

# Memorandum of transfer form – information guide

## Group risk insurance

June 2019

### OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

GPO Box 4129, Sydney NSW 2001

### Group Risk Administration

**Phone** 1800 648 921

**Email** group.risk@onepath.com.au

**Website** onepath.com.au

### 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 OnePath Life, 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

OnePath Life

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

Signature	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/"/>	<input type="text" value="/"/>
Name	<input type="text"/>			
Official position	Director of the current owner company <input type="checkbox"/>	Secretary of the current owner company	<input type="checkbox"/>	
Witness Signature	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/"/>	<input type="text" value="/"/>
Witness name	<input type="text"/>			
Signature	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/"/>	<input type="text" value="/"/>
Name	<input type="text"/>			
Official position	Director of the current owner company <input type="checkbox"/>	Secretary of the current owner company	<input type="checkbox"/>	
Witness Signature	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/"/>	<input type="text" value="/"/>
Witness name	<input type="text"/>			

### 3. New owner details

Company name	<input type="text"/>																		
ACN/ABN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office address	<input type="text"/>																		
Street	<input type="text"/>																		
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>														

### Signature of new owner

Signature	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/"/>	<input type="text" value="/"/>
Name	<input type="text"/>			
Official position	Director of the current owner company <input type="checkbox"/>	Secretary of the current owner company	<input type="checkbox"/>	
Witness Signature	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/"/>	<input type="text" value="/"/>
Witness name	<input type="text"/>			
Signature	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/"/>	<input type="text" value="/"/>
Name	<input type="text"/>			
Official position	Director of the current owner company <input type="checkbox"/>	Secretary of the current owner company	<input type="checkbox"/>	
Witness Signature	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/"/>	<input type="text" value="/"/>
Witness name	<input type="text"/>			

### 4. For use by OnePath Life

Date of transfer of registration by OnePath Life	<input type="text" value="/"/>	<input type="text" value="/"/>	Date (dd/mm/yyyy)	
Signature of Principal executive officer or authorised officer of OnePath Life	<input type="text" value="X"/>	Date (dd/mm/yyyy)	<input type="text" value="/"/>	<input type="text" value="/"/>

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