

# Change of Address Notification

Policy number(s)

## Policy holder details

Title  Mr  Mrs  Ms  Miss  Dr  Other

Surname  First name

Middle name  Date of birth

Please apply this address change to all policy owners  Yes  No

## Your previous address details

Street address

Suburb/Town  Postcode

Postal address (if different to above)

Suburb/Town  Postcode

Phone

Email

## Your new address details

Street address

Suburb/Town  Postcode

Postal address (if different to above)

Suburb/Town  Postcode

Phone

Email

Name of policy holder(s)

Signature of policy holder(s)

Return completed form by:

POST: OnePath Life (NZ) Limited  
Private Bag 92131,  
Victoria Street West,  
Auckland 1142

EMAIL: [insurance@onepath.co.nz](mailto:insurance@onepath.co.nz)