

### 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 1192, Chatswood NSW 2057.