



Change of Policyholder's Details Form

If the Policyholder is a company or a trust

This form should be completed in the instance by the **existing** Policyholder and by the **new** Policyholder.

Policy Reference Number

Existing Policyholder

New Policyholder

Company/Trust Name	<input type="text"/>	<input type="text"/>
Registered Address <i>(including street name, town, area code and country)</i>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Correspondence Address <i>(if different)</i>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Contact Person's Name	<input type="text"/>	<input type="text"/>
Telephone Number <i>(including country code)</i>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

* A certified copy of passport or identity document must be attached to this application.

Existing Policyholder

New Policyholder

Signature	<input type="text"/>
Date	<input type="text" value="dd/mm/yyyy"/>

Signature	<input type="text"/>
Date	<input type="text" value="dd/mm/yyyy"/>

Life Assured 1

Life Assured 2 (if applicable)

Signature	<input type="text"/>
Date	<input type="text" value="dd/mm/yyyy"/>

Signature	<input type="text"/>
Date	<input type="text" value="dd/mm/yyyy"/>

UL Owners Details Form 12.16

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:
administration@unihealthandlife.com