

# Change of policy ownership

## Memorandum of transfer

Insuranceline

Need any help completing this form? Call us on 1300 880 750 8am-8pm AEST

### Part A – Policy details

Please transfer Policy Number  to the transferee named in Part C or Part D below.

### Part B – Transferor details (current policy owner)

Date of Transfer  dd:  mm:  yyyy:

Transferor's Name

Transferor's Signature

Sign here:  Date: dd / mm / yy

Transferor's Signature (if more than one Policy Owner)

Sign here:  Date: dd / mm / yy

Witness's Signature

Sign here:  Date: dd / mm / yy

Is this a transfer to a financial institution as security for a debt? Yes ☐ No ☐

**Note:** If the transferor is a company, TAL Life Limited may require documentation to confirm this has been properly executed.

**If you are transferring to a new policy owner please complete Part C. If the new policy owner is a Self Managed Super Fund please complete Part D. Part F is to be completed in both cases.**

### Part C – Transfer to a new policy owner

Name/s of new Policy Owner/s

Name  Date of Birth:  dd:  mm:  yyyy:

Name  Date of Birth:  dd:  mm:  yyyy:

Or Name of Company/Financial Institution

Name

Postal Address of new owner/s

suburb:  state:  postcode:

Home Phone

Mobile Phone

E-Mail

Transferee's Signature

Sign here:  Date: dd / mm / yy

Sign here:  Date: dd / mm / yy

Witness's Signature

Sign here:  Date: dd / mm / yy

**Note:** If the Transferee is a Financial Institution which is taking the transfer of this policy as security for a debt, Insuranceline will continue to send premium notices to the Transferor.

Please keep a copy of this Form for your records.

## Part D – Transfer ownership to a self-managed superannuation fund

### IMPORTANT INFORMATION

By transferring the ownership of your benefit(s), the following will apply:

- the existing benefit(s) will be cancelled;
- a new policy will be issued with a new policy number for the transferred benefit(s);
- the terms, conditions and definitions that apply will be those applying to the new policy; and
- any exclusions, modifications and loadings that currently apply to the existing policy will also apply to the new policy.

Name of SMSF	<input type="text"/>		
ABN/ACN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of the Trustee or person authorised to administer and operate the fund			
Name	<input type="text"/>		
Postal Address of Fund	<input type="text"/>		
	<input type="text" value="suburb:"/>	<input type="text" value="state:"/>	<input type="text" value="postcode:"/>
Country	<input type="text"/>		
Home Phone	<input type="text"/>		
Mobile Phone	<input type="text"/>		
E-Mail	<input type="text"/>		

Signature of Trustee or Authorised Representative:

Sign here:	Date: dd / mm / yy
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Sign here:	Date: dd / mm / yy
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Witness's Signature:

Sign here:	Date: dd / mm / yy
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OFFICE USE ONLY

## Part E – Registration of transfer

Date of registration of transfer by TAL

dd:	mm:	yyyy:
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Signature of Principal Officer of company or authorised person

Sign here:

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## Part F – Banking details

### Payment Frequency

Fortnightly on Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ starting from

Monthly on the  of each month (*enter a date between 1st and 28th of the month*)

Annually ☐

### Payment Method

Type Direct Debit ☐ Credit Card ☐ Cheque ☐

### Credit Card Payments

I authorise the debit of my premium from my: Visa ☐ Mastercard ☐ Expiry Date

Account Name

Card Number

### Direct Debit Request

I request and authorise TAL Life Limited (User Number: 245 397) to arrange, through its own financial institution, a debit to the account nominated below of any amount TAL Life Limited has deemed payable by me.

BSB Number - (Branch Number)  -

Name and address of Bank/Financial Institution

Account Name

Account Number

I authorise TAL Life Limited (user number 245397) to debit my premiums from either my credit card or through the Bulk Electronic Clearing System, according to whichever authorisation I have completed above. If using the direct debit system, I confirm that I have read the Direct Debit Request Service Agreement printed over the page. **For joint accounts, if required, both account holders must sign below.**

Sign here:

Date: dd / mm / yy

Sign here:

Date: dd / mm / yy

## Your privacy

The Privacy of Insuranceline customers is important and Insuranceline is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which Insuranceline and St Andrew's collect, use, secure and disclose your personal information, as well as details about how to access or correct your personal information held by us, or make a complaint in relation to privacy is set out in the Insuranceline and St Andrew's Privacy Policies which are available at [www.insuranceline.com.au/Privacy-Policy](http://www.insuranceline.com.au/Privacy-Policy) and [www.standrews.com.au](http://www.standrews.com.au) or free of charge on request to Insuranceline by contacting 1300 880 750 or [customerservice@insuranceline.com.au](mailto:customerservice@insuranceline.com.au)

### Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

### Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where Insuranceline is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices)

## How to return your documents

Please return this form in the Reply Paid envelope provided, or mail to FREE Post Reply Paid GPO Box 5380, Sydney NSW 2001