

## Change of Address Notification

If you require any assistance completing this form, please contact your Adviser, or call our Customer Contact Centre on 0800 14 54 33.  
Please send completed form to: Private Bag 300995, Albany, Auckland 0752.

### Name as currently recorded by Partners Life

Mr  Mrs  Ms  Miss  Dr  Other

First name(s)  Surname

Date of birth  /  /

### 1.0 Your previous details

Street address

Town/city  Postcode

Postal address (if different from above)

Town/city  Postcode

Home phone (  )

Business phone (  )

Mobile (  )

Email address

### 2.0 Your new details

Street address

Town/city  Postcode

Postal address (if different from above)

Town/city  Postcode

Home phone (  )

Business phone (  )

Mobile (  )

Email address

Name of policy owner(s)

Signature of policy owner(s)

Date  /  /