

# Change of Ownership



Please complete this form if you wish to transfer the ownership of your policy to another person or company.

## 1 Policy number details

Please provide the policy number(s) and today's date. This Change of Ownership form is valid for 90 days from the date the form is completed and will not take effect until processed by AIA.

Policy number(s)

Date form completed

Would you like this policy grouped with another AIA or related policies for correspondence purposes?

Yes

No

NB: Not all policies can be grouped. Contact the Operations Team for details.

If YES, please list policy numbers

\* Where related policy/policies means eligible policy(s) issued for the Life to be Assured, where Sovereign Assurance Company Limited ("Sovereign"), or AIA International Limited, New Zealand Branch ("AIA International"), was the insurer.)

## 2 Current owner details

All policy owners must complete and sign. All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy or policies.

### Current owner 1

Full name  
(or company name)

Signature

Name of witness

Signature of witness

### Current owner 2

Full name  
(or company name)

Signature

Name of witness

Signature of witness

### Current owner 3

Full name  
(or company name)

Signature

Name of witness

Signature of witness

### 3 New owner(s) details

The new policy owner can be a person or persons aged 16 or above, a company or a bank. The new owner(s) cannot be a family trust; however, ownership can be transferred to individual trustees without mentioning the trust or the fact that individuals are trustees. If the new owner is a bank, the bank must stamp and sign the form. All new policy owners must complete and sign the form. All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy or policies. **Please note:** If Ownership is changing for a child less than 16 years on a Trauma policy, AIA requires proof that the new policy owner is a parent or has legal guardianship, e.g. (Copy of child's birth certificate confirming parents; Copy of adoption documentation confirming adoptive parents or Copy of family court order appointing legal guardians).

**New owner 1** (new owner 1 will be the mailing address for the policy)

Airpoints™ number

Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Mx
Full name (or company name)	<input type="text"/>				
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Signature	<input type="text"/>		
Mailing Address	<input type="text"/>				
Town, city or district	<input type="text"/>	Postcode	<input type="text"/>		
Email	<input type="text"/>	Mobile	<input type="text"/>		
Home phone	<input type="text"/>	Business phone	<input type="text"/>		
Name of witness	<input type="text"/>	Signature of witness	<input type="text"/>		

**New owner 2**

Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Mx
Full name (or company name)	<input type="text"/>				
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Signature	<input type="text"/>		
Mailing Address	<input type="text"/>				
Town, city or district	<input type="text"/>	Postcode	<input type="text"/>		
Email	<input type="text"/>	Mobile	<input type="text"/>		
Home phone	<input type="text"/>	Business phone	<input type="text"/>		
Name of witness	<input type="text"/>	Signature of witness	<input type="text"/>		

**More than two new owners?**  If more than two new owners, please tick the box and complete page 3

### 4 Checklist

- I/we have completed:
- |   |   |
|---|---|
| <input type="checkbox"/> Policy number(s) of the policy or policies I/we want to transfer   | <input type="checkbox"/> Contact details and dates of birth for each new owner  |
| <input type="checkbox"/> Names and signatures of current and new owner(s)   | <input type="checkbox"/> Enclosed a copy of current policy owner(s) driver's licence(s) or passport(s) for signature/identification purposes. |
| <input type="checkbox"/> A witness (over 16 years of age, not associated with the policy/policies) to sign, confirming current and new policy owners' names |   |

**Current owner(s) and new owner(s) — what you need to do:**

- > Ensure all parties have a clear understanding of what is being transferred. If you have any questions, please contact the AIA Customer Relationship Team on 0800 500 108.

**What we'll do:**

- > Register the change of ownership as requested.
- > Send a confirmation letter to the original owner once the changes have been made.

**For use by AIA – Change of Ownership**

Registered (stamp and sign)

Date form completed  /  /

**AIA House,**  
74 Taharoto Road,  
Takapuna,  
Auckland 0622

**Private Bag 92499,**  
Victoria Street West,  
Auckland 1142

**Phone (Int.):** +64 9 487 9963  
**Freephone:** 0800 500 108  
**Freefax:** 0800 329 768  
**Email:** enquireNZ@aia.com  
**Web:** aia.co.nz



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**New owner details (continued)**

**New owner 3**

Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Mx
Full name (or company name)	<input type="text"/>				
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Signature	<input type="text"/>		
Mailing Address	<input type="text"/>				
Town, city or district	<input type="text"/>	Postcode	<input type="text"/>		
Email	<input type="text"/>	Mobile	<input type="text"/>		
Home phone	<input type="text"/>	Business phone	<input type="text"/>		
Name of witness	<input type="text"/>	Signature of witness	<input type="text"/>		

**New owner 4**

Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Mx
Full name (or company name)	<input type="text"/>				
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Signature	<input type="text"/>		
Mailing Address	<input type="text"/>				
Town, city or district	<input type="text"/>	Postcode	<input type="text"/>		
Email	<input type="text"/>	Mobile	<input type="text"/>		
Home phone	<input type="text"/>	Business phone	<input type="text"/>		
Name of witness	<input type="text"/>	Signature of witness	<input type="text"/>		

**New owner 5**

Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Mx
Full name (or company name)	<input type="text"/>				
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Signature	<input type="text"/>		
Mailing Address	<input type="text"/>				
Town, city or district	<input type="text"/>	Postcode	<input type="text"/>		
Email	<input type="text"/>	Mobile	<input type="text"/>		
Home phone	<input type="text"/>	Business phone	<input type="text"/>		
Name of witness	<input type="text"/>	Signature of witness	<input type="text"/>		

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