

Transfer of servicing rights request form

This transfer request will only be processed on receipt of this fully completed form. Also note that if the request for transfer relates to a corporate superannuation plan, a letter from the Authorising Officer on the company letterhead confirming the transfer must also be included.

Date

I advise AXA Australia/Summit that in respect of the policy/contract(s) listed below:

- I wish to terminate the appointment of my existing adviser ('the Existing Adviser'); and
- I wish to appoint as my new adviser Licensee

Appointed Adviser details

Telephone number Facsimile number Email

Contract number(s) to be transferred	Adviser account number*
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

* Your adviser account number is the number/code under which your business is submitted for AXA or Summit.

Please note that a transfer of servicing rights cannot be processed unless the Appointed Adviser has been allocated an adviser account number. If you do not have an adviser account number please contact your AXA Business Development Manager on 1800 655 655.

Policy/Contract owner declaration

By signing this Transfer of servicing rights request form, I confirm that I have read and understood the consequences (listed below) of my decision to **change advisers** for the above policy/contract(s).

I understand that the Existing Adviser:

- will no longer be remunerated for this policy/contract(s) following this decision
- will no longer have access to my policy/contract information, and
- will no longer be responsible for reviewing my ongoing needs.

I understand that the Appointed Adviser and their licensee:

- will have access to my policy/contract information
- will be responsible for providing me with ongoing advice relating to this policy/contract(s), and
- will be remunerated for this policy/contract(s) following the transfer.

Policy/Contract owner one signature Print name

Policy/Contract owner one address Date of birth

Policy/Contract owner two/Life insured (if applicable) signature Print name

Policy/Contract owner two/Life insured (if applicable) address Date of birth

Please return to AXA Australia Customer Service Centre, PO Box 14330, MELBOURNE VIC 8001, or alternatively fax to AXA on 03 8688 5799.



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