

CHANGE OF DETAILS FORM

Life Choices

PART 1 POLICY DETAILS
Policy Number
Policy Owner
PART 2 UPDATED DETAILS
□ New Home Address
□ New Mailing Address
□ New Home Telephone No
□ New Mobile Telephone No
□ New Email Address
PART 3 DECLARATION
Please note the new address and/or contact details above and amend your records accordingly.
SignatureDate
SignatureDate

If a joint account is named above, please provide all signatures.

Coralisle Life Assurance Company Ltd. Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda PO Box HM 1559, Hamilton HM FX, Bermuda | Tel 441 293 5433 | Fax 441 296 4146 | www.CGCoralisle.com

Life Assurance and Personal Investments

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

The Insurance Store Limited acts as the representative and insurance agent on behalf of Coralisle Life Assurance Company Ltd. in accordance to Section 24 of the Insurance Act, 2008 in the British Virgin Islands.

Rev. 08-20