



# Memorandum of Transfer

Please complete and return to CIGNA Life Insurance, Freepost 11 8004, PO Box 24031, Wellington 6142.  
We recommend you keep a copy of this form for your records.

Once we receive this form we will register ownership of the policy in the name(s) of the new owner(s). All future correspondence will be sent to them and they will be entitled to all benefits payable in the event of a claim.

## 1 Policy Details

Please print your details clearly in CAPITAL letters using a pen

Policy number	<input type="text"/>												
Date of Transfer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Life Insured 1</b>							<b>Life Insured 2</b>						
First name(s)	<input type="text"/>						First name(s)	<input type="text"/>					
Surname	<input type="text"/>						Surname	<input type="text"/>					

## 2 Current Owner Details

If there is more than one policy owner then both owners must sign. All signatures must be witnessed by another person.

<b>Current Owner 1</b>							<b>Current Owner 2</b>						
First name(s)	<input type="text"/>						First name(s)	<input type="text"/>					
Surname	<input type="text"/>						Surname	<input type="text"/>					
<input type="text"/>							<input type="text"/>						
Signature of Current Owner 1							Signature of Current Owner 2						

## 3 Witness Details (Current Owner)

To be completed by third party, other than policy owner(s).

First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	
		Signature of Witness

Please complete New Owner details overleaf.

## 4 New Owner Details

The new policy owner can be a person, a company or a bank. The new owner cannot by law be a family trust, however ownership can be transferred to individual trustees without mentioning the trust or the fact that individuals are trustees. If the new owner is a bank, the bank must stamp and sign the form.

### New Owner 1

First name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupation	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>
Phone (daytime)	<input type="text"/>
Email	<input type="text"/>

### New Owner 2

First name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupation	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>
Phone (daytime)	<input type="text"/>
Email	<input type="text"/>

Signature of New Owner 1

Signature of New Owner 2

I/we understand that the personal information provided above will be held and used by CIGNA Life Insurance New Zealand Limited in accordance with its privacy policy published at [www.cigna.co.nz](http://www.cigna.co.nz) and that under the Privacy Act 1993 I/we have certain rights to access and correct information held by CIGNA.

## 5 Witness Details (New Owner)

To be completed by third party, other than policy owner(s)

First name(s)	<input type="text"/>
Surname	<input type="text"/>

Signature of Witness

CIGNA use only

Registered (Stamp and number)

Signature (Authorised Officer)

Date