

Group Risk Insurance

Memorandum of transfer form – information guide

When should this form be used?

This form:

- allows you to re-assign the ownership of your insurance policy
- is to be completed by the current policy owner and the new policy owner
- can be used when transferring ownership between superannuation fund trustees or employer entities
- cannot be used when transferring ownership from an individual to a superannuation fund trustee.

Completing the form

Before submitting this form to Zurich, the form must be signed and witnessed. The witness must be a third person and cannot be a policy owner or the new policy owner.

If either the current policy owner or new policy owner is a company, section 127 of the *Corporations Act 2001* (Cth) provides that a company may execute a document without using a common seal, if the document is signed by:

- two directors of the company; or
- a director and a company secretary of the company; or
- for a proprietary company that has a sole director who is also the sole company secretary – that director (section 127(1) Corporations Act).

If this form is signed by a company, we may require confirmation that it has been properly executed.

Submitting the form

Once you have completed and signed this form, please mail it with the original policy documents to:

Group Risk Insurance Administration
Zurich Australia Limited
GPO Box 4129
Sydney NSW 2001

When the assignment has been registered we will return the policy document to the transferee.

Questions

If you have any queries regarding the memorandum of transfer process or in regards to completing this form, please call us on 1800 648 921.

1. Policy details

Policy number

Date (dd/mm/yyyy) / /

2. Current owner details

Company name

ACN/ABN

Office address

Street

Suburb

State

Postcode

Signature of current owner

Owner– signature

X Date / /

Name

Official position ☐ Director of the current owner company ☐ Secretary of the current owner company

Witness – signature

X Date / /

Name

Owner– signature

X Date / /

Name

Official position ☐ Director of the current owner company ☐ Secretary of the current owner company

Witness – signature

X Date / /

Name

3. New owner details

Company name

ACN/ABN

Office address

Street

Suburb State Postcode

Signature of new owner

Owner– signature

X Date / /

Name

Official position ☐ Director of the current owner company ☐ Secretary of the current owner company

Witness – signature

X Date / /

Name

Owner– signature

X Date / /

Name

Official position ☐ Director of the current owner company ☐ Secretary of the current owner company

Witness – signature

X Date / /

Name

Date (dd/mm/yyyy) / /

X Date / /

Phone: 1800 648 921
Email: group.risk@zurich.com.au
Website: zurich.com.au
GPO Box 4129, Sydney NSW 2001