

Second Owner Form



Policy number: _____

How to fill out this form

You should complete both sections of this form if you wish to add a second owner to this policy. Please note this form must be returned within 30 days of your policy being issued.

Section 1

Applicant and/or Policy Owner details

Second Owner details

Important Notes

Should you decide to cancel your insurance cover, please be advised that authorisation is required from both policy owners.

Section 2

Both Policy Owners must sign below

I hereby authorise the above change to my policy.

Please return the form to:

Direct Customer Services, Asteron Centre Level 13, 55 Featherston Street
Freepost Authority Number 198921, P O Box 3344 Wellington
Call us on **0800 874 444**, Fax us on **0800 255 325**,
Email us at directclientservices@asteron.co.nz