

Change of Name Notification

If you require any assistance completing this form, please contact your Adviser, or call our Customer Contact Centre on 0800 14 54 33. Please send completed form to: Private Bag 300995, Albany, Auckland 0752.

1.0 Your previous details

Name as currently recorded by Partners Life

First name(s)	Surname
Previous signature	Date of birth / /

2.0 Your new details

a) Title

Mr Mrs Ms Miss Dr Other

b) New name to be recorded by Partners Life

First name(s)	Surname
New signature	

c) Reason for name change (please tick the appropriate boxes)

Change of name by marriage Change of name by Deed Poll Name incorrectly recorded

Other (please specify)

❖ **Please attach copies of supporting documents to this form, such as a copy of your Marriage Certificate, Birth Certificate or New Zealand Driver's Licence.**

d) Current details

Street address	Town/city	Postcode
Postal address (if different)	Town/city	Postcode
Home phone ()	Business phone ()	
Mobile ()	Email address	

5.0 Adviser declaration

I confirm that I have sighted the above identification documents as proof of identity in respect of the policy beneficiary/beneficiaries.

Name of adviser	Date / /
Signature of adviser	