

UPDATE OF ADDRESS & CONTACT INFORMATION FORM

Policy Number(s)	Name of Policy owner	NRIC/Passport of Policy owner
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please tick (✓) where applicable.

Update of Residential Address

All your correspondences will be sent to this new address.

If you wish to receive your correspondences at another address for any of your policies, please complete **Update of Mailing Address** below.

New Address

Block/House No	_____	Unit No #	_____	--	_____
Road/Building	_____				
Postal/Zip Code	_____	Country	_____		

Update of Mailing Address (if different from residential address)

For mailing address update to a P O Box, please submit proof of ownership.

All my policies with Prudential

Specific policy(ies) only

(Please list your policy(ies) numbers here.)

New Address

Block/House No	_____	Unit No #	_____	--	_____
Road/Building	_____				
Postal/Zip Code	_____	Country	_____		

This request is notified by: (Please tick (✓) one.)

Policy owner

Signature of Policy Owner

Date:

Financial Consultant

I understand that the address of the servicing Financial Consultant and the Policy owner should not be the same unless the client is the spouse or the immediate family.

If the address you have entered is the same as your address, please state

Relationship to Policy owner. _____

Name of Financial Consultant: _____

Financial Consultant's Code: _____

Signature of FC

Date:

UPDATE OF CONTACT INFORMATION FORM

Policy Number(s)

Name of Policyowner

NRIC/Passport No of Policyowner

Please update the following contact details:

Telephone No. (Home) _____

Telephone No. (Office) _____

Email Address _____

* Mobile No. _____

* For overseas mobile number, please provide the country code. _____ (**mandatory for overseas mobile**)

* **Declaration and Agreement**

By submitting this form, I hereby,

- Confirm the information given in this form is correct and up to date.
- Agree that Prudential shall send the SMS for the one-time password to access PruAccess (Prudential's Customer Internet Portal) to my mobile phone number as stated above.
- Agree that I am aware that the receipt of the SMS alert notification is dependent on my mobile phone service provider's ability to support this service.
- Agree to notify Prudential of any change in my mobile phone number.
- Confirm that information provided here in supercedes any information that I have previously submitted to Prudential, and that Prudential shall henceforth use this information in all its communications with me.

Signature of Policyowner

Date