



# Change of name declaration.

Please complete this form if your name has changed and you want to update your policy.

Policy number(s)

## Previous name:

Title (please tick)

Miss  Ms  Mrs  Mr  Dr

First name(s)

Surname

## New name:

Title (please tick)

Miss  Ms  Mrs  Mr  Dr

First name(s)

Surname

**Please tick the reason for the change and provide a certified copy of the relevant documentation that confirms your name.**

- Marriage (please provide a marriage certificate)
- Reverting to maiden name (please provide a birth certificate)
- Civil union (please provide a civil union certificate)
- Name change (please provide a deed poll certificate, name change certificate or new birth certificate)

## Declaration.

I declare that the information set out in this document is true and correct. I request that the policy is updated in accordance with my change of name.

Old signature

New signature

Date (DD/MM/YYYY)

Email address

Phone number

## Privacy.

This form collects personal information that will be used to update your name on 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](http://fidelitylife.co.nz).

**Please return your completed form and accompanying documents to:**

@ [admin.services@fidelitylife.co.nz](mailto:admin.services@fidelitylife.co.nz) ✉ Freepost 1893, PO Box 37275, Parnell, Auckland 1151.

If you have any questions please call us on 0800 88 22 88.