

For all other Prudential International products,

please send this form to Prudential International

Assurance, PO Box 13395, Chelmsford CM99 2GH.

Change of Address Form

Notes to help you

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. 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.

Persona	l details
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Bond number ¹	Previous address (address you're moving from)
	Postcode
Policyholder 1	
Title Mr Mrs Miss Ms	Other
Name	Address ² (including postcode)
Phone number	
	Postcode
Email address	
	Are you also changing your Yes No Country of tax residency?
Date	
D D M M Y Y Y	If YES, please tell us your new country of tax residence and complete our Tax Residency Self-
Signature	Certification Form (INVF11804)

¹ 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.

² 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 ² (including postcode)
Phone number	
	Postcode
Email address	FUSICOUE
	Are you also changing your Yes No
Date D D M M Y Y Y Signature	If YES, please tell us your new country of tax residence and complete our Tax Residency Self- Certification Form (INVF11804)
Additional policyholders	
Title Mr Mrs Miss Ms	Other
Name	Address ² (including postcode)
Phone number	
	Postcode
Email address	
Date	Are you also changing your Yes No
D D M M Y Y Y Signature	If YES, please tell us your new country of tax residence and complete our Tax Residency Self- Certification Form (INVF11804)
Title Mr Mrs Miss Ms	Other
Name	Address ² (including postcode)
Phone number	
	Postcode
Email address	
Date	Are you also changing your Yes No
D D M M Y Y Y Y Signature	If YES, please tell us your new country of tax residence and complete our Tax Residency Self-
	Certification Form (INVF11804)

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