

Date _____
 Name of Policyholder _____
 Address of Policyholder _____

Dear Policyholder,

CASHING IN YOUR LIFE POLICY

We understand you wish to sell your whole of life or endowment life insurance policy. To ensure the fastest possible payout, we provide a 2 stage settlement process as follows:

Stage 1: We will pay you the total Net Surrender Value within 7 days of receiving the required documentation. This way, you receive payment in the same time it takes to surrender to the life insurance company.

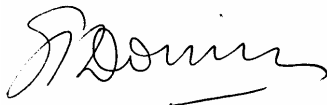
Stage 2: Once we have purchased the policy we will request information from the life insurance company to determine whether we are able to provide an Additional Payment. The Additional Payment is dependent on the information and contract terms provided to us by the life insurance company. Please note, we cannot guarantee an Additional Payment will be provided in each and every case. To proceed with the sale of your policy/s we will require the documentation as per the attached checklist.

If you wish to proceed with the sale of your policy/s we will require the documentation as per the attached checklist.

Once we have received the above documentation you will be issued with a cheque for the total Net Surrender Value, subject to final confirmation of premium and loan debts, and policy ownership with the life insurance company.

Should you have any queries regarding the sale of your policy please do not hesitate to contact the writer.

Yours faithfully



Policy Exchange – Client Services

WARNING:

- 1. Documents must be returned to Life Insurance Policy Exchange Limited (“Policy Exchange”) prior to the “Valid To” date showing on the Contract for Sale. Policy Exchange reserves the right to adjust the Total Net Surrender Value payable for any additional interest & premiums incurred, and any changes in surrender value.**
- 2. Please ensure that all premium payments are stopped and deduction authorities cancelled immediately for each policy you wish to sell. Life Insurance Policy Exchange Ltd will not be held liable for any overpayment of premiums after the sale date and no refunds will be permitted.**

CHECKLIST

In ALL cases, please call us first on freephone 0800 476 542 to determine whether your client's policy is suitable for trading through Life Insurance Policy Exchange Limited.

€ CONTRACT FOR SALE

Please complete the attached Contract for Sale and arrange for it to be signed and witnessed.

€ IDENTIFICATION

Please supply a photocopy of the policyowners drivers licence or passport, and for the photocopy to be certified and witnessed by a non-family member in the following manner.

I hereby certify that this is a true copy of the original

Witness Name

Witness Signature

Date

DO NOT SIGN THIS PAGE. YOU NEED TO INCLUDE THESE DETAILS DIRECTLY ONTO THE PHOTOCOPY OF THE OWNERS IDENTIFICATION

€ POLICY DOCUMENT OR LOST POLICY DECLARATION

Please provide the original policy document together with any attaching endorsements or alterations. If you are unable to locate your policy document please contact us and we will forward a Lost Policy Declaration.

Please note: A Lost Policy Declaration is required for each policy you wish to sell for which you are unable to locate the original policy document. If you have more than one policy you will need to photocopy the form and complete for each policy accordingly.

€ MEMORANDUM OF TRANSFER

The "Memorandum of Transfer" schedule on the policy document will require your completion at the section marked "transferor" and witnessed by a third party. A blank memorandum of transfer is included herewith if one is not shown on the policy document or if you have lost the policy document.

Please note: A Memorandum of Transfer is required for each policy you wish to sell. If you have more than one policy you will need to photocopy the attached form and complete for each policy accordingly.

€ AUTHORITY FORM

Please arrange for the attached Authority Form to be completed by the policyholder.

CONTRACT FOR SALE

Name of Policyholder(s): _____

Address: _____

Phone Numbers: Home _____ Business _____ Mobile _____

Policy Schedule:

Life Insurance Policy Number	Date Last Premium Paid	Gross Surrender Value	Premium Debts against Policy	Loan Debts against Policy	Net Surrender Value	Date info obtained from Life Company
<i>Total Net Surrender Value</i>						
(“Valid Period” is 14 days from date info obtained from Life Company)						

Initial Payment

I/we hereby offer to assign the abovementioned life insurance policy(s) to Perpetual Trust Limited, as custodian for L.I.P.B Limited (“LIPB”) a 100% owned funding subsidiary of Life Insurance Policy Exchange Limited (“Policy Exchange”), in return for payment of the *Total Net Surrender Value* from LIPB. In making this assignment I/we certify that:

- I/we are the true owner/s of the policy(s) and that there are no outstanding loans or premiums against the policy(s) beyond those disclosed in the above schedule;
- No other person has any interest in, or charge over the policy, and that the information provided by me to Policy Exchange is true;
- Information provided by me to the life insurance company is true and that there are no matters of which I/we are aware that would prevent full payout of the policy at maturity.

If this is subsequently found to be incorrect, I/we acknowledge that Policy Exchange may, in its absolute discretion, adjust the *Total Net Surrender Value* accordingly, or request that any unpaid premiums be paid forthwith, or request full repayment of the *Total Net Surrender Value*.

I/we also understand that should the settlement documents be returned to Policy Exchange after the “Valid Period” shown above, the *Total Net Surrender Value* may be adjusted for any additional interest charged by the life company, premiums due, or changes in surrender values by the life company.

Additional Payment

I/we understand and acknowledge that:

- Policy Exchange will, based on information provided to them by the life insurance company, complete due diligence on the policy(s) to determine whether or not LIPB is able to make an additional payment over the *Total Net Surrender Value*;
- The quantum of the additional payment payable by LIPB is at the sole discretion of Policy Exchange, and will be net of replacement policy fees charged to LIPB by the life company, if any;
- Any additional payment is not guaranteed. In the event that LIPB is unable to make an additional payment, the policy will be surrendered with the life company.

Privacy Notice

I/we understand and acknowledge that, in accordance with the requirements of Part II of the Privacy Act 1993:

- Policy Exchange collects information from policyowners and lives insured and asks them to sign authorities to enable it to hold a record of the name and address of the policyowner/s, the name, address and date of birth of the life insured, and to access policy information from the appropriate life office with a view to enhancing the policy payout;
- Upon purchase by LIPB the policy document will be transferred into the name of Perpetual Trust Limited;
- LIPB acquires all policies for the net surrender value in the first instance, prior to Policy Exchange undertaking any due diligence to determine if an additional payment can be made. Irrespective of whether LIPB can make an

MEMORANDUM OF TRANSFER

PLEASE COMPLETE THE MEMORANDUM OF TRANSFER ON THE POLICY DOCUMENT IF AVAILABLE.

THIS FORM SHOULD ONLY BE COMPLETED IF THE MEMORANDUM OF TRANSFER ON THE POLICY DOCUMENT IS FULL OR THE POLICY DOCUMENT HAS BEEN LOST. IF THE POLICY DOCUMENT IS LOST, THE POLICYHOLDER MUST ALSO COMPLETE A LOST POLICY DECLARATION.

	Policy Number:	MEMORANDUM OF TRANSFER TRANSFEREE (NEW POLICY OWNER)
<i>Leave Blank</i>	Date of Transfer:	
<i>Policyowner(s) are to sign in the Transferor Section</i>	Signature of Transferor:	
<i>Witness to sign in witness section</i>	Witness Name: _____	
	Witness Signature: _____	
----- ↑ ↓ -----	Name in Full: PERPETUAL TRUST LIMITED	
<i>Leave Blank</i>	Address: C/- Life Insurance Policy Exchange P O Box 105492 AUCKLAND, 1143	
	Occupation: N/a	
	Date of Birth: N/a	
	Signature of Transferee:	
	Witness Name: _____	
	Witness Signature: _____	
	Date of Registration of Transfer by Company:	
	Signature of Principal Officer of Company or Person Authorised by him:	



AUTHORISATION FORM

FREephone
0800 476 542

Policy Owner

Surname _____ First Names _____ Date of birth _____

Surname _____ First Names _____ Date of birth _____
(if joint owner) (if joint owner) (if joint owner)

Address _____
(the address must tie in with latest correspondence you have received from the life company)

Phone (Home) _____ (Bus) _____
(this MUST be provided)

Life Insured

Name _____ Name (if joint lives insured) _____

Policy Details

Life Insurance Company _____

Policy Number	Whole of Life or Endowment	Original Start Date	Maturity Date (if any)	Gross Surrender Value

General Authority

Please supply Life Insurance Policy Exchange Limited ("Policy Exchange") with any information required by them in relation to the policy owners, the life insured and the policy/s identified above, and email that information directly to Policy Exchange at info@policyexchange.co.nz. Additionally, I hereby authorize Policy Exchange to undertake a credit check of the policy owners, if they so choose, in order to determine good title to the policy/s being evaluated by them.

Signed by policyowner _____

Signed by policyowner (if joint ownership) _____