

Change of Name Form

Use this form if you have legally changed your name and need it updated on your policy.

How to fill in this form:

- Fill in all details and sign with both old and new signatures under Section 1.
- Fill in your contact details and preferred method of communications on Section 2.

Please attach a copy of the relevant document that confirms your change of name:

- Birth certificate
- Marriage certificate
- Certificate of divorce
- Name change by deed poll certificate

Complete, sign and return this form by: Email to contactus@aalife.co.nz

Post to Asteron Life, PO Box 894, Wellington 6140

Personal Information Disclosure

For the purpose of the Privacy Act, we confirm that we collect and use your personal information and may disclose your personal information to third parties for the purpose of administering your policy or in order to comply with legal requirements. Your details are stored securely within Asteron Life and may also be securely stored electronically on servers located in New Zealand or overseas, by third parties on our behalf. You can contact us at any time to request access to and correction of your personal information. The collection of this information is required under the terms of your policy.

For further information about how we deal with your personal information, please refer to [Asteron Life's Privacy Policy](#). It is available online at www.asteronlife.co.nz by phoning 0800 737 101, or by writing to Asteron Life Limited, PO Box 894, Wellington 6140.

Section 1 – Change of Name

Previous Name

Title Given name(s) Last name

Policy Details

Policy number(s)

New Name

Title Given name(s) Last name

Reason for Change

Please indicate the reason for your name change:

Marriage Deed Poll Reversion to Maiden name

Please attach a copy of the relevant birth, marriage or deed poll certificate that confirms your name.

Declaration

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

Old signature New signature

Date / /

Section 2 – Preferred Method of Communication

My preferred method of communication: Email Phone Letter

Please tick one.

Contact details for communications

Asteron Life Limited

contactus@aalife.co.nz | 0800 874 444 | +64 4 495 8700

Contact Centre Hours: Mon – Fri, 8.30am-5pm

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