

**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 and then sign Section 11.

UPDATE REQUESTED	COMPLETION INSTRUCTIONS
Changing your bank account details.	Complete Section 1.
Changing your address.	Complete Section 2.
Authorising Individual Members.	Complete Section 3.
Changing your Guaranteed Income Payments.	Complete Section 4.
Adding an Additional Premium.	Complete Section 5.
Retaining part or all of a Guaranteed Income Payment.	Complete Section 6.
Requesting a Fund Switch.	Complete Section 7.
Changing the Fund to which a Guaranteed Benefit is allocated.	Complete Section 8.
Requesting a surrender – Partial, Full or Regular Partial Surrender(s).	Complete Section 9.
Cancelling a Guaranteed Benefit.	Complete Section 10.
Signatures.	Complete Section 11.
Data Protection.	Read Section 12.

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

- Signatures are required at various points throughout this form, please sign where this is required. We require the signatures of two authorised signatories prior to completing any transaction. Your original signature(s) is/are required before any request can be processed. Photocopies, faxed or scanned forms are therefore not accepted.
- If you make a mistake please cross it out, put in the correct word(s) and sign your initials next to the correction. Please do not use correction fluid.
- All changes will be made in accordance with the Secure Advantage+ Trustee Investment Plan **Terms and Conditions**.
- For completed surrender instructions, please allow 10 – 15 working days for the surrender proceeds to be paid into the bank or building society account.
- You should read Section 12, “Data Protection”, 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 BANK ACCOUNT DETAILS** Please fill out your new bank account details below and sign where indicated.

Please enter plan number here:

Full name of your Bank or Building Society:

Name of account holder:

Sort Code:

Account number:

Building Society Roll number:

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

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

Please tick to indicate if this is a change of Trust address or Individual Member address:  Trust  Individual Member

Please enter plan number here:

Address:

Postcode:

Please provide certified proof of address, dated within the previous 6 months. Please complete Section 11 of this form, otherwise we will not be able to complete your request.

**3. AUTHORISING INDIVIDUAL MEMBERS** Please complete below if you authorise AXA Life Invest to accept investment instructions directly from the Individual Member.

Please enter plan number here:

If the trustees of the Scheme authorise AXA Life Invest to accept investment decisions directly from the Individual Member, they must provide a specimen signature here:

Specimen signature of Individual Member:

Print Name:

Date:

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

**4. CHANGING YOUR GUARANTEED INCOME PAYMENTS**

Please fill out how you would like your Guaranteed Income Payments to be amended below and sign where indicated.

Please enter your Plan number here:

**Changing your Guaranteed Income Start Date**

If you wish to change your Guaranteed Income Start Date, we will deduct a charge of 0.10% of the value of the Guaranteed Benefit Investment to which the Lifetime Income Benefit is linked from your Plan when we process the change.

Please refer to the **Terms and Conditions** of your Plan for details.

We must receive this completed and signed instruction at least twenty one (21) days before your original Guaranteed Income Start Date. Should we not be in a position to start the Guaranteed Income Payment on the date you request, we will commence the Guaranteed Income Payment at the next available date. The minimum age to start income is 75. If you want to receive Regular Payments in addition to your Guaranteed Income Payments, then please complete Section 9 of this form.

**Please select one of the two options below:**

i.  We wish to change the Guaranteed Income Payment Start Date for our Plan to the following date in the future. Please note this date must be after the 75<sup>th</sup> birthday of the Individual Member.

ii.  We wish to take the Guaranteed Income Payments in full immediately, paid into our bank or building society account.

**If you wish to receive any Guaranteed Income Payments immediately, please specify a payment frequency:**

Payment frequency (choose one)  Monthly  Quarterly  Half-Yearly  Yearly

Please note that if payments have already commenced, the change to your payment frequency will come into effect on the next anniversary of the Plan Effective Date, in accordance with the Plan's **Terms and Conditions**. If you do not choose a frequency, we will pay you on the frequency selected at initial application stage.

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 5. ADDING AN ADDITIONAL PREMIUM

(a) Please enter your Plan number here:

Your Additional Premium cannot be added to any existing Guaranteed Benefit on your plan. You may have the option to purchase a new Guaranteed Benefit. Please refer to your Plan Terms and Conditions for further information.

If you wish to purchase a new Guaranteed Benefit, please complete the relevant Section of this form.

Each payment of Additional Premium (after any Initial Adviser Charge has been deducted) must be enough so that the Additional Amount Allocated to the Plan in respect of that payment is at least £10,000.

(b) Please specify the amount of Additional Premium you want to make.

Amount of Additional Premium	Payment method
£ <input type="text"/>	<input type="checkbox"/> Cheque* <input type="checkbox"/> Direct Credit**

\* 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. 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.

Please indicate the allocation split in the fund listing below ensuring a total allocation of 100%

ALI AB GLOBAL STRATEGY 30/70 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 40/60 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 50/50 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 60/40 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 70/30 GBP Fund	<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 %

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 6. RETAINING PART, OR ALL, OF A GUARANTEED INCOME PAYMENT

Please enter your Plan number here:

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 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 40/60 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 50/50 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 60/40 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 70/30 GBP Fund	<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 Funds without Guaranteed Benefits within your Plan. If you do not specify any Fund(s) we will allocate the retained Guaranteed Income Payment to the Liquidity Fund. Please complete Section 11 of this form, otherwise we will not be able to complete your request.

**Part B:**

Please enter your Plan number here:

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

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

**7. REQUESTING A FUND SWITCH**

Please enter your Plan number here:

**Please specify below your new chosen percentage allocation within the Funds not linked to Guaranteed Benefits.**

ALI AB GLOBAL STRATEGY 30/70 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 40/60 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 50/50 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 60/40 GBP Fund	<input type="text"/>	%
ALI AB GLOBAL STRATEGY 70/30 GBP Fund	<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%

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

**8. CHANGING THE FUND TO WHICH A GUARANTEED BENEFIT IS ALLOCATED**

Please enter your Plan number here:

In accordance with the **Terms and Conditions**, a charge of 0.10% of the relevant Guaranteed Benefit Investment will be applied to your Plan if you want us to take this action.

**Please note we will change the allocation of all of your Guaranteed Benefits unless you instruct us otherwise. If you wish to change the allocation of funds relating to any specific Guaranteed Benefit(s), please specify the name of the Guaranteed Benefit here:**

Please tick the relevant box below to indicate which Fund you now wish to link your Guaranteed Benefit(s).

- ALI AB GLOBAL STRATEGY 30/70 GBP Fund
- ALI AB GLOBAL STRATEGY 40/60 GBP Fund
- ALI AB GLOBAL STRATEGY 50/50 GBP Fund
- ALI AB GLOBAL STRATEGY 60/40 GBP Fund

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 9. REQUESTING A SURRENDER – PARTIAL, FULL OR REGULAR PARTIAL SURRENDER(S).

Please fill out details of the surrender you would like to make from the Plan below and sign where indicated.

Please enter your Plan number here:

### IMPORTANT: The following instructions must be followed to request a partial or full surrender.

- If you are surrendering your Plan in full, please return the original Plan schedule which was sent to the Trustees with this request **OR** alternatively, a completed Lost Policy Declaration form, signed by two trustees/authorised signatories and witnessed by an independent witness.
- Please provide a list of authorised signatories and a certified copy of your Trust Deed, if not provided already.
- Please complete Part A (for a partial surrender) or Part B (for a full surrender) and Parts C, and D and then sign Section 11.

### Part A: Partial Surrender

Any Partial Surrender will be deducted from each of the Unit-linked Funds held on the Plan in proportion to the percentage of the total value of the investment. When you make a partial surrender, it will immediately reduce any Guaranteed Benefits.

You may not make a Partial Surrender unless the Plan Value after the Partial Surrender is at least £1,000. If you request a partial surrender which would have the effect of reducing the value of your investment to less than £1,000:

- before the Guaranteed Income Payment Start Date: your Contract and all associated guarantees will be automatically terminated. AXA Life Invest will then pay you the full value of your investment in your Contract.
- Except where the Partial Surrender is to effect a payment in respect of an Adviser Charge, the minimum Partial Surrender Amount that can be requested for a Supplementary Payment is £250.
- Except where a Partial Surrender is to effect a Supplementary Payment in respect of an Ad Hoc Adviser Charge, the minimum amount of the Plan Value that must remain after a Payment has been made is £1,000.

If you request a Partial Surrender which would have the effect of reducing the Plan Value to less than £1,000, in these circumstances we will adjust the Partial Surrender to ensure that the Plan Value remaining immediately after payment of the Partial Surrender is not less than £1,000.

We, the Trustees, request a Partial Surrender Amount of

### Part B: Regular Partial Surrenders

Please pay Regular Partial Surrenders of

per Plan Year.

Please indicate the frequency of these Partial Surrenders, noting that if you are receiving Guaranteed Income Payments, the surrenders will be paid at the same time as your income payments. There is no minimum Partial Surrender Amount for Regular Payments.

Monthly  Quarterly  Half-Yearly  Yearly

### Part C: Full Surrender

Please tick here if you wish to take a Full Surrender

By ticking this box you confirm that you recognise that this request terminates the Plan and all associated guarantees.

### Part D: Payment

All payments will be made by BACS transfer. Please allow 10 – 15 working days for the surrender amount to clear in your bank account.

Full name of your Bank or Building Society:

Name of account holder:

Sort Code:

Account number:

Building Society Roll number:

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 10. CANCELLING A GUARANTEED BENEFIT

Please enter your Plan number here:

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 state these here:

Please note there may be restrictions to adding new benefits to your plan on cancellation of an existing benefit. Please refer to your **Terms and Conditions** for further information.

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 11. SIGNATURES

**TRUSTEES/CORPORATE TRUSTEES/  
PLANHOLDER(S)/AUTHORISED  
SIGNATORIES\***

**TRUSTEES/CORPORATE TRUSTEES/  
PLANHOLDER(S)/AUTHORISED  
SIGNATORIES\***

Signature:

Print full name:

Date:

**TRUSTEES/CORPORATE TRUSTEES/  
PLANHOLDER(S)/AUTHORISED  
SIGNATORIES\***

**TRUSTEES/CORPORATE TRUSTEES/  
PLANHOLDER(S)/AUTHORISED  
SIGNATORIES\***

Signature:

Print full name:

Date:

\*Please include an updated authorised signatory list if applicable.

**Note:** if you are adding a **Lifetime Income Benefit**, **Legacy Protect Benefit** or **Guaranteed Capital Benefit**, your adviser must also sign this form in the space below.

Alternatively, if you have nominated an adviser to make decisions on your behalf on your initial application form your adviser must sign here:

Specimen signature only:

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.

If you are requesting any of the below, we are obliged to send you a Plan Addendum by post, as per the Terms and Conditions of the Plan.

- Adding or Cancelling a Guaranteed Benefit.
- Adding an Additional Premium.

If you take a full or partial surrender of your Plan, we will also send you confirmation by post.

## 12. 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 the request to be processed.

The processing of your personal data is governed by the Irish Data Protection Act 1988 and Data Protection (Amendment) Act 2003. We store the personal data you provide in the 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 in 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, or to carry out AXA Life Invest's legal or regulatory obligations or as set out in this form or 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 held by us regarding the Individual Member and their spouse/civil partner. If the Individual Member and their spouse/ civil partner would like a copy of the details we hold on them, please write to us at the address below.

The Individual Member and their spouse/ civil partner also have the right to correct any errors in the information we hold about them, block certain uses or object to the processing of their personal data. If the Individual Member and their spouse/ civil partner exercise the aforementioned rights to block or object to our processing of their 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 consent to the use of their personal data as described herein. 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 these rights, you may obtain this from either:

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

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.

