

# Inactivation / Transfer Form



DD/MM/YYYY

We hereby request AIA to implement the Inactivation/Transfer on  (date) or as soon as is reasonably practicable for AIA.

|   |                              |                                   |                      |  |
|---|------------------------------|-----------------------------------|----------------------|--|
| Original Adviser  | <input type="text"/>         |                                   | <input type="text"/> |  |
| Inactivation of original adviser? (please tick one)     | <input type="checkbox"/> Yes | <input type="checkbox"/> No       |                      |  |
| New Adviser   | <input type="text"/>         |                                   | <input type="text"/> |  |
| Policy/Loan Numbers to be transferred (please tick one) | <input type="checkbox"/> All | <input type="checkbox"/> Selected | <input type="text"/> |  |

|            |                                    |
|------------|------------------------------------|
| Signed by: | <input type="text"/>               |
|            | as director or delegated authority |
| Signature  | <input type="text"/>               |
| Date       | <input type="text"/>               |

