

Change of Name Notification

1.0 Your previous details

Name as currently recorded by Partners Life

Mr First Name

Mrs Middle Name(s)

Miss Surname

Other Male Female Date of Birth

Previous signature

Date

2.0 Your new details

New name to be recorded by Partners Life

Mr First Name

Mrs Middle Name(s)

Miss Surname

Other Male Female Date of Birth

New signature

Date

3.0 Reason for name change

Please tick the appropriate boxes

Change of name by marriage/civil union 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.

4.0 Current details

PO Box Private Bag Street Number

Number

Street Name

Rural Delivery No. Suburb

Town/City Postcode

Email Address

| | |
|---|--|
| First policy owner's name/company details <input type="text"/> | Second policy owner's name/company details <input type="text"/> |
| Signature/authorised signature of first policy owner <input type="text"/> | Signature/authorised signature of second policy owner <input type="text"/> |
| Date <input type="text"/> | Date <input type="text"/> |