

# Personal details update

Use this form to update your personal details, address and contact information. You can easily update your contact details and address by logging in to your secure account on **Zurich International Online (ZIO)**.

Please complete this form in **CAPITAL** letters and return it to your local Zurich office by email or post. The information you provide will replace the details we have for you.

**Please note that if the new residential address of the policy owner(s) is in the United States, including any United States federally controlled territory, there are restrictions on the transactions you can undertake on your policy.**

## Contact details

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; and it is therefore important that they are accurate and that you let us know if any of these details change.

## Policy owner(s) details

Policy number(s)

### Policy owner 1

**Title** ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please give details)

First name

Last name

Please give details of any previous names or aliases used (including maiden name)

Place of birth (town or city)

Nationality

Do you hold nationality in another country ☐ Yes ☐ No

If 'Yes', please confirm the country

Please note my residential address is:

Post code (UK Only)

Date residency effective from

**Postal address: Only complete this section if you do not wish for correspondence to be sent to your residential address.**

My postal address is:

PO Box

Policy owner(s) details (continued)

Telephone number (include international country code)	Country of telephone number
<div>+<div></div></div>	<div><div></div></div>
Mobile number (include international country code)	Country of mobile number
<div>+<div></div></div>	<div><div></div></div>

Is this a U.S.\* based telephone number? ☐ Yes ☐ No

\*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.

Email address

**Note:** the email address you supply will be the only one we can automatically correspond with without the need for a further signed instruction.  
Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)*
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

If you are currently tax resident in the United Kingdom please provide your National Insurance number, or if Singapore, please provide your National Registration Identity Card number.

Policy owner 2

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please give details)

First name	
Last name	
Please give details of any previous names or aliases used (including maiden name)	
Place of birth (town or city)	Nationality

Do you hold nationality in another country ☐ Yes ☐ No

If 'Yes', please confirm the country

Please note my residential address is:

Post code (UK Only)

Date residency effective from

D

D

M

M

Y

Y

Y

Y

**Postal address: Only complete this section if you do not wish for correspondence to be sent to your residential address.**

My postal address is:

PO Box

## Policy owner(s) details (continued)

Telephone number (include international country code)

Country of telephone number

Mobile number (include international country code)

Country of mobile number

Is this a U.S.\* based telephone number?

☐

Yes

☐

No

\*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.

Email address

**Note:** the email address you supply will be the only one we can automatically correspond with without the need for a further signed instruction.

Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)*
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you are currently tax resident in the United Kingdom please provide your National Insurance number, or if Singapore, please provide your National Registration Identity Card number.

### Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

Signature of policy owner 1

Signature of policy owner 2

Date

Date

Zurich International Life Limited is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

Zurich International Life Limited is authorised by the Qatar Financial Centre Regulatory Authority.

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Zurich International Life is a business name of Zurich International Life Limited (a company incorporated in the Isle of Man with limited liability) which provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

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