

Please complete this form if you wish to transfer the ownership of your policy (or policies) to another person(s) or company.

1 Policy details

Please provide the policy number(s) and today's date.

Policy number(s)

Date form completed

 / /

Would you like this policy to be grouped with another Sovereign policy for correspondence purposes?

☐

YES

☐

NO

This Change of Ownership form is valid for 60 days from the date the form is completed and will not take effect until processed by Sovereign.

If YES, please list policy numbers

(NB: Not all policies can be grouped. Contact the Operations Team for details)

2 Current owner(s) details

All policy owners must complete and sign. All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy or policies.

Current owner 1.

First names (or company name)	Last name
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Signature	Name of witness
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Signature of witness

Current owner 2. (if applicable)

First names (or company name)	Last name
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Signature	Name of witness
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Signature of witness

Current owner 3. (if applicable)

First names (or company name)	Last name
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Signature	Name of witness
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Signature of witness

3 New owner(s) details

The new policy owner can be a person or persons aged 16 or above, a company or a bank. The new owner(s) cannot be a family trust; however, ownership can be transferred to individual trustees without mentioning the trust or the fact that individuals are trustees. If the new owner is a bank, the bank must stamp and sign the form. All new policy owners must complete and sign the form. All signatures must be witnessed by a person aged 16 or above, who is not associated with the policy or policies. **PLEASE NOTE:** If Ownership is changing for a child less than 16 years on a Trauma policy, Sovereign requires proof that the new policy owner is a parent or has legal guardianship, e.g. (Copy of child's birth certificate confirming parents; Copy of adoption documentation confirming adoptive parents or Copy of family court order appointing legal guardians).

New owner 1. (new owner 1 will be the mailing address for the policy)

Please circle one

Mr / Mrs / Ms / Miss / Dr / Other (please specify) _____

First names (or company name)	Last name
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Date of birth	Signature
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New owner contact details

Mailing address

Town, city or district	Post code
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Email	Mobile ()
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Home ()	Business ()
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Name of witness	Signature of witness
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New owner 2. (if applicable)

Please circle one

Mr / Mrs / Ms / Miss / Dr / Other (please specify) _____

First names (or company name)	Last name
-------------------------------	-----------

Date of birth	Signature
---------------	-----------

New owner contact details

Mailing address

Town, city or district	Post code
------------------------	-----------

Email	Mobile ()
-------	------------

Home ()	Business ()
----------	--------------

Name of witness	Signature of witness
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New owner 3. (if applicable)

Please circle one

Mr / Mrs / Ms / Miss / Dr / Other (please specify)

First names (or company name)

Last name

Date of birth

/ /

Signature

New owner
contact details

Mailing address

Town, city or district

Post code

Email

Mobile ()

Home ()

Business ()

Name of witness

Signature of witness

Checklist to help you complete your Change of Ownership request

I / We have completed:

☐

Policy number(s) of the policy or policies I/we want to transfer

☐

Contact details and dates of birth for **each** new owner

☐

Names and signatures of current and new owner(s)

☐

Enclosed a copy of current policy owner(s) driver's licence(s) or passport(s) for signature/identification purposes.

☐

A witness (over 16 years of age, not associated with the policy/policies) **to sign**, confirming current and new policy owners' names

☐

Enclosed the original policy document or completed the *Lost or Destroyed Policy Document Declaration* if you no longer have your policy document (see below)

Current owner(s) and new owner(s) — what you need to do

- > Ensure all parties have a clear understanding of what is being transferred. If you have any questions, please contact the Sovereign Customer Relationship Team on 0800 500 108
- > Complete both pages of the Change of Ownership form, and return together with your original policy document to Sovereign via post (Private Bag Sovereign, Victoria Street West, Auckland 1142)
- > If you have lost your original policy document, please complete the *Lost or Destroyed Policy Document Declaration* below, and return to Sovereign via post, fax 0800 768 435 or email to enquire@sovereign.co.nz

What we'll do

- > Register the change of ownership as requested
- > Send the new owner the original policy document or replacement policy document if the original was lost, plus the registered Change of Ownership form and a confirmation letter advising that the change has been made
- > Send a confirmation letter to the original owner once the changes have been made.

Lost or Destroyed Policy Document Declaration

Policy number(s)

This section is to be completed by the **current** policy owner(s), **only** if you have lost your original policy document.

Your declaration and signature (Please note this section must be completed by **all** current policy owners)

- > I/We declare that the policy has not been transferred to another person, and has not been deposited with any other person, bank or corporation as security
- > If I/we find my/our policy document, I/we will send it to Sovereign within seven days
- > I/We understand that the issue of a replacement policy documents makes the original policy document null and void and therefore I/we will not make a claim against the original policy document to Sovereign or any third party that may acquire or merge with Sovereign.

Policy owner signature 1

Date

/ /

Policy owner signature 2

Date

/ /

Policy owner signature 3

Date

/ /

For use by Sovereign change of Ownership

Registered (stamp and sign)

Date

/ /

Sovereign House,
74 Taharoto Road,
Takapuna,
Auckland 0622

Private Bag Sovereign,
Victoria Street West,
Auckland 1142

Freephone 0800 500 108
Freefax 0800 329 768
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