



Change of Policyholder's Details Form

If the Policyholder is an individual

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

| | | |
|----------------------------|---|---|
| Policy Reference Number | | |
| | Existing Policyholder | New Policyholder |
| Title | | |
| First Name(s) | | |
| Last Name | | |
| Address | | |
| | | |
| | | |
| Telephone Number | | |
| Email Address | | |
| Date of Birth | dd/mm/yyyy | dd/mm/yyyy |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Country of Residence | | |
| Nationality | | |
| Identity No./Passport No.* | | |

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

Existing Policyholder

| |
|-----------|
| Signature |
| Date |

Life Assured 1

| |
|-----------|
| Signature |
| Date |

New Policyholder

| |
|-----------|
| Signature |
| Date |

Life Assured 2 (if applicable)

| |
|-----------|
| Signature |
| Date |

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