



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

Registered Address

(including street name, town, area code and country)

Correspondence Address

(if different)

Contact Person's Name

Telephone Number

(including country code)

Email

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

Existing Policyholder

New Policyholder

Signature

Signature

Date

dd/mm/yyyy

Date

dd/mm/yyyy

Life Assured 1

Life Assured 2 (if applicable)

Signature

Signature

Date

dd/mm/yyyy

Date

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