

Change of Address Request Form



PLEASE COMPLETE IN BLOCK CAPITALS

Please complete this form if you wish to change the correspondence address on your Bank of Ireland Life policy/policies.

Personal Details

First Policy Owner

Title: Mr ☐ Mrs ☐ Ms ☐ Other

First Name:

Surname:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status:

Previous Address:

Second Policy Owner

Mr ☐ Mrs ☐ Ms ☐ Other

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you would like to change the address on ALL the policies you hold either in your sole name or with another, please list all relevant policy numbers to which the change of address is to apply.

Where policies are held with another we will require the signature of the other party to the policy to give effect to the change of address provided below. ☐

Policy Number(s):

Mobile Number:

E-mail:

Please insert new address for future correspondence. Please note that all future correspondence for all of the policies listed above (and any additional policies located that are owned by you) will be sent to this address.

New Address:

Please ensure to enclose the following documents:

- 1) A clear copy of photo id, e.g. current passport or driving licence ☐
- 2) A clear copy of a current utility bill or bank statement (dated in the last 6 months), in respect of your new address. ☐

Note: Please ensure that all documents are clearly legible and that distinguishing facial features on photo ID documents are recognisable.

Note: Please ensure all policyholders have signed Page 2 of this form.

Common Reporting Standard (CRS)

This section must be completed by the Policy Owner/s in order to comply with Common Reporting Standard (CRS) Regulations.

First Policy Owner

Are you a resident of any country or territory other than the Republic of Ireland for tax purposes? Yes ☐ No ☐

If Yes, please list below all countries/territories in which you are tax resident, and provide your Tax Identification Number (TIN) for each country/territory.

First Policy Owner

Country/Territory	Tax Identification Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you are tax resident in a country/territory different to the one you currently reside in, please provide a brief explanation below:

Country of birth:

Country of citizenship:

Length of residency ☐ More than 5 years ☐ 2-5 years

in Ireland: ☐ 1-2 years ☐ Less than 1 year

☐ Not resident

If not resident, please specify country of residence

Occupation:

Employment Status: ☐ Employee ☐ Self-employed

☐ Retired ☐ Home maker

☐ Unemployed ☐ Student

If student please state

University/College:

Second Policy Owner (if applicable)

Are you a resident of any country or territory other than the Republic of Ireland for tax purposes? Yes ☐ No ☐

Second Policy Owner

Country/Territory	Tax Identification Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you are tax resident in a country/territory different to the one you currently reside in, please provide a brief explanation below:

☐ More than 5 years ☐ 2-5 years

☐ 1-2 years ☐ Less than 1 year

☐ Not resident

☐ Employee ☐ Self-employed

☐ Retired ☐ Home maker

☐ Unemployed ☐ Student

Policy Owner Signature(s)

SIGN
HERE

First Policy Owner Signature:

Date:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGN
HERE

Second Policy Owner Signature:

Date:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please return this completed form to:

Existing Business Department, Bank of Ireland Life, 87-89 Pembroke Road, Ballsbridge, Dublin 4, D04 X738.

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Bank of Ireland Life is a trading name of New Ireland Assurance Company plc. New Ireland Assurance Company plc. trading as Bank of Ireland Life is regulated by the Central Bank of Ireland. A member of Bank of Ireland Group.

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