

Change of Address Request Form

Please use CAPITALS.

Please complete this form if you wish to change the correspondence address on your New Ireland Assurance policy/policies.

Personal Details

First Policy Owner

Title: Mr ☐ Mrs ☐ Ms ☐ Other

First Name:

Surname:

Sex: ☐ Male ☐ Female

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:

Current Address:

Second Policy Owner

Mr ☐ Mrs ☐ Ms ☐ Other

☐ Male ☐ Female

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):

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

Note: Documents may be certified as true copies by a bank official, a staff member of New Ireland Assurance, your financial advisor, a solicitor, a medical practitioner/pharmacist, or a member of An Garda Síochána. If you are unable to obtain certified copies, you can supply two forms of proof of address along with photo identification. Please ensure that all documents are clearly legible and that distinguishing facial features on photo ID documents are recognisable.

Please only complete this section if your new correspondence address is outside the Republic of Ireland

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 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"/>

Second Policy Owner (if applicable)

Are you a resident of any country or territory other than 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"/>

Country of birth:

Country of citizenship:

Length of residency in Ireland: ☐ More than 5 years ☐ 2-5 years
☐ 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:

☐ 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"/>

SIGN
HERE

Second Policy Owner Signature:

Date

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

Please return this completed form to:

Existing Business Department, New Ireland Assurance, 11 – 12 Dawson Street, **FREEPOST**, Dublin 2.



New Ireland Assurance Company plc.,

11-12 Dawson Street, Dublin 2.

T: (01) 617 2000 F: (01) 617 2075.

E: info@newireland.ie W: www.newireland.ie

New Ireland Assurance Company plc is regulated by the Central Bank of Ireland. A member of Bank of Ireland Group.

302261 V2.12.15