



Change of Personal Details Request Form

The information given on this form will be used to update and change your personal records, where the necessary evidence has been provided. The information provided will not be disclosed to third parties without your consent.

Part A. Policyholder Details (To be completed in all circumstances)

Policyholder: Title: (Mr/Mrs/Miss/Ms/Other)	Surname	Forename(s):
Policyholder: (If joint life policy) Title: (Mr/Mrs/Miss/Ms/Other)	Surname	Forename(s):
Policy No(s):		

Part B. Change of Address (Please complete using BLOCK CAPITALS including postcode)

Date of Change:			
Old Address:	Present Address:		
New Telephone Number: (including STD code)			
Type of Address: (please tick one box only)	<input type="checkbox"/> Temporary:		
<input type="checkbox"/> Permanent:	<input type="checkbox"/> Correspondence:		

If you have moved overseas, please complete and return the Customer Identification Form.

Part C. Change of Name

Effective Change Date:			
New Title: (Mr/Mrs/Miss/Ms/Dr/Other)			
Please complete using BLOCK CAPITALS			
New Surname:		New Forename(s):	
Previous Signature:			
New Signature:			

Confirmation of the change of name is required. Please enclose your marriage certificate or other suitable proof. This will be returned to you by recorded delivery.

Enclosed: (please tick one box only)	Decree Absolute and Birth Certificate (when reverting back to maiden name)
<input type="checkbox"/> Marriage Certificate	
<input type="checkbox"/> Change of Name deed(Deed Poll)	

Part D. Confirmation (Must be completed in all circumstances)

I/We (insert your new name if appropriate) _____ confirm that the information provided by me/us is both true and accurate. (Note: All policyholders are required to sign below when notifying a change of address)			
Signed:(Policyholder)		Date:	
Signed:(if joint policy)		Date:	

Please return to: Windsor Life Assurance Company Ltd, Windsor House, Telford Centre, TF3 4NB