

# Change of Policy Ownership

**Please complete and return with your current policy documents to Cigna Life Insurance, Freepost 11 8004, PO Box 24031, Wellington 6142. We recommend you keep a copy of this form for your records.**

Please use this form to **change or add a policy owner** to this insurance policy. This doesn't change the life insured but entitles the new policy owner(s) to access the policy information, change the policy cover or cancel the policy. The life insured does not have these rights unless they are a policy owner also. The policy owner(s) will be entitled to all benefits payable in the event of a claim.

If you are **adding** an owner but wish to remain an owner of the policy, please ensure you fill in both your details and the additional owner's details in **Section 4**. Please ensure both Witness details are completed.

**Please complete each section in full.** If you need any help, please call us on 0800 900 047, we're available Monday – Friday, 8am to 6pm. Once we receive the documents we'll register the change of ownership and send the new policy documents to the new policy owner(s).

## 1. Policy details

Please print your details clearly in CAPITAL letters using a pen

Policy number	<input type="text"/>						
Date of transfer	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life insured 1	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other		
Life insured 2	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other		
First Name(s)	<input type="text"/>			First Name(s)			<input type="text"/>
Surname	<input type="text"/>			Surname			<input type="text"/>

## 2. Current owner details

If there is more than one policy owner then both owners must sign. All signatures must be witnessed by another person.

Current owner 1	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	Current owner 2	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
First Name(s)	<input type="text"/>					First Name(s)	<input type="text"/>				
Surname	<input type="text"/>					Surname	<input type="text"/>				
Signature of current owner 1						Signature of current owner 2					

**If you want to remain as a policy owner, you'll need to fill in Section 4 for yourself and the new policy owner.**

## 3. Witness details (current owner)

To be completed by a third party, other than policy owner(s).

First Name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	
		Signature of current owner 1

**Please turn over to complete new Policy Owner details on the back.**

# 4. New owner details

Must be 18 years of age or over.

The new policy owner can be a person, a company or a bank. The new owner cannot by law 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.

New owner 1  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

First Name(s)

Surname

Date of birth  /  /

Address

Postcode

Phone (daytime)

Email

Signature of new owner 1

New owner 2  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

First Name(s)

Surname

Date of birth  /  /

Address

Postcode

Phone (daytime)

Email

Signature of new owner 2

I/we understand that the personal information provided above will be held and used by Cigna Life Insurance New Zealand Limited in accordance with its privacy policy published at [www.cigna.co.nz](http://www.cigna.co.nz) and that under the Privacy Act 1993 I/we have certain rights to access and correct information held by Cigna.

# 5. Witness details (new owner)

To be completed by a third party, other than policy owner(s).

First Name(s)

Surname

Signature of current owner 1

## Cigna use only

Registered (Stamp and number)

Signature (Authorised Officer)

Date  /  /