

Change Of Name Declaration Form



Only use this form for AIA REAL, Superior Health or other policies issued by AIA International Limited, New Zealand Branch.

You should fill out this form if your name has changed and you want your policy to reflect the new name. If you have any questions please call our Customer Relationship Team on 0800 500 108, from 8.00am to 6.00pm, Monday to Friday.

1 Policy/Plan details

Policy/Plan number/s

2 Your declaration and signature

Salutation

Original name

As shown on my Policy document

Salutation

New name

As shown on my:
(Please attach a copy of one of)

Birth certificate

Marriage certificate

Annulment/divorce proceedings

Deed poll

Passport endorsed with the
change of name

Adoption papers

Drivers license

Are one and the same person. I request that AIA update my Policy to reflect my new name.

Name currently on the Policy

Signature (original signature)

New name

Signature (new signature)

Date

3 Returning your form

Please check that all details are correct, then return this form to Private Bag AIA, Auckland Mail Centre 1142. Make sure you include a copy of one of the following:

- > Birth certificate
- > Annulment/divorce proceedings
- > Passport endorsed with change of name
- > Drivers license
- > Marriage certificate
- > Deed poll
- > Adoption papers

If you have any questions please call our Customer Relationship Team on 0800 500 108, from 8.00am to 6.00pm, Monday to Friday.

AIA New Zealand Limited

AIA House,
74 Taharoto Road,
Takapuna,
Auckland 0622

Private Bag 300981
Albany, Auckland 0752,
New Zealand

Phone (Int.): +64 9 487 9963
Freephone (NZ): 0800 500 108
Email: enquireNZ@aia.com
Web: aia.co.nz



AIAPA-004-04 09/19