



ATLANTIC MEDICAL & LIFE

CHANGE OF DETAILS FORM

Life Choices

PART 1 POLICY DETAILS

Policy Number _____

Policy Owner _____

PART 2 UPDATED DETAILS

☐ New Home Address _____

☐ New Mailing Address _____

☐ New Home Tel. No. _____

☐ New Mobile Tel. No. _____

☐ New Email Address _____

☐ New Employer _____

☐ New Employer Address _____

PART 3 POLITICALLY EXPOSED PERSON

The term "Politically Exposed Person" applies to persons who have or have had positions of public trust such as government officials, senior executives of government corporation, politicians, important political party officials, etc., and their families and close associates.

Does this description apply to you? ☐ Yes ☐ No

If Yes, please explain: _____

Life Choices**PART 4** DECLARATION

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

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG Atlantic Medical & Life Insurance Ltd may process any and all of the personal data provided.
- I consent to CG Atlantic Medical & Life Insurance Ltd processing my personal data, in accordance with CG Atlantic Medical & Life Insurance Ltd's Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG Atlantic Medical & Life Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG Atlantic Medical & Life Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Signature _____ Date _____

Signature _____ Date _____

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