



**ALTERATIONS TO YOUR PLAN** This form should be used to make any of the changes to your Plan listed below. You should only fill out the Sections of the form which relate to the information you want to update.

UPDATE REQUESTED	COMPLETION INSTRUCTIONS
Changing your name.	Complete Section 1.
Changing your bank account details.	Complete Section 2.
Changing your address.	Complete Section 3.
Requesting or changing Beneficiaries.	Complete Section 4.
Requesting an additional Single Contribution.	Complete Section 5.
Requesting an additional Regular Contribution.	Complete Section 6.
Stopping, or changing, a Regular Contribution.	Complete Section 7.
Redirecting Funds for Regular Contributions.	Complete Section 8.
Retaining part, or all, of a Guaranteed Income Payment.	Complete Section 9.
Changing the allocation of Funds not linked to any Guaranteed Income Benefit.	Complete Section 10.
Changing the allocation of Funds linked to any Guaranteed Income Benefit(s).	Complete Section 11.
Cancelling Guaranteed Benefits.	Complete Section 12.

**IMPORTANT INFORMATION** Please read before completing this form.

- As the Planholder, please sign and date the form where requested. Your adviser may sign the form on your behalf only for transaction types for which you have expressly authorised them during the application process.  
  
Original signatures are required before any request can be processed. Photocopies, faxes or scanned forms are, therefore, not accepted.
- If you make a mistake, please cross it out, put in the correct word(s) and insert your initials next to the correction. Please do not use correction fluid.
- All changes will be made in accordance with the **Terms and Conditions** of your pension Plan.
- You should read Sections 13 “Your rights” and 14 “Guidance Notes” before sending the form back to us.
- On completion of this form, please return it to:  
  
AXA Life Invest  
Wolfe Tone House,  
Wolfe Tone Street,  
Dublin 1,  
Ireland.

**1. CHANGING YOUR NAME** Please fill out your new name below and sign where indicated.

Please enter your Plan number here:

Title:  Mr  Mrs  Miss  Ms  Other (please specify):

Forename(s):

Surname:

Maiden name (if applicable):

I have included my marriage, or civil partnership, certificate where my name has changed due to marriage or a civil partnership.  Yes

I have included the Decree Absolute, Decree of Divorce (Scotland), Final Order, or Decree of Dissolution (Scotland) where my change of name has occurred following a divorce or the dissolution of a civil partnership.  Yes

Planholder's signature:

Print name:

Date:

**2. CHANGING YOUR BANK ACCOUNT DETAILS** Please fill out your new bank account details below and sign where indicated.

Please enter your Plan number here:

Full name of your bank or building society:

Name of account holder:  Sort code:

Account number:         Building society roll number:

Planholder's/adviser's signature:  Date:

Print name:

Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

**Note: We will not use your email address for any other purpose than to send you this confirmation.**

**3. CHANGING YOUR ADDRESS** Please fill out your new address details below and sign where indicated.

Please enter your Plan number here:

Address:

Postcode:

Please provide certified proof of address, dated within the previous 6 months.

Planholder's signature:  Date:

Print name:

Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

**Note: We will not use your email address for any other purpose than to send you this confirmation.**

**4. REQUESTING OR CHANGING BENEFICIARIES** Please fill out your new Beneficiaries' details below and sign where indicated.

Please enter your Plan number here:

The Death Benefit from your Plan may be provided in the form of a lump sum and/or a Beneficiary's Pension. If you have selected the Protect75 Benefit, the Protect75 Lump Sum may be paid as a lump sum only. Please note that you can change your nomination(s) at any time by contacting us, although we are not legally bound to follow your instructions.

Please note that if you have chosen the Joint Benefit option, any Death Benefit will be distributed in line with the **Terms and Conditions** of your Plan.

**Part A – Pension Benefits**

Please provide details below of the people in whose favour you would like the scheme administrator to exercise its discretion regarding payment of any Death Benefit.

	Beneficiary 1	Beneficiary 2	Beneficiary 3
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
First name(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship with you:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use the space below to provide us with any further instructions in respect of your nomination, such as the percentage share of the Death Benefit per Beneficiary and the type of Death Benefit to be paid.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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You may also nominate the trustees of a trust to receive a lump sum Death Benefit from your Plan. Please complete the Section below and enclose a certified true copy of the trust deed with this form.

Full name of trust:  Date the trust was made:

Trustee contact name

Title:  Mr  Mrs  Miss  Ms  Other First name(s):

Surname:

Trustee contact address:

Post code:

Percentage share of the Death Benefit:

Please ensure that the percentages allocated in Part A total 100%.

Planholder's signature:  Date:

Print name:

Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

**Note: We will not use your email address for any other purpose than to send you this confirmation.**

## Part B – Registered charity

Depending on whether your Plan Value has been crystallised at the time of your death, or it is uncrystallised and you are aged 75 or over, you may also request that the scheme administrator consider distributing all or some of the Lump Sum Death Benefit to a registered charity, where permitted. If you would like to do so, please do so here. We will only consider payment to the charity if the potential Beneficiaries you have listed in Part A above are no longer alive and no other Dependants are living at the time of your death.

Charity name:	<input type="text"/>	Registered charity number:	<input type="text"/>
Planholder's signature:	<input type="text"/>	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Print name:	<input type="text"/>		

Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

## 5. REQUESTING AN ADDITIONAL SINGLE CONTRIBUTION

Please note that we are unable to accept an additional Single Contribution to your Plan if:

- your Initial Premium was a Drawdown Transfer;
- you have crystallised your Plan; or
- you have reached your 75<sup>th</sup> birthday.

The minimum additional Single Contribution is £3,600 (for a personal Contribution, this limit is before any tax relief). Please complete Part A if you wish to make a Personal Contribution or Part B if you wish to transfer funds which are currently in an uncrystallised pension to us and Part C.

Your Contributions to the Plan may be restricted by the Annual Allowance or the Money Purchase Annual Allowance. Please refer to Section 7 of the Guidance Notes.

### Part A: Personal Contributions

**Note: If your total pension inputs into your money purchase (and any hybrid) arrangements for the current tax year exceed £10,000, you may be liable to an annual allowance tax charge on the excess over £10,000.**

Occupation: (previous occupation if retired)\*

I confirm I have relevant UK earnings in the current tax year of:

£

\*Mandatory information

Amount of net additional Single Contribution	Payment method	Source
£ <input type="text"/>	<input type="checkbox"/> Cheque* <input type="checkbox"/> Direct Credit**	<input type="checkbox"/> Employee Contribution <input type="checkbox"/> Employer Contribution*** <input type="checkbox"/> Employee & Employer Contribution***

\*If you are going to pay by cheque, please enclose it with this form. Payment from you should be by cheque drawn on a bank account opened in your name. Payments made by Employers should be drawn on a company account. Please make cheques payable to "AXA Life Invest". Please note that Payments by bankers' drafts can only be accepted if they are accompanied by a copy of the bank or post office account statement clearly indicating the payment made from that account, or a signed letter from the bank branch manager confirming the account number and name.

\*\*If you are going to make your payment by direct credit, please contact us on 0800 368 0221 so that we can match your payment with our bank records.

\*\*\*If your Employer is going to make some or all of the additional Single Contribution, there is an additional form to complete before we can process this request. Please contact us on 0800 368 0221 to request this form or request it from your adviser.

### Part B: Transfer of Funds Currently In an Uncrystallised Pension

Full name of the current provider:

Current provider's address:

Postcode:

Telephone number:

Existing Plan/Membership number(s):

Approximate value of pension rights funds to be transferred:

Is this the full value of the pension rights in the Plan? Yes  No

Are your benefits subject to a Pension Sharing Order? Yes  No

*\*If you have answered yes then please enclose the original or a certified copy of the relevant documentation such as Pension Sharing Order and Decree Absolute (England, Wales and Northern Ireland) or Decree of Divorce (Scotland).*

### Part C:

Please specify below your chosen Funds to which the Contribution will be allocated.

#### Funds without Guaranteed Benefits

ALI AB GLOBAL STRATEGY 30/70	<input type="text"/>	%	ALI AB GLOBAL STRATEGY 60/40	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 40/60	<input type="text"/>	%	ALI FEDERATED SHORT-TERM STERLING PRIME	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 50/50	<input type="text"/>	%	ALI AB GLOBAL EQUITY INCOME PORTFOLIO	<input type="text"/>	%
Total	<input type="text"/>				100 %

Plan number:

Planholder's signature:

Print name:

Date:

## 6. REQUESTING AN ADDITIONAL REGULAR CONTRIBUTION

Please note that we are unable to accept additional Regular Contributions to your Plan if:

- your Initial Premium was a Drawdown Transfer;
- you have crystallised your Plan; or
- you have reached your 75<sup>th</sup> birthday.

The minimum additional Regular Contribution which can be made is £3,600 per annum. (For a personal Contribution, this limit is before any tax relief). We can only accept one Direct Debit Mandate for Regular Contributions. Therefore, if Regular Contributions are to be paid by both you and your employer, your Regular Contributions will need to be deducted from your salary and paid to us by your employer.

Your Contributions to the Plan may be restricted by the Annual Allowance or the Money Purchase Annual Allowance. Please refer to Section F of the Guidance Notes.

Please complete Part A if your Employer is going to make Regular Contributions and/or deduct your personal Regular Contributions from your earnings or Part B if you wish to make employee Regular Contributions only. Then please complete Part C.

### Part A: Employer Contributions

**Note: If your total pension inputs into your money purchase (and any hybrid) arrangements for the current tax year exceed £10,000, you may be liable to an annual allowance tax charge on the excess over £10,000.**

Occupation: (previous occupation if retired)\*

I confirm I have relevant UK earnings in the current tax year of:  
£

\*Mandatory information

#### Amount of Net Additional Regular Contribution

£

#### Source

Employer Contribution  Employee & Employer Contribution

Please note that there is an additional form for your Employer to complete before we can process this request. Please contact us on 0800 368 0221 to request this form or ask for it from your adviser.

### Part B: Employee Contributions

Please complete this Section if you are making personal Regular Contributions only.

**Note: If your total pension inputs into your money purchase (and any hybrid) arrangements for the current tax year exceed £10,000, you may be liable to an annual allowance tax charge on the excess over £10,000.**

Occupation: (previous occupation if retired)\*

I confirm I have relevant UK earnings in the current tax year of:  
£

Amount (before any tax relief):  
£

I want Regular Contributions to start from:

Deductions will be taken on the 7<sup>th</sup> day of each month. If the 7<sup>th</sup> falls on a bank holiday or a weekend the premium will be collected on the next working day. If the date you specified above has passed by the time we are ready to collect the first Regular Contribution, we will start deducting the Regular Contributions on the 7<sup>th</sup> day of the next month.

The Direct Debit Mandate at the back of this form should be completed in respect of the account from which the payments will be made.

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### Part C: Employee Contributions

Please specify below your chosen Funds to which the Contribution will be allocated.

#### Funds without Guaranteed Benefits

ALI AB GLOBAL STRATEGY 30/70	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 40/60	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 50/50	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 60/40	<input type="text"/>	%
ALI FEDERATED SHORT-TERM STERLING PRIME	<input type="text"/>	%
ALI AB GLOBAL EQUITY INCOME PORTFOLIO	<input type="text"/>	%
Total	<input type="text"/>	100 %

Plan number:

Planholder's signature:

Print name:

Date:

Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

**Note: We will not use your email address for any other purpose than to send you this confirmation.**

## 7. STOPPING OR CHANGING A REGULAR CONTRIBUTION

Please tick here  if you wish to stop all Regular Contributions (employee and/or Employer).

If you wish to change the amount of your personal Regular Contributions, please specify the new amount (before any tax relief) here:

£

As the amount of personal Contributions you can make in a tax year cannot exceed your total gross relevant UK earnings (or £3,600 if higher), please specify your total gross relevant UK earnings for the current tax year here: £

Your Contributions to the Plan may be restricted by the Annual Allowance or the Money Purchase Annual Allowance. Please refer to Section F of the Guidance Notes. If your employer wishes to change the amount of Regular Contribution, please contact us on 0800 368 0221 to request the relevant form or request it from your adviser.

Plan number:

Planholder's/adviser's signature:

Print name:

Date:

Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

**Note: We will not use your email address for any other purpose than to send you this confirmation.**

## 8. REDIRECTING FUNDS FOR REGULAR CONTRIBUTIONS

Please specify below your new chosen Funds to which new Contributions will be allocated.

### Funds without Guaranteed Benefits

ALI AB GLOBAL STRATEGY 30/70	<input type="text"/> %	ALI AB GLOBAL STRATEGY 60/40	<input type="text"/> %
ALI AB GLOBAL STRATEGY 40/60	<input type="text"/> %	ALI FEDERATED SHORT-TERM STERLING PRIME	<input type="text"/> %
ALI AB GLOBAL STRATEGY 50/50	<input type="text"/> %	ALI AB GLOBAL EQUITY INCOME PORTFOLIO	<input type="text"/> %
Total			<input type="text"/> 100 %

Plan number:

Planholder's signature:

Print name:

Date:

Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

**Note: We will not use your email address for any other purpose than to send you this confirmation.**

## 9. RETAINING PART OR ALL OF A GUARANTEED INCOME PAYMENT

Please complete Part A to retain part or all of a Guaranteed Income Payment and Part B if you wish all of your Guaranteed Income Payment to be paid into your bank account.

### Part A:

Please specify the percentage of each Guaranteed Income Payment you wish to retain in the Funds without Guaranteed Benefits.

%

The remainder will continue to be paid into your bank account.

Please specify the funds to which you wish the retained Guaranteed Income Payment to be allocated.

ALI AB GLOBAL STRATEGY 30/70	<input type="text"/> %
ALI AB GLOBAL STRATEGY 40/60	<input type="text"/> %
ALI AB GLOBAL STRATEGY 50/50	<input type="text"/> %
ALI AB GLOBAL STRATEGY 60/40	<input type="text"/> %
ALI FEDERATED SHORT-TERM STERLING PRIME	<input type="text"/> %
ALI AB GLOBAL EQUITY INCOME PORTFOLIO	<input type="text"/> %

The total retained Guaranteed Income percentages split between the Funds must add up to 100% and you can only allocate to existing flexible funds within your Plan. If you do not specify any Fund(s) we will allocate the retained Guaranteed Income Payment to the Liquidity Fund.

### Part B:

Please tick here  if you wish all of your Guaranteed Income Payments to be paid into your bank account.

Plan number:

Planholder's signature:

Print name:

Date:

Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

**Note: We will not use your email address for any other purpose than to send you this confirmation.**

## 10. CHANGING THE ALLOCATION OF FUNDS NOT LINKED TO ANY GUARANTEED INCOME BENEFIT

We will process the first twelve Switch instructions in a Plan Year from one Fund to another free of charge. Any additional Switches will incur a £100 charge.

Please specify below your new chosen percentage allocation between the Funds without Guaranteed Benefits.

ALI AB GLOBAL STRATEGY 30/70	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 40/60	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 50/50	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 60/40	<input type="text"/>	%
ALI FEDERATED SHORT-TERM STERLING PRIME	<input type="text"/>	%
ALI AB GLOBAL EQUITY INCOME PORTFOLIO	<input type="text"/>	%
Total	<input type="text"/>	100 %

Plan number:

Planholder's/adviser's signature:

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
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Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

**Note: We will not use your email address for any other purpose than to send you this confirmation.**

## 11. CHANGING THE ALLOCATION OF FUNDS LINKED TO ANY GUARANTEED INCOME BENEFIT(S)

In accordance with the **Terms and Conditions**, a charge of £100 will be applied to your Plan if you want us to take this action.

**We will change the allocation of all of your Guaranteed Benefits as per your request unless you instruct us to do otherwise. If you wish to change the allocation of funds relating to any specific Guaranteed Benefit(s), please specify these here:**

Please specify your new chosen percentage allocation within the Guaranteed Benefit below. You may choose only one allocation.

ALI AB GLOBAL STRATEGY 30/70

ALI AB GLOBAL STRATEGY 40/60

ALI AB GLOBAL STRATEGY 50/50

ALI AB GLOBAL STRATEGY 60/40

(option not available for Joint Life Plans)

Plan number:

Planholder's/adviser's signature:

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
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Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

**Note: We will not use your email address for any other purpose than to send you this confirmation.**



## 12. CANCELLING GUARANTEED BENEFITS

We will cancel all your Guaranteed Benefits unless you instruct us to do otherwise. If you wish to choose specific Guaranteed Benefits that you would like to cancel, please specify these here:

Please specify the percentage amount of the Guaranteed Benefit(s) you wish to cancel.  %

A partial re-allocation of the Funds currently linked to a Guaranteed Benefit to funds not linked to a Guaranteed Benefit will impact the benefits you receive from that Guaranteed Benefit. When there has been a cancellation of Guaranteed Benefits, we reserve the right to make you wait 6 months before you can elect for a new Guaranteed Benefit to be applied. Please refer to the **Terms and Conditions** of your Plan for further information.

Plan number:

Planholder's signature:

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
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Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

**Note: We will not use your email address for any other purpose than to send you this confirmation.**

## 13. YOUR RIGHTS

### Data Protection

The information you provide in this form is required by AXA Life Invest, as data controller, to process this request, administer the product requested, to carry out statistical analysis, and to comply with legal obligations imposed on us. If you do not fully complete the details, it may not be possible for us to process your request.

We store the personal data you provide in this form. If your request is not accepted, we will still retain this information. After the Plan has terminated, we will continue to hold personal data to satisfy audit and statutory accounting requirements as well as any other requirements of applicable law. All the personal data that is provided will be treated with confidence.

### Disclosures of Data

During the course of the Plan, we will pass relevant details to:

- Your appointed financial adviser. We will not pass your personal information to any other party claiming to act for you, unless you give us authority in writing to do so.
- Other companies within the AXA Group or other non-AXA Group companies including those located inside or outside the European Economic Area. AXA Life Invest will only pass details to third parties if it is necessary in order to arrange or administer the Plan, for statistical analysis purposes, to carry out AXA Life Invest's legal or regulatory obligations, or as otherwise agreed with you. If we transfer your personal data outside of the European Economic Area, we will ensure that such transfer complies with applicable data protection legislation.
- Interested reinsurers/personal insurers.
- To a competent regulatory or governmental authority as required by law and in response to any reasonable request.

You have the right to access all the personal data we hold about you. If you would like a copy of the details we hold about you, please write to us at the address below.

You also have the right to correct any errors in the information we hold about you, block certain uses or object to the processing of your personal data. If you exercise your right to block, or object to, our processing of your personal data and this impacts on our ability to administer the Plan, we shall not be liable or responsible for any losses you may incur. By signing this form, you are consenting to the use of your personal data as described within the form. You are also confirming that you have fully explained to each person whose personal data is supplied to us in connection with your Plan why we asked for this information, what we will use it for, and that they have agreed to this.

If you require further information about your rights, you may obtain this from either:

**The Data Protection Co-ordinator, AXA Life Invest, Wolfe Tone House, Wolfe Tone Street, Dublin 1, Ireland or  
The Office of The Data Protection Commissioner, Canal House, Station Road, Portarlington, Co Laois, Ireland.**

## 14. GUIDANCE NOTES

### A. General

The descriptions and definitions given in these Guidance Notes are for general guidance only and are not legally binding. If you are in any doubt, you should contact your financial adviser, the scheme administrator or your accountant. For more information about tax, you should contact your financial adviser or accountant. If we receive a payment before we are satisfied that we have all the information we need to process it, we may elect not to use the payment to buy Units until all relevant information has been received.

When deciding how to settle any death benefits from your Plan, we will take reasonable steps to determine the most appropriate Beneficiary(ies).

If none of the charities you nominated exist at the time of your death or you have not indicated a charity you would like to receive the Death Benefit, it will be deemed that you will be providing the scheme administrator with written instructions to pay all remaining crystallised or uncrystallised funds on your death to The Duchy of Lancaster Benevolent Fund – Registered Charity Number 1026752 unless the scheme administrator determines a different charity will apply for this purpose.

### B. Earnings include:

- salary or wages from your employment;
- the value of other benefits from your employment on which you have paid tax;
- income from a trade or profession which is chargeable under Part 2 of the Income Tax (Trading and Other Income) Act 2005.

This also includes earnings that you don't have to pay tax on because they are covered by your personal allowances. If you work overseas and are not sure how your earnings are taxed in the UK, please check with your Inspector of Taxes.

### C. Basic amount

If your relevant UK earnings on which UK tax may have to be paid are less than the basic amount in any tax year then you can still claim tax relief on payments not exceeding the basic amount. You can ask your financial adviser, or us, what the current basic amount is.

### D. Tax year

Tax years start on 6 April in each year and finish on the 5 April in the following year.

### E. Relevant UK earnings

You have relevant UK earnings for a tax year if:

- you have earnings on which UK income tax may have to be paid for that year;
- you are resident in the UK at some time during that year;
- you were resident in the UK both at some time during the five tax years immediately before the tax year in question and when you became a member of the Plan; or
- you or your husband, wife or civil partner has earnings from overseas Crown employment subject to UK tax for that year.

### F. Annual Allowance and Money Purchase Annual Allowance

If the aggregate of:

- all payments made by you or on your behalf to all money purchase schemes of which you are a member during pension input periods ending in a tax year; and
- the increase in value of your pension rights under all defined benefit schemes and cash balance schemes of which you are a member during pension input periods ending in a tax year, are greater than the Annual Allowance or the Money Purchase Annual Allowance, where relevant, for that tax year; you may be charged tax on the excess. If you have flexibly accessed some or all of your pension benefits (from any source), your future Contributions will be restricted to the Money Purchase Annual Allowance.

You can ask your adviser which allowance applies to you and what the limit is. Any payments you make into this Plan will be counted towards the allowance that applies to you. You should discuss your pension strategies with your financial adviser before making a contribution to a pension plan.

# Secure Advantage+

## Pension Plan – Application Form



### DIRECT DEBIT MANDATE FORM

#### DIRECT DEBIT INSTRUCTION Instruction to your bank or building society to pay by direct debit

Name(s) of account holder(s):

Bank/building society account number:  Branch sort code:

Building society roll number:

Full name of your bank or building society:

Address:

Post code:

**Instruction to your bank or building society:** Please pay AXA Life Invest direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with AXA Life Invest and, if so, details will be passed electronically to my bank/building society.

Signature(s):

Date:

Employee Reference number:


Banks and building societies may not accept direct debit instructions for some types of account. DDI1

Service User Number 2 9 4 2 2 1

Please fill in the whole form and send to the below address:  
AXA Life Invest, Wolfe Tone House, Wolfe Tone Street, Dublin 1, Ireland.

This guarantee should be detached and retained by the payer.

### THE DIRECT DEBIT GUARANTEE



- This guarantee is offered by all banks and building societies that accept instructions to pay direct debits.
- If there are any changes to the amount, date or frequency of your direct debit, AXA Life Invest will notify you five working days in advance of your account being debited or as otherwise agreed. If you request AXA Life Invest to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your direct debit, by AXA Life Invest or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when AXA Life Invest asks you to.
- You can cancel a direct debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

The Secure Advantage+ range of plans is underwritten by AXA Life Europe dac. AXA Life Europe dac, trading as AXA Life Invest, is authorised by the Central Bank of Ireland, and is subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of our regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from us on request. Registered in Ireland under number 410727. Registered office: Wolfe Tone House, Wolfe Tone Street, Dublin 1, Ireland. Member of the AXA Group.

