

Life Insurance Memorandum of Transfer of Ownership

TOWER Australia Limited
ABN 70 050 109 450 AFSL 237 848

Please submit the original policy schedule with this form.

Reference No.

Surname of life to be insured Given name of life to be insured

Date of transfer /

Is this a transfer to a Financial Institution as security for a debt? Yes No

If the Transferor is a Company, then TOWER may require confirmation that this has been properly executed.
If the Transferee is a Financial Institution, then TOWER will continue to send premium notices to the Transferor.

Name of Transferor (existing policy owner)	<input type="text"/>	<input type="text"/>
Address of Transferor	<input type="text"/>	<input type="text"/>
Signature of Transferor	X	X
Name of Witness	<input type="text"/>	<input type="text"/>
Signature of Witness	X	X
Name of Transferee (proposed policy owner)	<input type="text"/>	<input type="text"/>
Address of Transferee	<input type="text"/>	<input type="text"/>
Signature of Transferee	X	X
Name of Witness	<input type="text"/>	<input type="text"/>
Signature of Witness	X	X

MEMORANDUM OF TRANSFER OF OWNERSHIP CONTINUED

OFFICE USE ONLY

Official signature for
TOWER Australia
Limited

X
/ /

Date of processing

Please return the completed form to:

TOWER Australia Limited
PO Box 142
Milsons Point NSW 1565
T: 1300 209 088
F: 1300 351 133