



Change of Address Form

Notes to help you

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

Please use **black** ink and write in CAPITAL LETTERS. Any corrections must be initialled – do not use correction fluid as this will invalidate your application.

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, Stirling FK9 4UE.**

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 number¹

Previous address (address you're moving from)

Policyholder 1

Name

Telephone Number

Email

New address²

Are you also changing your country of tax residency?

Yes No

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

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Notes

- 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 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 for full details including who can certify documents and how.

Personal details – continued

Policyholder 2

Name

Telephone Number

Email

Are you also changing your country of tax residency?

New address²

<input type="text"/>
<input type="text"/>
<input type="text"/>

Yes No

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

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Additional policyholders

Name

Telephone Number

Email

Are you also changing your country of tax residency?

New address²

<input type="text"/>
<input type="text"/>
<input type="text"/>

Yes No

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

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name

Telephone Number

Email

Are you also changing your country of tax residency?

New address²

<input type="text"/>
<input type="text"/>
<input type="text"/>

Yes No

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

Signature

Date

D	D	M	M	Y	Y	Y	Y
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