

# Insurance Transfer of Ownership

Please use this form if you would like to change the ownership of your AMP Insurance policy.

## How to complete this form

- A Section (a)**  
Existing owner(s) information and declarations.
- B Section (b)**  
New owner(s) information and declarations.
- C Section (c)**  
New owner(s) Verification of Identity section

**This section is NOT required for Risk Protection Plans, Term Life Insurance and Lifetrack policies.**

For all other policies (including Whole of Life and Endowment), each new policy owner is required to complete this section and post their certified identity documents and proof of address to us.

This is a requirement of the Anti-Money Laundering and Counter Financing of Terrorism Act 2009.

If you are unsure what type of policy you have, please call us on **0800 808 267**.

## Where to send this form and supporting identification documents

**Form only (Lifetrack, Risk Protection Plans, Term Life Insurance):**  
askus@amp.co.nz

**Form and supporting documents:**  
AMP Customer Services  
FreePost 170  
PO Box 1692  
Wellington 6140

*Advisers: please forward all documents via EasySubmit.*

## Things to note



### Do you have a loan or mortgage on the policy?

Please contact us on 0800 808 267 for the Deed of Assignment form or Loan Acknowledgement form.



### We will ask for your current New Zealand Drivers Licence or Passport number

Please provide your New Zealand Drivers Licence or Passport number, expiry date and licence version number where we ask for it on this form. This is required for online identity verification.

If you cannot provide these details, or if we are unable to verify your identity online, we may contact you for more information. Please ensure you provide a daytime contact phone number on this form.



### Amendments

If any amendments are made to the information on this form, please ensure all owners sign and date the amendment(s).



### Confirmation

Confirmation of this transfer of ownership will be sent to any existing policy owners who are being removed as an owner and to the New Policy Owner 1.


All future correspondence relating to this policy will be sent to the address of the New Policy Owner 1 only.



### Trusts and companies

A life insurance policy cannot be owned by a trust. However, it can be owned by the individual trustees of the trust in their personal capacity. Please do not put a reference to the trust or the term 'trustees' on this Transfer of Ownership form.

## We're here to help

 0800 808 267

 askus@amp.co.nz

 amp.co.nz



# Transfer of Ownership

**Adviser use only:**

Adviser number:

Adviser name:

Advisers can forward all documents via EasySubmit.

If sending the form with supporting documents, please post to:  
**AMP Customer Services**  
**FreePost 170**  
**PO Box 1692**  
**Wellington 6140**

If sending the form only, please email to: **askus@amp.co.nz**

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed your details, print, sign and send the form and any supporting documents to the address above.

**Transfer of ownership of this policy**

Policy number

**Privacy Statement**

The personal information provided on this form and other personal information that may be held by AMP already or in the future will be held by AMP and used to process this transfer of ownership, administer the policy and to consider any claims. The information may also be used to identify and offer other products or services available by or through AMP that may be suitable to your needs. AMP holds information about you securely. You have the right to ask for, see and if incorrect, request correction of the information AMP holds about you by contacting **0800 808 267**.

**(a) Existing Policy Owner(s) to complete****Declaration for all existing policy owner(s) to sign**

I/We have read the Privacy Statement above and I/we confirm:

- The policy document is not held by any other person, bank or company;
- The policy has not been sold, assigned, mortgaged or deposited as security; with any person, bank or company; and
- I/We agree to transfer the ownership of the policy to the new policy owner(s) set out in this form and understand that the transfer of ownership will only be valid and effective upon registration by AMP Life Ltd.

**Existing Policy Owner 1**

Title

 Mr  Mrs  Ms  Miss  Dr  Other 

Date of birth

First name(s)

Surname

Day time phone

 (  ) 

Email

Postal address

  Postcode

Current New Zealand Drivers Licence OR Passport number

Expiry date

Drivers Licence version number

I consent to the disclosure of the above details and agree that the above information will be checked with the Applicable Database administered by the Responsible Officials from the New Zealand Government.

**Existing Policy Owner 1 signature**
 SIGN HERE

Date

### Existing Policy Owner 2

Title  Mr  Mrs  Ms  Miss  Dr  Other  Date of birth

First name(s)  Surname

Day time phone ( )  Email

Postal address  
 Please tick if postal address same as New Policy Owner 1. Otherwise, please provide postal address below:  
 Postcode

Current New Zealand Drivers Licence OR Passport number  Expiry date  Drivers Licence version number

I consent to the disclosure of the above details and agree that the above information will be checked with the Applicable Database administered by the Responsible Officials from the New Zealand Government.

### Existing Policy Owner 2 signature

Date

### Existing Policy Owner 3

Title  Mr  Mrs  Ms  Miss  Dr  Other  Date of birth

First name(s)  Surname

Day time phone ( )  Email

Postal address  
 Please tick if postal address same as New Policy Owner 1. Otherwise, please provide postal address below:  
 Postcode

Current New Zealand Drivers Licence OR Passport number  Expiry date  Drivers Licence version number

I consent to the disclosure of the above details and agree that the above information will be checked with the Applicable Database administered by the Responsible Officials from the New Zealand Government.

### Existing Policy Owner 3 signature

Date

If more than three owners, please print and complete an additional copy of this page.

## (b) New Policy Owner(s) to complete

### Insurer Financial Strength Rating

AMP Life Limited (AMP Life) has an A+ Insurer Financial Strength Rating given by S&P Global Ratings Australia Pty Limited (S&P), an approved rating agency.

Insurer Financial Strength Ratings may change from time to time. Contact AMP or your Adviser to confirm AMP Life Limited's current rating or go to S&P's website [standardandpoors.com](http://standardandpoors.com) for the current rating and the full rating scale.

A summary of the S&P's Insurer Financial Strength Rating Scale is as follows:

<b>AAA</b> Extremely strong financial security characteristics	<b>AA</b> Very strong financial security characteristics	<b>A</b> Strong financial security characteristics	<b>BBB</b> Good financial security characteristics	<b>BB</b> Marginal financial security characteristics	<b>B</b> Weak financial security characteristics	<b>CCC</b> Very weak financial security characteristics	<b>CC</b> Extremely weak financial security characteristics	<b>R</b> Regulatory Supervision	<b>SD or D</b> Selective Default or Default	<b>NR</b> Not rated
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Plus (+) or minus (-) signs following ratings from 'AA' to 'CCC' show relative standing within the major ratings categories.

### Declaration for all new policy owner(s) to sign

I/We have read this form including the Privacy Statement on page 2 and the Insurer Financial Strength Rating on page 3, and I/we confirm:

- I/We agree to accept the ownership of the policy as stated in this form and understand that the transfer of ownership will only be valid and effective upon registration by AMP Life Ltd; and
- I/We understand that confirmation of the transfer of ownership and all future correspondence about the policy will be sent to the New Policy Owner 1 only.

#### New Policy Owner 1

**IMPORTANT:** Confirmation of the transfer of ownership and all future correspondence about the policy will be sent to the **New Policy Owner 1 only**

Title  
 Mr  Mrs  Ms  Miss  Dr  Other

Date of birth

First name(s)

Surname

Day time phone  
( )

Email

Postal address

Postcode

Current New Zealand Drivers Licence OR Passport number

Expiry date

Drivers Licence version number

I consent to the disclosure of the above details and agree that the above information will be checked with the Applicable Database administered by the Responsible Officials from the New Zealand Government.

**New Policy Owner 1 signature**

Date

#### New Policy Owner 2

**IMPORTANT:** Confirmation of the transfer of ownership and all future correspondence about the policy will be sent to the **New Policy Owner 1 only**

Title  
 Mr  Mrs  Ms  Miss  Dr  Other

Date of birth

First name(s)

Surname

Day time phone  
( )

Email

Postal address  
 Please tick if postal address same as New Policy Owner 1. Otherwise, please provide postal address below:

Postcode

Current New Zealand Drivers Licence OR Passport number

Expiry date

Drivers Licence version number

I consent to the disclosure of the above details and agree that the above information will be checked with the Applicable Database administered by the Responsible Officials from the New Zealand Government.

**New Policy Owner 2 signature**

Date

### New Policy Owner 3

**IMPORTANT:** Confirmation of the transfer of ownership and all future correspondence about the policy will be sent to the **New Policy Owner 1 only**

Title  Mr  Mrs  Ms  Miss  Dr  Other  Date of birth

First name(s)  Surname

Day time phone  ( )  Email

Postal address  Please tick if postal address same as New Policy Owner 1. Otherwise, please provide postal address below:  
 Postcode

Current New Zealand Drivers Licence OR Passport number  Expiry date  Drivers Licence version number

I consent to the disclosure of the above details and agree that the above information will be checked with the Applicable Database administered by the Responsible Officials from the New Zealand Government.

**New Policy Owner 3 signature**  Date   
 SIGN HERE

If more than three owners, please print and complete an additional copy of this page.

### Checklist - Please check that the form has been completed correctly:

- Have you checked the form and ensured it has been correctly completed?  If required as set out in 'How to complete this form' on page 1, have all new owner(s) completed the verification of identity section and included supporting documents.
- Have all the declarations in section (a) and (b) been signed by all existing and new policy owner(s)?

### Registration of transfer (AMP use only)

Dated Registered by AMP Life Limited  Signature of Secretary, AMP Life Limited   
          SIGN HERE

Verification of Identity section on following page.

## (c) Verification of identity

### IMPORTANT:

All new policy owners specified in section (b) are required to complete this section. If more than one new owner, please print additional copies of the Verification of Identity section for completion.

**This section is NOT required for Risk Protection Plans, Term Life Insurance and Lifetrack policies.**

### Verification of identity

New owner full name

Date of birth

D	D	M	M	Y	Y	Y	Y
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### Proof of address

Please provide one of the documents below as proof of your residential address. The document must be addressed to you, and dated within the last six months.

- Letter or invoice from utility company (eg. electricity, gas, phone, Sky TV)
- Bank Statement
- Insurance policy or investment portfolio document
- Current rental tenancy agreement
- Letter from government agency (e.g. Inland Revenue, rates bill, vehicle registration)

### Proof of identity

Please complete one of the options listed below and attach copies of the requested document(s).

Please tick which document you are providing.

**Option 1**  ONE document from this section

<input type="checkbox"/> NZ passport (identity page)	<input type="checkbox"/> NZ firearms license
<input type="checkbox"/> Overseas passport (identity page)	<input type="checkbox"/> NZ certificate of identity

OR

**Option 2**  NZ driver's licence **PLUS** (ONE of the following)

<input type="checkbox"/> Super Gold card
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government
<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last six months

OR

**Option 3**  18+ identity card **PLUS** (ONE of the following)

<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government

## Certify your documents

### Certifying within New Zealand

#### DECLARATION BY TRUSTED REFEREE, AMP EMPLOYEE OR ADVISER (CERTIFYING IN NEW ZEALAND)

I,  confirm that

- I have sighted today the original of each document identified with a tick in section (c) above verifying the identity and address of the name of the person whose identity is being verified, and attached to this statement are true copies of those documents **initialled and dated** by me.
- The documents that have been provided represent the identity of the person named in the 'Verification of identity' section of this page.
- I am a **(tick one of the following)**

<input type="checkbox"/> New Zealand Lawyer	<input type="checkbox"/> Justice of the Peace
<input type="checkbox"/> Chartered Accountant	<input type="checkbox"/> Police Constable
<input type="checkbox"/> Registered Medical Doctor	<input type="checkbox"/> Registered Teacher
<input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives	
<input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court	
<input type="checkbox"/> AMP employee or Adviser (and AMP has authorised me to be its agent to conduct AML due diligence on its behalf)	
- I am not related to and do not live at the same address as the person named in the 'Verification of identity' section of this page.

Signature of trusted referee, AMP employee or adviser

Dated

D	D	M	M	Y	Y	Y	Y
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### Certifying outside of New Zealand

When certifying documents outside of New Zealand, your trusted referee must be a person who is authorised to take **statutory declarations** under the laws of the country, state or territory where the documents are being certified.

For more guidance please contact your Adviser or AMP.

#### DECLARATION BY TRUSTED REFEREE (OUTSIDE NEW ZEALAND)

I,  confirm that

- I have sighted today the original of each document identified with a tick in section (c) above verifying the identity and address of the person named in the 'Verification of identity' section of this page, and attached to this statement are true copies of those documents **initialled and dated** by me.
- The documents that have been provided represent the identity of the person named in the 'Verification of identity' section of this page.
- I am a
- In this capacity, I am authorised to take statutory declarations under the Laws of
- I am not related to and do not live at the same address as the person named in the 'Verification of identity' section of this page.

Signature of trusted referee

Dated

D	D	M	M	Y	Y	Y	Y
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