



## Withdrawal of transfer of payment rights.

This form is used by the policy owner(s) to withdraw all existing transfer of rights/transfer of payment rights on the policy shown below.

All policy owner(s) must sign this form. The policy owner(s), insured person and transferee(s) should take a copy of this signed form to complete their records.

	Policy number			
	/we the policy owner(s) require the withdrawal of transfer of payments rights to apply to the policy shown above from the date the form is received by Fidelity Life.			
	,			
	Policy owner (please print)	Policy owner signature	Date (DD/MM/YYYY)	
	[Please state your position if signing on behalf of a company]			
	Policy owner (please print)	Policy owner signature	Date (DD/MM/YYYY)	
	[Please state your position if signing on behalf of a company]			
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	Policy owner (please print)	Policy owner signature	Date (DD/MM/YYYY)	
	[Please state your position if signing on behalf of a company]			
Places notions value completed form to				
	Please return your completed form to:			
@ admin.services@fidelitylife.co.nz ⊠ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.				
	If you have any guestions places cent	uestions places contact us on 0800 88 90 88		

If you have any questions please contact us on 0800 88 22 88.

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