

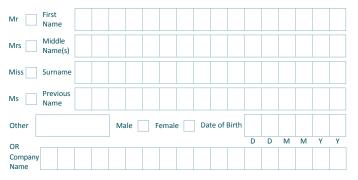




Change of Address Notification

1.0 Name(s) as currently recorded by Partners Life

Life Assured 1 (LA1)



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			
Business Phone			
Home Phone			
Mobile Phone			

3.0 Your New Details

Life Assured 1 (LA1)

PO Box	Private Bag	Street N	umber		
Number					
Street Name					
Rural Delivery No.		Suburb			
Town/City				Postcode	
Email Address					

Mr	First Name														
Mrs	Middle Name(s)														
Miss	Surname														
Ms	Previous Name														
Other			Ma	le	Fe	emale	Dat	te of I	Birth						
OR										D	D	М	Μ	Y	Y
Company															
Name															

Life Assured 2 (LA2)

Life Assured 2 (LA2)

PO Box	Private Bag	Street Number	·		
Number					
Street Name					
Rural Delivery No.		Suburb			
Town/City				Postcode	
Email Address					
Business Phone					
Home Phone					
Mobile Phone					

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 D D D M M Y Y	Date Image: Control of the second secon

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