

# 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](http://www.canadalife.co.uk), or is available upon request by calling 0345 6060708.

**Please return this form to:**

Canada Life Limited, Canada Life Place, Potters Bar, Hertfordshire EN6 5BA.



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Alternatively a copy may be scanned and emailed to: [customer.services@canadalife.co.uk](mailto:customer.services@canadalife.co.uk)



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