



If you require any assistance completing this form, please contact your Adviser or call our Customer Contact Centre on 0800 808 267 or 0800 106 652.

Change of Name Notification

Your previous details

Name as currently recorded by AMP

Title

Mr Mrs Ms Miss Dr Other

Date of birth

First names

Surname

Previous signature

SIGN HERE

Adviser name

Adviser phone number

()

Your new details

New name to be recorded by AMP

Title

Mr Mrs Ms Miss Dr Other

First names

Surname

New signature

SIGN HERE

Date

Adviser name

Adviser phone number

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Reason for name change (please tick in the below boxes)

Change of name by Marriage Change of name by Deed Poll Name incorrectly recorded

Other (please specify)

Please attach copies of supporting documents to this form, such as a copy 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

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Work phone

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Mobile phone

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Email

AMP Products

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

<input type="checkbox"/> Life Insurance																				
<input type="checkbox"/> Income Replacement Insurance																				
<input type="checkbox"/> Crisis/Trauma Insurance																				
<input type="checkbox"/> Total & Permanent Disability/Disablement Insurance																				
<input type="checkbox"/> House/Contents/Motor Vehicle/Farm and/or Marine Insurance																				
<input type="checkbox"/> Public Liability/Business Insurance																				
<input type="checkbox"/> Whole of Life/Endowment and/or AMPAK policy																				
<input type="checkbox"/> Investment-Linked, Goldline, Flexipol or LinkSave policy																				
<input type="checkbox"/> Personal Investments, KiwiSaver																				
<input type="checkbox"/> Savings & Investment Portfolio/Classic & Premium Investments																				
<input type="checkbox"/> Corporate/Group Savings (NZ Retirement Trust)																				
<input type="checkbox"/> State Sector Retirement Savings Scheme																				
<input type="checkbox"/> AMP Shares																				
<input type="checkbox"/> Other (please specify)																				