



Transfer of Retail Insurance Form

This form is to be completed by a financial adviser to update the billing information of a client's retail insurance from one IOOF platform to another IOOF platform. It should be provided to the Retail Insurer once the new account/member number is known.

Please ensure you have obtained your client's consent prior to completing and returning this form.

Member details

Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>	<input type="text"/>	Phone (mobile) <input type="text"/>

Retail Insurer

Retail Insurer Product

Retail Insurer policy number/s

Current Platform Account Fund Name (Closing)

IOOF Account/Member number

New Platform Account Fund Name (opening)

Eg. IOOF Essential, Expand, SPS etc

New IOOF Account/Member number

Adviser Name

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Insurer adviser number

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The member requests the Retail Insurer to update the billing information of their current insurance policy from their Current IOOF Platform Account to their New IOOF Platform Account.

This request will result in the ongoing premiums being deducted from their New IOOF Platform Account from the next billing cycle.

Insurer adviser Signature

Signature

Date

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Client Signature

Signature

Date

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