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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
D D M M Y Y

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
D D M M Y Y

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

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

Business Phone

Home Phone

Mobile Phone

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 <input type="text"/> D D M M Y Y	Date <input type="text"/> D D M M Y Y