

## Transfer of ownership (Memorandum of Transfer)

You can use this form below to transfer the ownership of this Policy to another owner.

Note that a change of ownership will void any existing beneficiary nominations and the new policy owner should consider if it is appropriate to make a new nomination. If you need assistance, please call us on **132 979**

Date of transfer

D	D	M	M	Y	Y	Y	Y
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Policy number

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### Transfer from

Transferor 1 (name of current Policy owner Individual 1/Business 1/ Self Managed Super Fund (**SMSF**) 1)

**Please do not specify Trustee or Director details in this field.**

Transferor 2 (name of current Policy owner Individual 2/Business 2/ SMSF 2)

### Transferee 1 details (new policy owner 1)

#### Owner entity type

Individual

Business

SMSF

#### Occupation:

*Please fill here if ticking this option*

*Director*

*Trustee*

Full name of Transferee 1

ABN Number (Business and SMSF only)

Full name of Director 1/Trustee 1 (Business and SMSF only)

For Business and SMSF only - has the certified Trust Deed (**SMSF**) or Company Details (Business) been provided?

Yes  No

### Personal details of Transferee 1

Title

Mr  Mrs  Ms  Miss  Dr Other

### Address of Transferee 1

Street number and name

Suburb

State

Postcode

### Contact details

Daytime phone number (  )

Mobile

### Transferee 2 details (new policy owner 2, if applicable)

#### Owner entity type

Individual

Business

SMSF

**Occupation:**

*Please fill here if ticking  
this option*

*Director*

*Trustee*

Full name of Transferee 2

ABN Number (Business and SMSF only)

Full name of Director 2/Trustee 2 (Business and SMSF only)

For Business and SMSF only - has the certified Trust Deed (**SMSF**) or Company Details (Business) been provided?

Yes  No

### Personal details of Transferee 2

Title

Mr  Mrs  Ms  Miss  Dr Other

### Address of Transferee 2

Street number and name

Suburb

State

Postcode

### Contact details

Daytime phone number (  )

Mobile

**Declaration** (Please note that signatures cannot be witnessed by the current policy owner/s, new policy owner/s or yourself).

- I have read and consent to the collection, use and disclosure of my personal information as set out in the Trustee's and ClearView's Privacy Policy.
  - if I am the current policy owner(s), ClearView may disclose my information to the transferee(s); and
  - if I am the transferee(s), ClearView may disclose my information to the policy owner(s).

ClearView's Privacy Policy is available at [clearview.com.au](http://clearview.com.au) or by contacting ClearView on **1800 265 744**. The Trustee's privacy policy is available at [eqt.com.au/global/privacystatement](http://eqt.com.au/global/privacystatement) or by contacting the Trustee's Group Privacy Officer on (03) 8623 5000.

Signature of Transferor 1

Date

Signature and printed name of Transferor 1's witness

Date

Signature of Transferor 2

Date

Signature and printed name of Transferor 2's witness

Date

Signature of Transferee 1

Date

Signature and printed name of Transferee 1's witness

Date

Signature of Transferee 2

Date

Signature and printed name of Transferee 2's witness

Date

**Office use**

Signature of principal executive (or authorised person) of the life company

Date of transfer of registration by the life company

**Sending your completed form:**

ClearView Life Assurance Limited  
Reply Paid 4232, Sydney NSW 2001

**Email:**  
[clearviewlife.maintenance@clearview.com.au](mailto:clearviewlife.maintenance@clearview.com.au)

If you have any enquiries, you can phone **132 979** from anywhere within Australia, 8.30am-6pm AEST, Monday to Friday.

ClearView Life Assurance Limited ABN 12 000 021 581 AFS Licence No. 227682 Issued by: ClearView Life Assurance Limited ABN 12 000 021 581 AFSL No. 227682 (ClearView). HTFS Nominees Pty Limited: ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659.