Transfer of Policies between Sub-Advisers

Existing sub-adviser

Name | Company

Agency number (required) | Agreed transfer date d d m m y y y y

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

Policy number	Health	Life	Trauma	TPD	Income Protection	Mortgage Protection
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

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 (required)

Approved by

Signed | Name

Date d d m m y y y y

Please email to: **advisersupport@nib.co.nz**