

Apply

Policy number

partners life

Change of Address Notification

1.0 Name(s) as currently recorded by Partners Life

Life assured 1 (LA1)

Mr First name

Mrs Middle name(s)

Miss Surname

Ms Previous name

Other Male Female Date of birth

OR
Company name

Life assured 2 (LA2)

Mr First name

Mrs Middle name(s)

Miss Surname

Ms Previous name

Other Male Female Date of birth

OR
Company name

2.0 Your previous details

Life assured 1 (LA1)

PO Box Private Bag Street number

Number

Street name

Rural delivery no. Suburb

Town/City Postcode

Email address

Contact number

Alternate contact number

Life assured 2 (LA2)

PO Box Private Bag Street number

Number

Street name

Rural delivery no. Suburb

Town/City Postcode

Email address

Contact number

Alternate contact number

3.0 Your new details

Life assured 1 (LA1)

PO Box Private Bag Street number

Number

Street name

Rural delivery no. Suburb

Town/City Postcode

Email address

Life assured 2 (LA2)

PO Box Private Bag Street number

Number

Street name

Rural delivery no. Suburb

Town/City Postcode

Email address

First policy owner's name/company details

Second policy owner's name/company details

Signature/authorised signature of first policy owner

Signature/authorised signature of second policy owner

Date

Date

Scan and email to service@partnerslife.co.nz or post to:
Partners Life Limited, Private Bag 300995, Albany, Auckland 0752, New Zealand

0800 14 54 33 | partnerslife.co.nz

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