

Change of Name Notification

Policy number(s)

Your previous details

Title Mr Mrs Ms Miss Dr Other

First name(s)

Surname Date of birth

Previous signature

Your new details

Title Mr Mrs Ms Miss Dr Other

First name(s)

Surname

New signature

Reason for the name change Marriage Registered name change Reversion to Maiden Name

Other

Supporting documentation

Please attach a copy of **one** of the following documents showing your new name to this form:

- A copy of Marriage Certificate
- Birth Certificate
- Certificate showing change of name
- New Zealand Driver License
- New Zealand Passport

Your current address details

Street address

Suburb/Town Postcode

Phone

Email

Returning your 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 Cigna Life Insurance New Zealand Limited by post or scan this form and supporting documents via email.

Cigna Life Insurance New Zealand Limited

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