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## Policy Split Form

Existing policy number							
1. Life Assured (Person) to be transferred from current policy							
Title	Mr 🗌	Mrs 🗌	Ms 🗌	Miss 🗌	Dr 🗌	Other	
First name(s)							
Surname						Date of birth	DD/MM/YYYY
2. Policy Owner of new policy							
Title	Mr 🗌	Mrs 🗌	Ms 🗌	Miss 🗌	Dr 🗌	Other	
First name(s)							
Surname						Date of birth	DD/MM/YYYY
3. Existing Life Assured / children to be placed on the new policy							
Name 1							
First name(s)							
Surname						Date of birth	DD/MM/YYYY
Name 2							
First name(s)							
Surname						Date of birth	DD/MM/YYYY
Name 3							
First name(s)							
Surname						Date of birth	DD/MM/YYYY
Name of Policy Owner	1						
Signature of Policy Owner		Х					
Name of Policy Owner 2							
Signature of Policy Ov	vner	Х					

Please also provide the following:

- Any new postal addresses for either party
- › Any new payment methods for either party
- MOT completed (if applicable) see your financial adviser for help on this topic

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