



Change of details form

Important: Please provide us with as much information as possible. Before returning to Zurich, ensure this form is signed and dated. To update details for a second policy owner, please complete a separate form.

Policy number/s



Policy type Wealth Protection Active Sumo FutureWise Ezicover Other_____

1 Policy owner's current details

Please complete this section using the details we currently hold for you.

| | | | |
|--|----------|---------------|----------|
| Title | Surname | Given name(s) | |
| Residential address (cannot be a PO Box) | | | |
| | | State | Postcode |
| Postal address (if different to residential address) | | | |
| | | State | Postcode |
| Contact details | Work () | Home () | |
| | Mobile | Email | |

2 Updated name details (if different to above)

Please complete this section with your new details if you have changed your name. You must also sign below using your previous and new signature to allow Zurich to process your request.

| | | | |
|---------------------------|---------|----------------------|--|
| Title | Surname | Given name(s) | |
| Previous signature | | New signature | |
| X | | X | |

Please note where there has been a change to your name, you must provide a photocopy of your identification documents with an original certification (e.g. your marriage certificate, divorce certificate or change of name certificate). Details of who can certify documents can be found in Section 5 of this form.

3 Updated contact details (if different to above)

Please complete this section with your new details if they have changed.

| | | | |
|--|----------|----------|----------|
| Residential address (cannot be a PO Box) | | | |
| | | State | Postcode |
| Postal address (if different to residential address) | | | |
| | | State | Postcode |
| Contact details | Work () | Home () | |
| | Mobile | Email | |

4 Declaration

Please read and complete the following:

I declare that all the details on this Change of details form are correct and authorise the changes to be made to my policy/ies.

| | |
|----------------------------------|------|
| Signature of policy owner | Date |
| X | / / |

