



Change of Address Request Form

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

Please use CAPITALS. Fields marked * must be completed.

***Please insert new address for future correspondence.**

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|--|--|
| *Name of policyholder | |
| *Date of birth of policyholder | |
| *Policy number(s) 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 above. | |
| Contact telephone number for policyholder | |
| Email address for policyholder | |
| *Signature of policyholder | |

| | |
|--|--|
| *Name of second policyholder (where joint or dual life policies are held) | |
| *Date of birth of second policyholder | |
| *Policy number(s) If, in addition to any joint or dual life policies listed by the policyholder mentioned above, you would like to change the address on policies held in your sole name, please list all relevant policy numbers. | |
| Contact telephone number for second policyholder | |
| Email address for second policyholder | |
| *Signature of second policyholder | |

Please return this completed form to:

Existing Business Department
 Bank of Ireland Life
 Nassau House
 33-35 Nassau Street
FREEPOST
 Dublin 2.