

Transfer of Policies between Sub-Advisers



Existing sub-adviser

Name Company

Agency number Agreed transfer date

d	d	m	m	y	y	y	y
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List policies to be transferred or attach and initial the list of policies to be transferred

Reason for transfer

Answer only if this is a transfer of the whole book (else leave blank).

Is the agency to remain open or to be closed for new business? Open Closed

New sub-adviser (must have an existing nib agency)

Name Company

Agency number

Approved by

Signed Name

Date

d	d	m	m	y	y	y	y
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Please email to: advisersupport@nib.co.nz