



## 2. New owner(s) details (transferee(s))

If the policy is being transferred to more than one person, please provide details for each person. If ownership of the policy is to continue under any of the Current Owners, then those persons must also be specified as New Owners on this form. Please note when transferring a policy to more than one person, the policy will be held in joint tenancy.

**Please note:** All communications (including renewal and lapse notices) will be sent to the person shown on the Memorandum of Transfer form as Transferee 1 unless an alternative instruction is provided in Section 3 of this form.

It is their responsibility to send copies of any communications to other Policy owners or any other person who may have an interest in this policy.

	New Owner 1 (Transferee 1)				New Owner 2 (Transferee 2) (if applicable)					
Title										
Name										
Address										
	Postcode				Postcode					
Postal address (if different to above)										
	Postcode				Postcode					
Phone number(s)	Home					Home				
	Business					Business				
Occupation										
Date of birth (DD/MM/YYYY)										
Signature of New Owner (Transferee)	X				X					
	Date (DD/MM/YY)				Date (DD/MM/YY)					
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)										
	X				X					
Signature of Witness	X				X					
	Date (DD/MM/YY)				Date (DD/MM/YY)					

	New Owner 3 (Transferee 3) (if applicable)				New Owner 4 (Transferee 4) (if applicable)					
Title										
Name										
Address										
	Postcode				Postcode					
Postal address (if different to above)										
	Postcode				Postcode					
Phone number(s)	Home					Home				
	Business					Business				
Occupation										
Date of birth (DD/MM/YYYY)										
Signature of New Owner (Transferee)	X				X					
	Date (DD/MM/YY)				Date (DD/MM/YY)					
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)										
	X				X					
Signature of Witness	X				X					
	Date (DD/MM/YY)				Date (DD/MM/YY)					

## 2. New owner(s) details (transferee(s))

	New Owner 5 (Transferee 5) (if applicable)				New Owner 6 (Transferee 6) (if applicable)					
Title										
Name										
Address										
	Postcode				Postcode					
Postal address (if different to above)										
	Postcode				Postcode					
Phone number(s)	Home					Home				
	Business					Business				
Occupation										
Date of birth (DD/MM/YYYY)										
Signature of New Owner (Transferee)	X				X					
	Date (DD/MM/YY)				Date (DD/MM/YY)					
Full name of Witness (Person must be over the age of 18 and not a party to this transfer)										
	X				X					
Signature of Witness	X				X					
	Date (DD/MM/YY)				Date (DD/MM/YY)					

## 3. Instructions for all notices

I/We direct that all notices for this policy are sent to:

First name

Surname

Address

Postcode

Signatures of all transferees:

**Signature 1**

Date (DD/MM/YY)

**Signature 2**

Date (DD/MM/YY)

**Signature 3**

Date (DD/MM/YY)

**Signature 4**

Date (DD/MM/YY)

**Signature 5**

Date (DD/MM/YY)

**Signature 6**

Date (DD/MM/YY)

## 4. Send us your form

Please mail your completed, signed and dated form to us at:

**MLC Life Insurance**  
**PO Box 200**  
**North Sydney NSW 2059**

If you have any questions, please contact your financial adviser or call us on **1300 428 482** any business day between 8.00 am and 6.00 pm (AEST/AEDT).

OUR USE ONLY	
Date of Registration of Transfer by Company (DD/MM/YYYY)	<input type="text"/>
Signature of Principal Officer of Company or authorised person	<input type="text"/>
This is the annexure to Policy Number <input type="text"/>	Name <input type="text"/>
on the life of <input type="text"/>	Signature of Witness <input type="text"/>
issued by MLC Limited bearing a Memorandum of Transfer of the said Policy.	Date (DD/MM/YY) <input type="text"/>