



Memorandum of Transfer

Only use this form for AIA REAL, Superior Health or other policies issued by AIA International Limited, New Zealand Branch.

Use this form to change ownership of a policy.

Please read the notes below, before completing the Memorandum of Transfer.

Notes:

1. An original Memorandum of Transfer is required by AIA to complete the change in ownership.
2. Ownership can only be transferred at a policy level and cannot be transferred at a benefit level.
3. Health cover cannot be transferred to another Policy Owner.
4. Ownership cannot be transferred to minors (persons aged under 18 years).
5. An Owner Details Form must be completed for all new Owners.
6. Certified copies of photo ID and address to be provided to AIA New Zealand if any of the benefits include Permanent Life, Universal Life, Permanent Term / Permanent Term Plus / Permanent Term 10 / Cash Back Life, Investlife, Golden Life / Lucky Capital or Expresslife.
7. **Note for trustees:** The Life Insurance Act 1908 requires that no notice of any trust be given on a policy. Therefore, you must not sign the transfer as 'trustee'. You must use your full name.

1 Transfer Details

Date of Transfer	/ /
Type of policy being transferred	

A. Cover transferred from: (Transferor)

Owner 1	
Full name	
Signature	X
Owner 2	
Full name	
Signature	X
Owner 3	
Full name	
Signature	X

Witness (To be witnessed by someone other than a member of the Life Assured's or Policy Owner's family)	
Full name	
Address	
Occupation	
Signature	X

Please turn over

B. Cover transferred to: (Transferee)

Owner 1	
Full name	
Address	
Occupation	
Date of Birth	/ /
Signature	X

Owner 2	
Full name	
Address	
Occupation	
Date of Birth	/ /
Signature	X

Owner 3	
Full name	
Address	
Occupation	
Date of Birth	/ /
Signature	X

Witness (To be witnessed by someone other than a member of the Life Assured's or Policy Owner's family)	
Full name	
Address	
Occupation	
Signature	X

Office use only

Date of registration	/ /
Name of authorised officer	
Signature of authorised officer	X

Financial Strength Rating: AIA New Zealand Limited, has been given an **AA (Very Strong)** insurer financial strength rating by Fitch Ratings, an approved ratings agency. A rating of AA means AIA New Zealand Limited has a very strong capacity to meet policyholder and contractual obligations.

Ratings scale: AAA – Exceptionally Strong **AA – Very Strong** A – Strong BBB – Good BB – Moderately Weak B – Weak CCC – Very Weak CC – Extremely Weak C – Distressed
 Note: "+" or "-" may be appended to a rating to indicate the relative position of a credit within the rating category. Such suffixes are not added to ratings in the AAA category or to ratings below the CCC category.



Owner Details Form

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Owner 1

Title Gender (please ✓) Male Female

First name(s) Surname

Previous Name(s) (if different)

Name(s) known as (if different from above)

Occupation

Physical Address Postal Address (if different from physical address)

Unit/ apartment/ building/ floor PO Box/ private bag number

Street Street

Suburb Suburb

Town/ City Town/City

Postcode Country Postcode Country

Home Mobile Business

Phone No. () () ()

Email

Country of birth Date of birth Day / Month / Year

Nationality Relationship to Life Assured

Owner 2

Title Gender (please ✓) Male Female

First name(s) Surname

Previous Name(s) (if different)

Name(s) known as (if different from above)

Occupation

Physical Address Postal Address (if different from physical address)

Unit/ apartment/ building/ floor PO Box/ private bag number

Street Street

Suburb Suburb

Town/ City Town/City

Postcode Country Postcode Country

Home Mobile Business

Phone No. () () ()

Email

Country of birth Date of birth Day / Month / Year

Nationality Relationship to Life Assured

Owner – business (please complete if the Policy Owner is a New Zealand registered company)

Name of organisation and trading name (if different)			
Place of incorporation			
Date of incorporation	/ /	Relationship to Life Assured	

Name of all directors / shareholders / partners / trustees / officers

Title	First Name	Surname
Title	First Name	Surname
Title	First Name	Surname

If your business has multi-level ownership, please attach an organisation structure chart to this application.

Name of contact person			
Position			
Business phone	()	Contact person's phone (if different)	()
Contact person's mobile	()	Contact person's mobile	()
Business fax	()		

Physical Address (for principal place of business)

Unit/apartment/building/floor	
Street	
Suburb	
Town/city	Postcode
Region/state	Country

Physical address (for registered office) (if different)

Unit/apartment/building/floor	
Street	
Suburb	
Town/city	Postcode
Region/state	Country

Postal Address (for principal place of business)

PO Box / private bag number	Suburb	Town/City
Region/state	Country	Postcode

Contact for correspondence

Which Owner's address should correspondence go to? (Please tick)

Owner 1 Owner 2 Owner - business

Declaration

1. I / We acknowledge that personal information collected or held by AIA New Zealand is provided and may be held, used, and disclosed by AIA New Zealand to:
 - process this ownership transfer; and
 - any other application for insurance I / we make to AIA New Zealand; and
 - or the purposes of any legal proceedings before a Court, or review or arbitration before statutory or independent body
2. I / We acknowledge that for the purposes set out in clause 1, personal information may be made available to our subsidiary and affiliated companies, local and overseas (and in this regard you consent to the transfer of your information outside New Zealand) and to any agent, contractor or third party who provides administrative or other services to AIA New Zealand or any member of the AIA Group.
3. I / We understand that access to my / our personal information is available to me / us under the Privacy Act 1993 by writing to AIA New Zealand.
4. The AIA Group and its affiliates, including AIA New Zealand ("the Group") are subject to and required to, or has agreed to, comply with certain legal, regulatory and/or other requirements (the "Reporting Requirements"). As such, I / we provide our express consent that AIA New Zealand shall have the right to provide such personal data and information to any governmental authorities, regulatory bodies and / or any other person(s) in respect of the Reporting Requirements.

I / We understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) the personal data of the Owner, the Insured, and the Beneficiaries ("the Parties"), or any of them; ii) any information relating to this Policy; and iii) any information relating to any other policies held by the Parties or any of them. I / We understand that AIA New Zealand will not be able to sell any insurance product to me / us and provide any service if I / we refuse to give the said express consent.

NOTE TO U.S. CITIZENS

"I / We hereby declare and agree that, by purchasing this Policy and signing below, I / we represent that I / we are not a "U.S. person" for U.S. federal income tax purposes and that I / we are not acting for, or on behalf of, a U.S. person. I / We understand that the Company, believing this statement to be true, will rely on it and act on it. In the event this statement is false, any policy issued may be considered void in which case the Company shall notify me / us and repay any premiums less reasonable charges and policy withdrawals / the Company reserves the right and shall be entitled to cancel this Policy and pay reasonable compensation to me / us in consideration of such termination. I agree to notify AIA within thirty days of any change in my status as U.S. person for the purposes of U.S. federal income tax."

I / We declare that the above information is true and correct, that I / we have read and understood the above declaration and agree to be bound by these terms and conditions.

Full name of Owner (1)	<input type="text"/>	
Signature of Owner (1)	<input type="text"/>	Date / /
Full name of Owner (2)	<input type="text"/>	
Signature of Owner (2)	<input type="text"/>	Date / /

