



Alteration request.

Policy number

Insured person(s).

Last name First name Date of birth (DD/MM/YYYY)

Email address Phone number

Last name First name Date of birth (DD/MM/YYYY)

Email address Phone number

Policy owner(s).

Last name First name Date of birth (DD/MM/YYYY)

Email address Phone number

Last name First name Date of birth (DD/MM/YYYY)

Email address Phone number

I/We request that the policy be altered as follows (please tick which action is required)

- Increase/addition* Decrease Other

*Requests for increases in cover or new covers may be subject to underwriting criteria and if accepted may be issued on different terms

Cover	Change from	To



Alteration request.

With effect from (DD/MM/YYYY)	<input type="text"/>	New total premium \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payable	<input type="radio"/> Monthly	<input type="radio"/> Half yearly	<input type="radio"/> Annual	<input type="radio"/> Other															
Paying by direct debit	<input type="radio"/> Existing	<input type="radio"/> New (attached)																	

Declaration.

I understand and agree that:

- this form, together with the application will be the basis of the contract for the altered insurance.
- any endorsement, and/or special terms and conditions on the current covers will also apply to any change in those covers unless advised otherwise by Fidelity Life.

Insured person (please print)	Insured person signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured person (please print)	Insured person signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Policy owner (please print)	Policy owner signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Policy owner (please print)	Policy owner signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Privacy.

This form collects personal information that will be used to update your policy. The way we collect, use, disclose and store your personal information is set out in our privacy statement, available at fidelitylife.co.nz.

Please return your completed form and any accompanying documents to:

@ admin.services@fidelitylife.co.nz ✉ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any queries please contact us on 0800 88 22 88.