

# 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.**

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

To process your request, you must provide us with a certified 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.

## 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)

Phone number

Postcode

Email address

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

Date

**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 certified, 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 including who can certify documents and how.

## Personal details – continued

### Policyholder 2

Title Mr  Mrs  Miss  Ms

Other

Name

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

Phone number

Email address

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

Date

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

Email address

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

Date

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

Email address

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

Date

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

Signature