

Insurance Transfer of Ownership

Please use this form if you would like to change the ownership of your Resolution Life Insurance policy.

How to complete this form

A Section (a)
Existing owner(s) information and declarations.

B Section (b)
New and remaining owner(s) information and declarations.

C Section (c)
New and remaining owner(s) Verification of Identity section.

This section is NOT required for Risk Protection Plans, Term Life Insurance, Term Insurance and Lifetrack policies.

For all other policies (including Whole of Life and Endowment), each new and remaining policy owner is required to complete this section and post their certified identity documents and proof of address to us.

This is a requirement of the Anti-Money Laundering and Counter Financing of Terrorism Act 2009.

If you are unsure what type of policy you have, please call us on **0800 808 267**.

Where to send this form and supporting identification documents

Form only (Risk Protection Plans, Term Life Insurance, Term Insurance and Lifetrack Policies):

askus@resolutionlife.co.nz

Form and supporting documents:

Resolution Life Customer Services

ReplyPaid 259236

PO Box 1692

Wellington 6140

New Zealand

Advisers: please forward all documents via My Resolution Life Portal.

Things to note



Do you have a loan on the policy?

Please contact us on **0800 808 267** for the Deed of Assignment form or Loan Acknowledgement form.



We will ask for your current New Zealand Drivers Licence or Passport number

Please provide your New Zealand Drivers Licence or Passport number, expiry date and licence version number where we ask for it on this form. This is required for online identity verification.

If you cannot provide these details, or if we are unable to verify your identity online, we may contact you for more information. Please ensure you provide a daytime contact phone number on this form.



Amendments

If any amendments are made to the information on this form, please ensure all owners sign and date the amendment(s).



Confirmation

Confirmation of this transfer of ownership will be sent to any existing policy owners who are being removed as an owner and to the New Policy Owner 1.

All future correspondence relating to this policy will be sent to the address of the New Policy Owner 1 only.



Trusts

A life insurance policy cannot be owned by a trust. However, it can be owned by the individual trustees of the trust in their personal capacity. Please do not put a reference to the trust or the term 'trustees' on this Transfer of Ownership form.



Companies

If a New Zealand registered company is an owner and has more than one director, please ensure at least two directors sign this form (or one director and a witness if permitted by the company's constitution).

Transfer of Ownership

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed your details, print, sign and send the form and any supporting documents to the address above.

Adviser use only:

Adviser number:

Adviser name:

Advisers can forward all documents via My Resolution Life Portal.

Transfer of ownership of this policy

Policy number

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Privacy Statement

The personal information provided on this form and other personal information that may be held by Resolution Life already or in the future will be held by Resolution Life and used to process this transfer of ownership, administer the policy and to consider any claims. The information may also be used to identify and offer other products or services available by or through Resolution Life that may be suitable to your needs. Resolution Life holds information about you securely. You have the right to ask for, see and if incorrect, request correction of the information Resolution Life holds about you by contacting **0800 808 267**. For further information regarding how Resolution Life collects, uses and stores your personal information please refer to our Privacy Policy which can be found at resolutionlife.co.nz/privacy-policy

(a) Existing Policy Owner(s) to complete

Declaration for all existing policy owner(s) to sign

I/We have read the Privacy Statement above and I/we confirm:

- The policy document is not held by any other person, bank or company;
- The policy has not been sold, assigned, mortgaged or deposited as security; with any person, bank or company; and
- I/We agree to transfer the ownership of the policy to the new policy owner(s) set out in this form and understand that the transfer of ownership will only be valid and effective upon registration by Resolution Life Australasia Limited.
- I/We consent to the disclosure of passport/drivers licence details as provided on this form and agree that this information will be checked with the Applicable Database administered by the Responsible Officials from the New Zealand Government.

Existing Policy Owner 1

Title/Company

Mr Mrs Ms Miss Dr Company

Company name

First name(s)

Surname

Day time phone

()

Email

Date of birth

D	D	M	M	Y	Y	Y	Y
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Postal address

<input type="text"/>	Postcode
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Current New Zealand Drivers Licence OR New Zealand

Passport number

Expiry date

D	D	M	M	Y	Y	Y	Y
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Drivers Licence version number

Existing Policy Owner 1 signature/company director signature

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Existing Policy Owner 2

Title/Company

Mr Mrs Ms Miss Dr Company

Company name

First name(s)

Surname

Day time phone

Email

Date of birth

D	D	M	M	Y	Y	Y	Y
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Postal address

<input type="text"/>	Postcode
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Current New Zealand Drivers Licence OR New Zealand
Passport number

Expiry date

D	D	M	M	Y	Y	Y	Y
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Drivers Licence version number

Existing Policy Owner 2 signature/company director signature

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Existing Policy Owner 3

Title/Company

Mr Mrs Ms Miss Dr Company

Company name

First name(s)

Surname

Day time phone

Email

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Postal address

<input type="text"/>	Postcode
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Current New Zealand Drivers Licence OR New Zealand
Passport number

Expiry date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Drivers Licence version number

Existing Policy Owner 3 signature/company director signature

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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If more than three owners, please print and complete an additional copy of this page.

(b) New and remaining Policy Owner(s) to complete

Insurer Financial Strength Rating

Resolution Life Australasia Limited (Resolution Life) has an AA- (Very Strong) Insurer Financial Strength Rating given by Fitch Ratings, an approved rating agency, whose rating scale is set out below in summary form. For Fitch Rating's full rating scale, please go to the Fitch Ratings website at www.fitchratings.com

Fitch Rating Scale

AAA Exceptionally strong	AA Very strong	A Strong	BBB Good	BB Moderately weak	B Weak	CCC Very weak	CC Extremely weak	C Distressed
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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.

Declaration for all new and remaining policy owner(s) to sign

I/We have read this form including the Privacy Statement on page 2 and the Insurer Financial Strength Rating on page 3, and I/we confirm:

- I/We agree to accept the ownership of the policy as stated in this form and understand that the transfer of ownership will only be valid and effective upon registration by Resolution Life Australasia Limited; and
- I/We understand that confirmation of the transfer of ownership and all future correspondence about the policy will be sent to the New Policy Owner 1 only.
- I/We consent to the disclosure of passport/drivers licence details as provided on this form and agree that this information will be checked with the Applicable Database administered by the Responsible Officials from the New Zealand Government.

New/remaining Policy Owner 1

IMPORTANT: Confirmation of the transfer of ownership and all future correspondence about the policy will be sent to the **New/remaining Policy Owner 1 only**

Title/Company

Mr Mrs Ms Miss Dr Company

Company name

First name(s)

Surname

Day time phone

Email

Date of birth

Postal address

Current New Zealand Drivers Licence OR New Zealand
Passport number

Expiry date

Drivers Licence version number

New/remaining Policy Owner 1 signature/company director signature

Date

New/remaining Policy Owner 2

IMPORTANT: Confirmation of the transfer of ownership and all future correspondence about the policy will be sent to the **New Policy Owner 1 only**

Title/Company

Mr Mrs Ms Miss Dr Company

Company name

First name(s)

Surname

Day time phone

Email

Date of birth

Postal address

Current New Zealand Drivers Licence OR New Zealand
Passport number

Expiry date

Drivers Licence version number

New/remaining Policy Owner 2 signature/company director signature

Date

New/remaining Policy Owner 3

IMPORTANT: Confirmation of the transfer of ownership and all future correspondence about the policy will be sent to the **New Policy Owner 1 only**

Title/Company

Mr Mrs Ms Miss Dr Company

Company name

First name(s)

Surname

Day time phone

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Email

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Postal address

<input type="text"/>	Postcode
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Current New Zealand Drivers Licence OR New Zealand
Passport number

Expiry date

D	D	M	M	Y	Y	Y	Y
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Drivers Licence version number

**New/remaining Policy Owner 3 signature/company
director signature**

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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If more than three owners, please print and complete an additional copy of this page.

Checklist - Please check that the form has been completed correctly

- Have you checked the form and ensured it has been correctly completed?
- Have all the declarations in section (a) and (b) been signed by all existing and new/remaining policy owner(s)?

- If required as set out in 'How to complete this form' on page 1, have all new/remaining owner(s) completed the verification of identity section and included supporting documents.

Registration of transfer *(Resolution Life use only)*

Dated Registered by Resolution Life Australasia Limited

D	D	M	M	Y	Y	Y	Y
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Signature of Secretary, Resolution Life Australasia Limited

SIGN HERE

Verification of Identity section on following page.

(c) Verification of identity

IMPORTANT:

All **new and remaining** policy owners specified in section (b) are required to complete this section. If more than one new owner, please print additional copies of the Verification of Identity section for completion.

Each new policy owner is required to complete this section and provide their certified proof of identity and proof of address documents (certified within 3 months).

This section is NOT required for Risk Protection Plans, Term Life Insurance, Term Insurance and Lifetrack policies.

Verification of identity

New owner full name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Proof of address

Please provide one of the documents below as proof of your residential address. The document must be addressed to you, and dated within the last six months.

- Letter or invoice from utility company (eg. electricity, gas, phone, Sky TV)
- Bank Statement
- Insurance policy or investment portfolio document
- Current rental tenancy agreement
- Letter from government agency (e.g. Inland Revenue, rates bill, vehicle registration)

Proof of identity

Please complete one of the options listed below and attach copies of the requested document(s).

Please tick which document you are providing.

Option 1 ONE document from this section

<input type="checkbox"/> NZ passport (identity page)	<input type="checkbox"/> NZ firearms license
<input type="checkbox"/> Overseas passport (identity page)	<input type="checkbox"/> NZ certificate of identity

OR

Option 2 NZ driver's licence **PLUS** (ONE of the following)

<input type="checkbox"/> Super Gold card
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government
<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last six months

OR

Option 3 18+ identity card **PLUS** (ONE of the following)

<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government

Certify your documents

Certifying within New Zealand

DECLARATION BY TRUSTED REFEREE, RESOLUTION LIFE EMPLOYEE OR ADVISER (CERTIFYING IN NEW ZEALAND)

I, confirm that

- I have sighted today the original of each document identified with a tick in section (c) above verifying the identity and address of the name of the person whose identity is being verified, and attached to this statement are true copies of those documents **initialled and dated** by me.
- The documents that have been provided represent the identity of the person named in the 'Verification of identity' section of this page.
- I am a (tick one of the following)
 Resolution Life employee or Adviser (and Resolution Life has authorised me to be its agent to conduct AML due diligence on its behalf)
 New Zealand Lawyer Justice of the Peace
 Chartered Accountant Member of the Police
 Registered Medical Doctor Registered Teacher
- I am not related to and do not live at the same address as the person named in the 'Verification of identity' section of this page.

Signature of trusted referee, Resolution Life employee or adviser

Dated

Certifying outside of New Zealand

When certifying documents outside of New Zealand, your trusted referee must be a person who is authorised to take **statutory declarations** under the laws of the country, state or territory where the documents are being certified.

For more guidance please contact your Adviser or Resolution Life.

DECLARATION BY TRUSTED REFEREE (OUTSIDE NEW ZEALAND)

I, confirm that

- I have sighted today the original of each document identified with a tick in section (c) above verifying the identity and address of the person named in the 'Verification of identity' section of this page, and attached to this statement are true copies of those documents **initialled and dated** by me.
- The documents that have been provided represent the identity of the person named in the 'Verification of identity' section of this page.
- I am a
- In this capacity, I am authorised to take statutory declarations under the Laws of
- I am not related to and do not live at the same address as the person named in the 'Verification of identity' section of this page.

Signature of trusted referee

Dated