

# Change of Address Form

## How to fill out this form

Please use black ink and CAPITAL LETTERS or tick ☒ as necessary.

Any corrections must be initialled; do not use correction fluid.

This form is divided into sections. Notes can be found at the end of each section to help you fill in this form.

## Notes to help you

For **International Portfolio Bond**, please send this form to: **Prudential International, PO Box 5177, Worthing BN11 9HJ.**

To process your request, you must provide us with a copy of address verification for each policyholder. This could be a utility bill or bank statement, dated within the last six months. If not provided, we'll be unable to process your request.

Please tick to confirm you understand our requirements. ☐

For all **other Prudential International products**, please send this form to **Prudential International Assurance, PO Box 13395, Chelmsford CM99 2GH.**

## Personal details

Bond number<sup>1</sup>

Previous address (address you're moving from)

Postcode

## Policyholder 1

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other

Name

Address<sup>2</sup> (including postcode)

Postcode

Phone number

Email address

Are you also changing your country of tax residency? Yes ☐ No ☐

Date

D	D	M	M	Y	Y	Y	Y
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If YES, please tell us your new country of tax residence and complete our Tax Residency Self-Certification Form (INVF11804)

Signature

<sup>1</sup> Please state your bond number and then the full name(s) together with the new address(es) of any bondholder(s) who has (have) changed address.

<sup>2</sup> Remember to send us up to date address verification for each policyholder, this could be a utility bill or bank statement dated within the last six months. Please refer to our AML Guide IPBB10303, which is available on our website for full details.



## Personal details – continued

### Policyholder 2

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other

Name

Address<sup>2</sup> (including postcode)

Phone number

Postcode

Email address

Are you also changing your country of tax residency?

Yes ☐

No ☐

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If YES, please tell us your new country of tax residence and complete our Tax Residency Self-Certification Form (INVF11804)

Signature

### Additional policyholders

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other

Name

Address<sup>2</sup> (including postcode)

Phone number

Postcode

Email address

Are you also changing your country of tax residency?

Yes ☐

No ☐

Date

D	D	M	M	Y	Y	Y	Y
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If YES, please tell us your new country of tax residence and complete our Tax Residency Self-Certification Form (INVF11804)

Signature

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other

Name

Address<sup>2</sup> (including postcode)

Phone number

Postcode

Email address

Are you also changing your country of tax residency?

Yes ☐

No ☐

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If YES, please tell us your new country of tax residence and complete our Tax Residency Self-Certification Form (INVF11804)

Signature