



## Memorandum of Transfer of Ownership

Policy number	1
Toncy number	
Name of life assured 1	Name of life assured 2
Title First name(s)	Title First name(s)
Surname	Surname
Requested date of transfer / /	
Transforor(s) dotails surrent college august(s)	
Transferor(s) details – current policy owner(s)	
Full name of transferor	Full name of transferor
Address of transferor	Address of transferor
Town/city Postcode	Town/city Postcode
Signature of transferor	Signature of transferor
Name of witness	Name of witness
Signature of witness	Signature of witness
Transferee(s) details – new policy owner(s)	
Full name of transferee	Full name of transferee
Transferee's date of birth / /	Transferee's date of birth / /
Address of transferee	Address of transferee
Town/city Postcode	Town/city Postcode
Signature of transferee	Signature of transferee
Name of witness	Name of witness
Signature of witness	Signature of witness
Office use only	
Official signature for Partners Life Limited	
Registered date of transfer	
/ /	

Partners Life Limited Private Bag 300995 Albany Auckland 0752 New Zealand 0800 14 54 33

partnerslife.co.nz