

## 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

Contact number

Alternate contact number

First policy owner's name/company details

Signature/authorised signature of first policy owner

Date

Second policy owner's name/company details

Signature/authorised signature of second policy owner

Date