Resolution Life

Change of Name Notification

Your previous details						
Name as currently recorded by Resolution Life						
Title	Date of birth					
Mr Mrs Ms Miss Dr Other	D D M M Y Y Y					
First names	Surname					
Previous signature	_					
SIGN HERE						
Adviser name	Adviser phone number					
	()					
Your new details						
New name to be recorded by Resolution Life Title Mr Mrs Ms Miss Dr Other]					
	Sumana					
First names	Surname					
New eigneture						
New signature						
SIGN HERE						
Adviser name	Adviser phone number					
	()					
Please provide a certified copy of drivers licence or passport in the new depending on the reason for name change:	v legal name AND one of the following Government issued documents					
Change of name by Marriage – Certified copy of the Marriage Certif	icate					
Change of name by Deed Poll – Certified copy of the Deed Poll cha	nge					
Name incorrectly recorded – Certified copy of the Birth Certificate						
Change of name by Divorce – Certified copy of the marriage certific	ate or order dissolving marriage					
Other (please specify)						
Please attach copies of supporting documents to this form, such as a cop	py of your Marriage Certificate, Birth Certificate, New Zealand Driver's Licence.					
Current postal address						
	Postcode					
Please provide at least one contact phone number Home phone Work phone	Mobile phone					
Email						

Resolution Life Products

Please indicate all products you have with Resolution Life and all associated policy (or investment/portfolio) numbers

Life Insurance						
Income Replacement Insurance						
Crisis/Trauma Insurance						
Total & Permanent Disability/Disablement Insurance						
Whole of Life/Endowment and/or Investment Account Personal Plan policy						
Investment-Linked, Goldline, Flexipol or LinkSave policy						
Other (please specify)						