

Advice on Replacement Business

This form must be completed when a regular premium risk insurance policy or benefit is replaced by a new policy or benefit. This form is used for internal transfers and external replacement business.

Details of new policy/benefit

Customer Name

Type of policy/benefit Annual Premium \$

Is initial commission being received in relation to the new policy/benefit? Yes No

Is instalment commission being taken as an alternative form? Yes No

Details of policy(ies), benefits(s) being replaced

	Policy 1	Policy 2	Policy 3
Policy number(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy number(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Premium(s)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Details of replacement – statement of Adviser/Intermediary

1. The specific reasons for the replacement of this existing policy/benefit are:

2. The policy/benefit to be replaced cannot adequately fulfil the owner's objectives because:

3. The following death or disability risks are not covered by the new policy/benefit which **were** covered by the old policy/benefit:

Name of Adviser

Address of Adviser

Telephone ()

Adviser's signature Date / /

Policy Owner signatures

I accept that by transferring I am ending this policy/these policies/benefit(s) and release all claims that have been made or may be made on Asteron Life under this policy/these policies.

Owners's Signature
(of policy/benefit being replaced)

Date

Sign here

Owners's Signature
(of policy/benefit being replaced)

Date

Sign here

Owners's Signature
(of policy/benefit being replaced)

Date

Sign here