

# Memorandum of Transfer

January 2025

**Zurich Australia Limited (Zurich, OnePath)**

ABN 92 000 010 195 AFSL 232510

**Customer Care**

**Phone** 133 667

**Email** [client.onepath@zurich.com.au](mailto:client.onepath@zurich.com.au)

**Website** [onepath.com.au](http://onepath.com.au)

**This form can be used to apply to transfer or assign the ownership of a OneCare or World of Protection 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 or World of Protection policy.**  
**Do not use this form when transferring ownership from OneCare Super or Leading Life in Retirement Portfolio Service to an individual.**
- The transfer/assignment of ownership is subject to OnePath's agreement to the transfer/assignment and is only effective after OnePath signs and registers the transfer/assignment.
- A transfer/assignment may be liable for stamp duty.

The following documents must be provided and sent to us via email or post:

- **A completed and signed Memorandum of Transfer form.**
- **A completed Direct Debit request form**
- **Proof of identity of the Current policy owner(s).** See details below.

A Current policy owner (transferor) and the new policy owner (transferee) refers to one of the following options:

### 1. One or two individuals

Please attach a certified copy\* of a driver's licence or passport with this form for all individuals.

### 2. A company

Please provide ABN details in Section 1 on page 2. Please attach a certified copy\* of a driver's licence or passport with this form for all directors. If a change in company name only with no change in ABN details, an 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 licence 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 licence or passport with this form for all trustees or directors of the corporate trustee. If there is a change of trustee with no change in super fund name, a signed statutory declaration is required, not an assignment.

\* 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, Australia 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**

Date of transfer (dd/mm/yyyy)  /  /

**Option 1 – Transferor (Individual name)**

**Person one**

Full name of transferor

Signature of transferor  X

Date (dd/mm/yyyy)  /  /

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

Signature of transferor's witness  X

Date (dd/mm/yyyy)  /  /

**Person two** (if applicable)

Full name of transferor

Signature of transferor  X

Date (dd/mm/yyyy)  /  /

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

Signature of transferor's witness  X

Date (dd/mm/yyyy)  /  /

**Option 2 – Transferor (Company, Sole Trader or Partnership)**

Company or business name

A.B.N.

**Director one, sole trader or partner one**

Full name of transferor

Signature of transferor  X

Date (dd/mm/yyyy)  /  /

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

Signature of transferor's witness  X

Date (dd/mm/yyyy)  /  /

**Director two or partner two** (if applicable)

Full name of transferor

Signature of transferor  X

Date (dd/mm/yyyy)  /  /

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

Signature of transferor's witness  X

Date (dd/mm/yyyy)  /  /

**Option 3 – Transferor (SMSF and Small APRA fund (SAF) or Trust)**

Name of SMSF or Trust

A.B.N.

**If Trustee is a corporation (leave blank if individual trustee)**

Full name of transferor (i.e. company name or business name)

A.B.N.

**Trustee one or director one**

Full name of transferor

Signature of transferor  X

Date (dd/mm/yyyy)  /  /

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

Signature of transferor's witness  X

Date (dd/mm/yyyy)  /  /

**Trustee two or director two**

Full name of transferor

Signature of transferor  X

Date (dd/mm/yyyy)  /  /

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

Signature of transferor's witness  X

Date (dd/mm/yyyy)  /  /

**Trustee three or director three** (if applicable)

Full name of transferor

Signature of transferor

Date (dd/mm/yyyy)

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

Signature of transferor's witness

Date (dd/mm/yyyy)

**Trustee four or director four** (if applicable)

Full name of transferor

Signature of transferor

Date (dd/mm/yyyy)

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

Signature of transferor's witness

Date (dd/mm/yyyy)

**Privacy Statement**

I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policy and the Privacy Statement contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at [onepath.com.au/about-us/privacy-policy](http://onepath.com.au/about-us/privacy-policy)

**Section 2: To be completed by the New policy owner(s)****Contact details for correspondence**

Please indicate if you wish to be notified by SMS for service messages, such as when premiums are dishonoured or becomes overdue (OneCare policies only) 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

Suburb/Town  State  Postcode

Email address  Mobile

New policy owner(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 – Transferee(s) (Individual name)****Person one**

Full name of transferee

Address of transferee

Occupation of transferee

Date of birth transferee (dd/mm/yyyy)

Signature of transferee

Date (dd/mm/yyyy)

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

Signature of transferee's witness

Date (dd/mm/yyyy)

**Person two**

Full name of transferee

Address of transferee

Occupation of transferee

Date of birth transferee (dd/mm/yyyy)

Signature of transferee

Date (dd/mm/yyyy)

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

Signature of transferee's witness

Date (dd/mm/yyyy)

**Option 2 – Transferee(s) (Company, Sole Trader or Partnership)**

Company or business name

Limit of 45 characters including spaces

A.B.N.

**Director one, sole trader or partner one**

Full name of transferee

Address of transferee

Occupation of transferee

Signature of transferee

Date (dd/mm/yyyy)

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

Signature of transferee's witness

Date (dd/mm/yyyy)

**Director two or partner two (if applicable)**

Full name of transferee

Address of transferee

Occupation of transferee

Signature of transferee

Date (dd/mm/yyyy)

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

Signature of transferee's witness

Date (dd/mm/yyyy)

**Option 3 – Transferee(s) (SMSF and Small APRA fund (SAF))**

Name of SMSF or Trust

Limit of 45 characters including spaces

A.B.N.

**If Trustee is a corporation (leave blank if individual trustee)**

Full name of transferee (i.e. company name or business name)

Limit of 45 characters including spaces

A.B.N.

**Trustee one or director one**

Full name of transferee

Address of transferee

Occupation of transferee

Signature of transferee

Date (dd/mm/yyyy)

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

Signature of transferee's witness

Date (dd/mm/yyyy)

**Trustee two or director two (if applicable)**

Full name of transferee

Address of transferee

Occupation of transferee

Signature of transferee

Date (dd/mm/yyyy)

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

Signature of transferee's witness

Date (dd/mm/yyyy)

**Trustee three or director three (if applicable)**

Full name of transferee

Address of transferee

Occupation of transferee

Signature of transferee

Date (dd/mm/yyyy)

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

Signature of transferee's witness

Date (dd/mm/yyyy)

**Trustee four or director four (if applicable)**

Full name of transferee

Address of transferee

Occupation of transferee

Signature of transferee

Date (dd/mm/yyyy)

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

Signature of transferee's witness

Date (dd/mm/yyyy)

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I consent to the collection, use, storage and disclosure of my personal information as described in the Privacy Policy and the Privacy Statement contained in the PDS (including discussing any information obtained from me and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at [onepath.com.au/about-us/privacy-policy](http://onepath.com.au/about-us/privacy-policy)

**This transfer is only effective after OnePath signs and registers the transfer/assignment.**

**Please return this form and all relevant documents to either:**

- **client.onepath@zurich.com.au**
- **OnePath, Locked Bag 994, North Sydney NSW 2059**

**Office use only**

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

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

Date (dd/mm/yyyy)

**Postal address**

OnePath  
Locked Bag 994  
North Sydney NSW 2059