

## 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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