

Policy Owner Details

Policy Number

Title First name Middle name Surname

Policy Owner

(current Policy Owner)

Date of Birth

Details of Transfer

Date of Transfer

Signature of Transferor

(current Policy Owner)

Witness of Transferor

First name Surname Signature

Transferee's Full Name
(new Policy Owner)

Title First name Middle name Surname

Transferee's Address

Street

Suburb

State

Postcode

Transferee's Occupation

Signature of Transferee

Witness of Transferee

First name Surname Signature

For use by AIA Australia

Date of Registration of Transfer by AIA Australia

Signature of Principal Officer or Authorised
Person for AIA Australia

Please return this form to MaxLife Customer Service, PO Box 6143, Melbourne VIC 3004.