

Memorandum of Transfer

April 2019

OnePath Life Limited (OnePath Life)
ABN 33 009 657 176 AFSL 238341

Customer Services
Phone 133 667
Email customer.risk@onepath.com.au
Website onepath.com.au

This form allows you to transfer or assign the ownership of a OneCare / WOP policy, while the life or lives insured remain the same.

Important instructions

- This form must be completed by the Current policy owner/s (transferor) and the New policy owner/s (transferee)
- 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 company 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.
- The signatures of all policy owners must be witnessed by a person over age 18 who is not the Current policy owner or the New policy owner. The witness does not have to be a Justice of the Peace.
- This form can only be used when transferring ownership between individuals, or entities **for a non-superannuation OneCare/WOP policy. Do not use this form when transferring ownership from OneCare Super to an individual.**
- The transfer/assignment of ownership is not valid until registered by OnePath Life.
- A transfer/assignment may be liable for stamp duty.

The following documents must be provided and sent to **OnePath Life, GPO Box 4148, Sydney NSW 2001** (Please note we are unable to accept any documents sent by email attachments):

- **A completed and signed Memorandum of Transfer form.**
- **Your original OneCare / WOP Policy Schedule.** The Policy Schedule confirms you have an active policy with OnePath Life and is evidence of the contract between you, as the policy owner and OnePath Life as the insurer. If the documents cannot be provided, a **Statutory Declaration for Issue of Replacement Document form** will need to be completed.
 - For OneCare we will accept the most recent Policy Schedule
 - For WOP we will accept the Policy Schedule from policy inception
- **Proof of identity of the Current policy owner(s).** See details below.

A Current policy owner (transferor) refers to one of the following options

1. One or two individuals
Please attach a certified copy* of a driver's license or passport with this form for all individuals.
2. A company
Please provide ABN details in Section 1 below. Please attach a certified copy* of a driver's license or passport with this form for all directors. A confirmation letter on company letterhead advising that the person(s) completing the MOT is a current director or secretary of the company. If a change in company name, an certified copy of ASIC change of company name certificate is required, not an assignment.
3. A sole trader or partnership
Please attach a certified copy* of a driver's license or passport with this form for the sole trader or both partners.
4. A SMSF or Trust
Can consist of two or up to four trustees or one corporate trustee. Please attach a certified copy* of a driver's license or passport with this form for all trustees or directors of the corporate trustee, an certified statutory declaration stating the name(s) of the trustee(s) of the superannuation fund and an certified copy of the signed trust deed. If change in trustee name only (ABN remaining the same), an ASIC name change certificate can be used instead of the trust deed.

* A certified copy is a photocopy which has been compared with the original and endorsed as a true copy of the original by an individual approved to do so, for example a Justice of the Peace, legal practitioner, Australian Post Employee with two or more years of continuous service, or an Australian finance company officer with two or more years of continuous service etc.

When the transfer/assignment has been registered we will send a new Policy Schedule to the New policy owner.

Policy Number

Section 1: To be completed by the Current owner(s) shown on the policy schedule or on the previous Memorandum of Transfer

Option 1 – Current Policy Owner (Individual name)

Person one

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Person two (if applicable)

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Option 2 – Current Policy Owner (Company, Sole Trader or Partnership)

Company or business name

A.B.N.

Director one, sole trader or partner one

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Director two or partner two (if applicable)

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Option 3 – Current Policy Owner (SMSF and Small APRA fund (SAF) or Trust)

Trustee one or director one

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Trustee two or director two (if applicable)

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Trustee three or director three (if applicable)

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Trustee four or director four (if applicable)

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Privacy Statement

By signing this form, I/we consent to the collection, use, storage and disclosure of my/our personal information (including health and other sensitive information) as described in the OnePath Life's Privacy Policy which is available at onepath.com.au/insurance/privacy-policy

Section 2: To be completed by the New policy owners

Contact details of New policy owner(s)

Address of New owner

| | | | |
|----------------|----------------------|----------|----------------------|
| No. and street | <input type="text"/> | | |
| Suburb/Town | <input type="text"/> | State | <input type="text"/> |
| | | Postcode | <input type="text"/> |

Contact details for correspondence

Please indicate how you prefer to receive policy information from us Email* Mail

*If you select Email, we may satisfy any legal requirement to provide written information to you by your mailing address.

Please indicate if you wish to be notified by SMS for service messages, such as when premiums are dishonoured or becomes overdue Yes No

Please specify the contact details below. The contact details should not be the details of your financial adviser.

| | | | |
|-----------------------|----------------------|----------|----------------------|
| No. and street/PO Box | <input type="text"/> | | |
| Suburb/Town | <input type="text"/> | State | <input type="text"/> |
| | | Postcode | <input type="text"/> |
| Email address | <input type="text"/> | Mobile | <input type="text"/> |

To help secure personal information, documents attached to email communications will be password protected. The password will be sent by SMS to the above mobile number. For this reason, you must provide both a valid email address and mobile number.

New policy owner(s) (transferee(s)). Please choose only one of the below three options to complete.

If the policy is being transferred to more than one owner, please provide details for each owner. If ownership of the policy is to continue under any of the Current policy owner(s), then those persons must also be specified as New policy owner(s) on this form.

Option 1 – New Policy Owner (Individual name)

Person one

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Person two (if applicable)

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Option 2 – New Policy Owner (Company, Sole Trader or Partnership)

Company or business name

A.B.N.

Director one, sole trader or partner one

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Director two or partner two (if applicable)

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness (Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Option 3 – New Policy Owner (SMSF and Small APRA fund (SAF))

Trustee one or director one

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness
(Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Trustee two or director two (if applicable)

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness
(Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Trustee three or director three (if applicable)

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness
(Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Trustee four or director four (if applicable)

Full name

Signature of owner

Date (dd/mm/yyyy)

Full name of witness
(Person must be over the age of 18 and not a party to this transfer)

Signature of witness

Date (dd/mm/yyyy)

Privacy Statement

By signing this form, I/we consent to the collection, use, storage and disclosure of my/our personal information (including health and other sensitive information) as described in OnePath Life's Privacy Policy which is available at onepath.com.au/insurance/privacy-policy

This transfer is not valid until it is registered by OnePath Life.

Please return this form and all relevant documents to:

- **OnePath Life, GPO Box 4148, Sydney NSW 2001**

Office use only

Date of registration of transfer by the company (dd/mm/yyyy)

Signature of principal or authorised officer Date (dd/mm/yyyy)

| | | | | | |
|--|--|--|--|--|---|
| Head office | State offices | | | | |
| Office located at 347 Kent Street Sydney NSW 2000 | New South Wales GPO Box 483 Sydney NSW 2001 | Western Australia PO Box 7737 Cloisters Square Perth WA 6850 | Queensland GPO Box 1452 Brisbane QLD 4001 | South Australia GPO Box 1071 Adelaide SA 5001 | Victoria GPO Box 1903 Melbourne VIC 8060 |
| Postal address OnePath Life GPO Box 4148 Sydney NSW 2001 | | | | | |