

Sign here

# Memorandum of Transfer

#### How to fill in this form

Complete section 1 to change the ownership of this policy. Please state your preferred method of communication in section 2.

### Complete, sign and return this form by:

Email: contactus@asteronlife.co.nz

OR

Post: Asteron Life, PO Box 894, Wellington 6140, Freepost 795

Please ensure that this form is signed by a witness

Name of witness

Date

## Section 1

## Policy details

Policy number

#### Notes

- Section 1 must be completed in full before this assignment can be registered by Asteron Life. By signing section 1 you are agreeing to the Privacy Act provisions overleaf.
- If this policy is owned by a person other than the Person or Persons 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.
- Please advise the Company to whom future communications concerning this policy are to be sent.
- To effect an assignment of this policy, complete the below Memorandum of Transfer.

Transfer of Ownership f	rom		
Name of current owner 1		Signature	Sign here
Name of current owner 2		Signature	Sign here
Name of current owner 3		Signature	Sign here
Date of transfer			
Transfer of Ownership t	0		
Name of new owner 1		Signature	Sign here
Date of birth		Date	
Address			
Name of new owner 2		Signature	Sign here
Date of birth		Date	
Address			
Name of new owner 3		Signature	Sign here
Date of birth		Date	
Address			

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Signature

# Privacy Act

Section 2

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.

- I/We confirm that by transferring my/our ownership of the above policy, the new policy owner(s) may be able to access some of my/our personal information held by Asteron Life.
- If I/we fail to provide any information requested in this Memorandum of Transfer, Asteron Life may be unable to process the Transfer.

My preferred method of communication (Please tick one)	
Email Phone Letter	
Contact details for communications	