



ReAssure

Change of Personal Details Request Form

We need this information to update our records and administer this policy. You can find out more about how we use personal information by viewing our full privacy notice on our website.

Please complete the form using BLOCK CAPITALS.

Part A: To be completed for ALL changes

If you're telling us about a name change, please tell us the current names we have for you.

Policy numbers

Title
Mr/Mrs/Miss/Ms/Dr/Other

Forename

Surname

Daytime phone no.

Email address

Date of birth

D	D	-	M	M	-	Y	Y
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National Insurance number

		-			-			-		
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For pension customers only

Part B: To be completed if you've changed your address

Old address
(including postcode)

New address
(including postcode)

Date of change

D	D	-	M	M	-	Y	Y
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Your new address is
(please circle)

If you have a joint life policy, please tell us the other joint policyholder's name.

Forename

Surname

If you've moved overseas, please see our [Customer Identification Guide](#) for any documents that are needed.

If you have a P O Box address, we'll also require confirmation of our residential address to prevent any payment delays.



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Part C: To be completed if you've changed your name

Date of change

D	D	-	M	M	-	Y	Y
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New title

Mr/Mrs/Miss/Ms/Dr/Other

New forename

New surname

Old signature

New signature

Confirmation of these changes are required:

If you've changed your name through marriage, please send us your **original** Marriage Certificate.

If you've changed your name through deed poll, please send us your **original** Change of Name Deed.

If you're reverting back to your maiden name, please send us your **original** Birth Certificate and your Final Order (formerly known as 'Decree Absolute' in divorce cases). We can accept an original or certified copy of your Final Order.

For details on who can certify copies and what information they need to provide, please see our [Customer Identification Guide](#).

Part D: To be completed if you've changed your gender

New gender

Male/Female

New title

Mr/Mrs/Miss/Ms/Dr/Other

Confirmation of this change is required:

Please send us your **original** Gender Recognition Certificate. We cannot accept copies.

Part E: Your signature (to be completed for ALL changes)

I/We confirm the information provided by me/us is both true and accurate.

Signed (Policyholder)

Date

D	D	-	M	M	-	Y	Y
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If you have a joint policy and you've changed your address, the other policyholder will also need to sign below.

Signed

(if joint policy)

Date

D	D	-	M	M	-	Y	Y
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Please send your completed form with the documents required to:

ReAssure, Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB

Your documents will be returned to you by recorded delivery.