

# Memorandum of Transfer

## Cigna Life Insurance New Zealand Limited

Private Bag 92131, Victoria Street West, Auckland 1142

**Phone:** 0508 464 999 (toll free)

**Fax:** 0508 464 777 (toll free)

**Email:** insurancenz@cigna.com

Please complete this form if you want to transfer the ownership of your life insurance policy to another person(s) or Company.

Policy number

Date

Transfer of ownership will only be effective once we have processed this request.

### Transferor Details - Current policy owner(s) details

- All current policy owners are required to complete this section. If the owner is a company, at least two directors (if there is more than one) need to complete this section.
- All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy.

#### Current policy owner 1

Full Name (or Company Name)

Signature

Witness: Full Name

Signature

#### Current policy owner 2 (if applicable)

Full Name (or Company Name)

Signature

Witness: Full Name

Signature

#### Current policy owner 3 (if applicable)

Full Name (or Company Name)

Signature

Witness: Full Name

Signature

### Transferee Details - New policy owner(s) details

- All new policy owners are required to complete this section.
- The new policy owner(s) can be a person aged 16 or above or a company.
- If the new owner is a company, at least two of the company directors (if there is more than one) need to complete this section.
- All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy.

#### New policy owner 1

Title Mr  Mrs  Miss  Company  Other

Name  First name(s)  Surname

Gender Male  Female  Date of birth

Company Name  Email

No. and Street

Suburb/Town  Postcode  Phone Number

Signature  Date

Witness: Name  Witness Signature

**New policy owner 2** (if applicable)

Title Mr  Mrs  Miss  Company  Other

Name

Gender Male  Female  Date of birth

Company Name  Email

No. and Street

Suburb/Town  Postcode  Phone Number

Signature  Date

Witness: Name  Witness Signature

**New policy owner 3** (if applicable)

Title Mr  Mrs  Miss  Company  Other

Name

Gender Male  Female  Date of birth

Company Name  Email

No. and Street

Suburb/Town  Postcode  Phone Number

Signature  Date

Witness: Name  Witness Signature

**Information for policy owner(s)**

- Please ensure all parties understand what is being transferred. If you have any questions please talk with your financial adviser or contact us on 0508 464 999.
- All fields need to be completed, simply indicate 'NA' if a field is not applicable.
- Please send the completed form to us (details below) so we can register the transfer.
- We will confirm with you when the transfer is complete.

Please scan and email this form to [insurancenz@cigna.com](mailto:insurancenz@cigna.com) or post it to Cigna Life Insurance New Zealand Limited, Private Bag 92131, Victoria Street West, Auckland 1142.

**Office use only section**

Registered stamp

Date

Date of registration of new policy ownership

Signature of principal officer of company or duly authorised person: