



Better. Simple. Life.

Please complete this form to

- change or correct your name, title or contact details
- name or change beneficiaries under your policy.

Policy Number:

SECTION 1: Change of contact details

If your contact details change kindly complete this form and return to UAP Life Assurance Ltd at the earliest opportunity.

New details

Contact name:

Contact Mobile:

Contact email:

Contact address:

Residential address:

SECTION 2: Nomination of beneficiary details

I do hereby allocate and authorize UAP Life Assurance Limited to pay such benefits accordingly under my policy named above in the case of death, to my dependants on the basis described below.

Names	Date of Birth	ID Number (if 18 and above)	Contact Details	% Share (Must Add Up to 100%)

SECTION 3: Authorization (Policy Holder)

This form supersedes all other forms and is the basis of the allocation of benefits to be paid out.

Name _____ Date _____ Signature _____