

CHANGE OF NAME FORM

	Policyholder 1		Policyholder 2
Title (Mr, Mrs, Miss etc)			
First name(s)			
Former last name			
Policy number(s)			
Date of birth			
Your former signature	x		x
	Policyholder 1		Policyholder 2
Title (Mr, Mrs, Miss etc)			
First name(s)			
Your new last name			
Your new Signature			
Date of signature	x		x
Date of name change			
Contact telephone number			

Please provide the following original or certified documents, which we will return to you.

- If you are married please send us your marriage certificate.
- If you have divorced and now use your former name, please send us your Decree Absolute and your birth certificate.
- If you have changed your name for any other reason, please send us your Deed Poll, or Statutory Declaration.

Original or certified copies are required. We regret that photocopies are not acceptable.

PRIVACY STATEMENT

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy on our website www.harcourtlife.ie or you can request a copy from our Customer Service Team.