

UPDATE OF CLIENT’S PARTICULARS AND ADDRESS FORM

NRIC/Passport no of Policyowner	Policy Number(s)	Name of Policyowner

Please tick (√) where applicable.

A. UPDATE OF PARTICULARS

- Change of Marital Status : Life assured to : _____ Assured to : _____
- Change of Name, NRIC/FIN/Passport number : Life assured to : _____ Assured to: _____
Please attach photocopy of Deed Poll and NRIC/Passport/ Birth Certificate/ Valid work permit. If you have a CPFIS policy with us, do update your agent bank on your change of NRIC.
- Change of Signature : Life assured to : _____ Assured to : _____
Please attach photocopy of NRIC with the new signature signed on it.

B. UPDATE OF ADDRESS

- UPDATE OF RESIDENTIAL ADDRESS
 All your correspondences will be sent to this new residential 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 Code/Zip Code _____	Country _____	

- UPDATE OF MAILING ADDRESS (if different from residential address)

For mailing address update to a PO 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 Code/Zip Code _____	Country _____	

This request is notified by Financial Consultant (For change of address only)

I understand that the address of the servicing Financial Consultant and the Policyowner 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 Policyowner : _____

Name of Financial Consultant : _____ Financial Consultant’s Code : _____

Signature of Policyowner(s) and Trustee(s) or Assignee

Date

UPDATE OF CONTACT INFORMATION FORM

NRIC/Passport no of Policyowner	Policy Number(s)	Name of Policyowner

Please tick (✓) where applicable.

C. UPDATE OF MARKETING CONSENT

Both Prudential and your Prudential representative(s) would like to send you marketing information about our products and services by post, email, telephone or SMS.

- I would like Prudential and my Prudential representative(s) to send me information about Prudential’s products and services via:
- Post Email Telephone SMS
- I do not wish to receive marketing updates/information about Prudential’s products and services from Prudential and my Prudential representative(s)

D. UPDATE OF CONTACT DETAILS

- Telephone No. _____ - _____
(Country Code) (Mobile) (*Country of telephone)
- Telephone No. _____ - _____
(Country Code) (Home) (*Country of telephone)
- Telephone No. _____ - _____
(Country Code) (Office) (*Country of telephone)
- Email address _____

***Please indicate the country if your telephone number is registered outside Singapore**

Note :
 Update of mobile number requires only Policyowner’s signature. This number will be used as OTP (One Time Password) when Policyowner accesses our secured online portal - PRUaccess at www.prudential.com.sg. Without a valid mobile phone number, the Policyowner will not be able to login to PRUaccess and perform any online transactions.

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(s) and Trustee(s) or Assignee

Date

Please send us your application with this prepaid business reply folder.

1. Fold along the dotted lines.
2. Fold and insert your application form and any other required document into this prepaid business reply folder.
3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
4. Drop your sealed prepaid business reply folder into your nearest post box.

**BUSINESS REPLY SERVICE
PERMIT NO. 00364**



PRUDENTIAL ASSURANCE COMPANY SINGAPORE (PTE) LIMITED
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Singapore 900942

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paid by
addressee. For
posting in
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