



LifeChoices

**CHANGE OF
CONTACT DETAILS**

COLONIAL

Policy Number _____

Policy Owner(s) _____

SECTION 1 | UPDATED INFORMATION

☐ New postal address _____

☐ New residential address _____

☐ New telephone number _____

☐ New mobile number _____

☐ New email address _____

SECTION 2 | AUTHORISATION

Please note the new address and/or contact details above and amend your records accordingly.

Signature _____ Date _____

Signature _____ Date _____

If a joint Policy is named above, please provide all signatures.

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