



UPDATE OF ADDRESS AND CONTACT DETAILS FORM

Note: If there was a change in your Passport/ID No. and it is different from the one you submitted to Prudential previously, please submit this form together with the "Update of Particulars and Marketing Consent" Form to update your Passport/ID No. in Prudential's records.

NRIC/Passport/ID No. of Policyowner *	Date of Birth of Policyowner *	Name of Policyowner *
(as per Prudential records)	(D D M M Y Y Y Y)	(as per Prudential records)

*** Mandatory fields to complete**

 Update your address and contact information now at a click! Log in to PRUaccess at https://pruaccess.prudential.com.sg/pruaccess_sg/
 Tick all the required boxes, fill in the details and sign next to any amendments made.

A. Update of Residential Address (all your correspondences will be sent to this new address)

If you wish to receive your correspondences at another address for any of your policies, please complete **Update of Mailing Address (section B)**.

New Address:

Country: Singapore Others, pls. specify Postal Code

Blk/House No. Unit No. Building

Street

B. Update of Mailing Address (if different from residential address)

List the policy numbers: (1) (2) (3)
 (4) (5) (6)

For PO BOX address, please submit proof of ownership together with this form.

New Address:

Country: Singapore Others, pls. specify Postal Code

Blk/House No. Unit No. Building

Street

C. Update of Contact Details

Note: Update of mobile number requires only Policyowner's signature. This number will be used as OTP (One Time Password) when Policyowner accesses our secured online portal - PRUaccess at www.prudential.com.sg. Without a valid mobile phone number, the Policyowner will not be able to login to PRUaccess and perform any online transactions.

<input type="checkbox"/> Mobile No	<input style="width:60px;" type="text"/>	<input style="width:200px;" type="text"/>	<input style="width:100px;" type="text"/>
	<i>(Country Code)</i>	<i>(Area code + Numbers)</i>	<i>(Registered Country)</i>
<input type="checkbox"/> Home No	<input style="width:60px;" type="text"/>	<input style="width:200px;" type="text"/>	<input style="width:100px;" type="text"/>
	<i>(Country Code)</i>	<i>(Area code + Numbers)</i>	<i>(Registered Country)</i>
<input type="checkbox"/> Office No	<input style="width:60px;" type="text"/>	<input style="width:200px;" type="text"/>	<input style="width:100px;" type="text"/>
	<i>(Country Code)</i>	<i>(Area code + Numbers)</i>	<i>(Registered Country)</i>
<input type="checkbox"/> Email	<input style="width:500px;" type="text"/>		

By submitting this form, I hereby confirm the information given in this form is correct and up to date.

Signature of Policyowner(s)* and Trustee(s)

Date (dd/mm/yyyy):

***For entity – Authorised Signatory(s) and Company stamp**



Please send us your application with this prepaid business reply folder.

1. Fold along the dotted lines.
2. Fold and insert your application form and any other required document into this prepaid business reply folder.
3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
4. Drop your sealed prepaid business reply folder into your nearest post box.

Postage will be
paid by
addressee. For
posting in
Singapore only.

**BUSINESS REPLY SERVICE
PERMIT NO. 00364**



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