STM GIBRALTAR

Change Of Personal Details Form

Name of Policyholder/ Annuitant/Member:

Policy Number:

Business Entity: (please tick)

- ☐ STM Life Assurance PCC Plc (STML)
- ☐ STM Fidecs Life, Health and Pensions Limited (FLHP)
- ☐ London & Colonial Assurance PCC Plc (LCA)
- ☐ London & Colonial (Trustee Services) Limited (LCTS)

Please complete the relevant information in sections 1-3 depending on the change being made

Section 1. Change of Name

Previous Name:

New Name:

Reason for Change (please tick)	Required Document
☐ Through marriage or civil partnership	Marriage/civil partnership certificate
☐ Reverting to your maiden name, e.g. after divorce or ending your civil partnership	Final order (formerly known as decree absolute), marriage/civil partnership certificate and birth certificate
☐ Through deed poll	Deed poll
☐ Change of company name	A Certificate of Incorporation on Change of Name

*Please provide certified true copies of the necessary evidence to allow us to verify the change

Section 2. Change of Address

Existing Details

Name:

Address Details:

Postcode:

Country:

New Residential Address Details

Address Details:

Email Address:

Postcode:

Country:

Home Telephone Number:

Mobile Number:

Country of Residence for Tax Purposes:

If you are moving to another country, it is important that you are aware that there may be tax consequences. Please speak to your financial adviser in the first instance.

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Section 2. Change of Address (continued)

New Correspondence Details

Please only complete the following section if your correspondence address is different to your new residential address above.

Address Details:

Postcode:

Required Document

An appropriately certified true copy of one of the following documents (dated within the last 3 months) must be provided in order to effect any changes.

- ☐ Utility or Tax Bill (Mobile phone bills are not acceptable)
- ☐ Mortgage Statement from a recognised lender
- ☐ Bank Statement
- ☐ Original letter from a lawyer or an approved introducer confirming the address of the individual
- ☐ Deed of property purchase or property rental agreement issued within the last 12 months

*Please refer to page 3, "Who Can Certify Documents".

Section 3. Change of Email Address

Previous Email Address:

New Email Address:

Declaration

I declare that this form has been completed correctly to the best of my knowledge and belief.

If the account holder is a company or trust, this section must be signed by the authorised signatories.

If you are changing your name, please sign once with your former signature and once with the new signature, clarifying which is which.

Signed:

Print Name:

Date: Day Month Year

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*Who Can Certify Documents:

THE PERSON CERTIFYING THE DOCUMENTS MUST BE A PROFESSIONAL PERSON SUCH AS A BANKER, LAWYER, OR ACCOUNTANT WITH VERIFIABLE CREDENTIALS AND SHOULD NOT BE:

- Related to you
- Living at the same address
- In a relationship with you

Where copies of original documents are provided, they must be properly certified using the correct wording and certified by the correct person, as detailed below:

Certified to be a true copy of the original as seen by me.
Where the document contains a photograph, I certify that this is a true likeness of the person in the photograph.

Name: ..... (of the person certifying) Company: ..... (of the person certifying)
Tel. number: ..... (of the person certifying) Date: ..... (the date the certification was made)
Position: ..... (of the person certifying) Signature: .....(the signature of the person certifying)