



Change of address/contact details

Policy number(s)

Individual or Scheme name

Name
Date of Birth (if applicable)
National Insurance Number (if applicable)

Individual 2 (if applicable)

Name
Date of Birth
National Insurance Number

Please change address/contact details with effect from

Old address

Postcode

New address

Postcode

Daytime telephone

Mobile telephone

E-mail address

Signature*

Date

Print name

1.	_____	____/____/____	_____
2.	_____	____/____/____	_____
3.	_____	____/____/____	_____
4.	_____	____/____/____	_____

*** All policyholders/trustees must sign**

The information you have provided in this form will be used in accordance with our Data Protection Notice. A copy of this notice can be found on our website, www.canadalife.co.uk, or is available upon request by calling **0345 6060708**.

Please return this form to: **Canada Life Place, Potters Bar, Hertfordshire EN6 5BA**. Alternatively a copy may be scanned and emailed to: customer.services@canadalife.co.uk or faxed to: **01707 668431**.

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