Change of Name Notification

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 (NMLA).

Your previous details

Name as currently recorded by AMP

First names (including any middle names)

Surname

Previous signature

Date of birth

D D M M Y Y Y Y

Adviser name:

Adviser phone number

Your new details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other:

New name to be recorded by AMP

First names (including any middle names)

Surname

New signature

Date

D D M M Y Y Y Y

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 address details

Postal Address

Contact Daytime Telephone Number

Email

AMP Products

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

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

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