

# Memorandum of Transfer

## Section A: Transferor Details

Policy Number:

POLICY OWNER 1:

Transfer From (Transferor) (Name in Full)

Signature of Transferor

x

Date

Witness (Name in Full)

Signature of Witness

x

Date

POLICY OWNER 2:

Transfer From (Transferor) (Name in Full)

Signature of Transferor

x

Date

Witness (Name in Full)

Signature of Witness

x

Date

## Section B: Transferee Details

POLICY OWNER 1:

Transferred to (Transferee) (Name in Full)

Address:

Occupation

Signature of Transferee

x

Date

Suburb:

State:

Postcode:

Witness (Name in Full)

Signature of Witness

x

Date

1300 555 625

Monday to Friday 8.00am to 6.00pm EST

MetLife Insurance Limited

ABN 75 004 274 882

AFSL No. 238096

690101

## Section B: Transferee Details (continued)

### POLICY OWNER 2:

Transferred to (Transferee) (Name in Full)

Address:

Occupation

Signature of Transferee

x

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Date

D	D	/	M	M	/	Y	Y
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Suburb:

State:

Postcode:

Witness (Name in Full)

Signature of Witness

x

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Date

D	D	/	M	M	/	Y	Y
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## Section C: Transfer Details

Date Transfer is Registered by MetLife Insurance Limited

D	D	/	M	M	/	Y	Y
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Signature of Authorised Officer

x

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**NB:** This Memorandum of Transfer is not to be used for a transfer to a trustee of a Superannuation Fund.

**MAIL TO: MetLife Insurance Limited**  
Reply Paid 3319  
SYDNEY NSW 2001

# MetLife®

**MetLife Insurance Limited**  
Level 9, 2 Park Street, Sydney NSW 2000  
GPO Box 3319 Sydney NSW 2001  
ABN 75 004 274 882  
AFSL No. 238096  
www.metlife.com.au

**1300 555 625**  
Monday to Friday 8.00am to 6.00pm EST

Products are offered by MetLife Insurance Limited, which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand. None of the obligations of MetLife Insurance Limited are guaranteed by MetLife, Inc. (Incorporated in the USA) or any other member of the MetLife group. Prepared September 2007.

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