner 3

Surname

Given name(s)

Date of birth

Postal Address

No.	Street	
Suburb	City/Town	Post code

Signature

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

Postal Address

No.	Street	
Suburb	City/Town	Post code

Occupation

Signature Date

Section 2 - Preferred method of communication

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

Contact details for communications

Asteron Life Limited

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

Contact Centre Hours: Mon - Fri, 8.30am - 5pm

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