



CHUBB®

Change of Name Notification

| Policy number(s) | | | | | |
|---|------------------------|------------------|------------|---------------|------------|
| Your previous | details | | | | |
| Title | Mr Mrs Ms | Miss 🗌 | Dr 🗌 | Other | |
| First name(s) | | | | | |
| Surname | | | | Date of birth | DD/MM/YYYY |
| Previous signature | Х | | | | |
| Your new details | | | | | |
| Title | Mr Mrs Ms Ms | Miss 🗌 | Dr 🗌 | Other | |
| First name(s) | | | | | |
| Surname | | | | | |
| New signature | Х | | | | |
| Reason for the | name change | | | | |
| Marriage | Registered name change | Reversion to Mai | den Name 🗌 | | |
| Other | | | | | |
| Supporting do | cumentation | | | | |
| Please attach a copy of one of the following documents showing your new name to this form: | | | | | |
| A copy of Marria | age Certificate | | | | |
| Birth Certificate | | | | | |
| Certificate show | ving change of name | | | | |
| New Zealand D | river License | | | | |
| New Zealand Pa | assport | | | | |
| Your current a | ddress details | | | | |
| Street address | | | | | |
| Suburb/Town | | | | | Postcode |
| Phone | Home | Work | | Mobile | |
| Email | | | | | |
| Returning you | r form | | | | |

Please check that all your details are correct and that you have attached one of the required supporting documents that shows your new name. Return to Chubb Life Insurance New Zealand Limited by post or scan this form and supporting documents via email.

Chubb Life Change of Name Form Page 1 of 1