



Alteration request.

Policy number		
Insured person(s).		
Last name	First name	Date of birth (DD/MM/YYYY)
Email address		Phone number
Last name	First name	Date of birth (DD/MM/YYYY)
Email address		Phone number
Policy owner(s).		
Last name	First name	Date of birth (DD/MM/YYYY)
Email address		Phone number
Last name	First name	Date of birth (DD/MM/YYYY)
Email address		Phone number
○ Increase/addition* ○ Decr		dection is required) derwriting criteria and if accepted may be issued on
Cover	Change from	То

August 2021





Alteration request.

With effect from (DD/MM/YYYY)	Nev	v total premium \$		
Payable O Mon	thly O Half yearly	○ Annual ○ Oth	ner	
Paying by direct debit	ing New (attached)			
Declaration.				
 I understand and agree that: this form, together with the application will be the basis of the contract for the altered insurance. any endorsement, and/or special terms and conditions on the current covers will also apply to any change in those covers unless advised otherwise by Fidelity Life. 				
Insured person (please print)	Insured person signature		Date (DD/MM/YYYY)	
Insured person (please print)	Insured person signature		Date (DD/MM/YYYY)	
Policy owner (please print)	Policy owner signature		Date (DD/MM/YYYY)	
Policy owner (please print)	Policy owner signature		Date (DD/MM/YYYY)	
Privacy.				
This form collects personal information that will be used to update your policy. The way we collect, use, disclose and store your personal information is set out in our privacy statement, available at fidelitylife.co.nz.				
Please return your completed form and any accompanying documents to: (a) admin.services(a) fidelitylife.co.nz (b) Freepost 1893, PO Box 37275, Parnell, Auckland 1151. If you have any queries please contact us on 0800 88 22 88.				

August 2021 Page 2