



COLONIAL

**SECTION 1** POLICY DETAILS

Policy Number \_\_\_\_\_

Policy Owner \_\_\_\_\_

**SECTION 2** UPDATED DETAILS

New Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Home Telephone No. \_\_\_\_\_

New Mobile Telephone No. \_\_\_\_\_

New Email Address \_\_\_\_\_

**SECTION 3** DECLARATION

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Please complete, sign and email this form, along with a colour copy of a Government issued ID, to  
Life\_CustomerService\_bm@colonial.bm or to the fax number or address shown below.

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