

ALTERATIONS TO YOUR PLAN This form should be used only if you are a Planholder wishing to make any of the changes listed below to your Plan. 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 bank account details.	Complete Section 1.
Changing your address.	Complete Section 2.
Authorising members.	Complete Section 3.
Changing your Guaranteed Income Payments.	Complete Section 4.
Requesting a Single Additional Contribution.	Complete Section 5.
Retaining Part, or all, of a Guaranteed Income Payment.	Complete Section 6.
Changing the Allocation of Funds within the Funds not linked to a Guaranteed Benefits.	Complete Section 7.
Changing the Allocation of funds within a Guaranteed Benefit.	Complete Section 8.
Moving Funds from the Guaranteed Benefits to Funds not linked to Guaranteed Benefits.	Complete Section 9.
Cancel Guaranteed Benefits.	Complete Section 10.
Requesting a surrender.	Complete Section 11.

IMPORTANT INFORMATION Please read before completing this form

- Signatures are required at various points throughout this form, please sign where this is required. 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 clear in your account.
- You should read Section 12, “Your rights”, 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.

Plan number:	<input type="text"/>		
Full name of your Bank or Building Society:	<input type="text"/>		
Name of account holder:	<input type="text"/>	Sort Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Building Society Roll number:	<input type="text"/>
Signature of the Trustee/authorised signatory:	<input type="text"/>	Signature of the Trustee/authorised signatory:	<input type="text"/>
Print Name:	<input type="text"/>	Print Name:	<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"/>	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"/>

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

Plan number:

Address:

Postcode:

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

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

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

Plan number:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

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:

Date:

Print Name:

4. CHANGING YOUR GUARANTEED INCOME START DATE AND/OR TAKING 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 £100 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 55.

Please select one of the four options below:

- i. We wish to change the Guaranteed Income Payment Start Date for our Plan to the following date in the future:

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

- iii. We wish to take a combination of Guaranteed Income Payments and Regular Partial Surrenders up to a specific amount of

£

each year immediately, paid into our bank or building society account. If the value of Funds not linked to Guaranteed Benefits falls to zero, this combination of income should continue and we understand that the Income Base will decline proportionately.

- iv. We wish to take a combination of Guaranteed Income Payments and Regular Partial Surrenders up to a specific amount of

£

each year immediately, paid into our bank, or building society, account. If the value of Funds not linked to Guaranteed Benefits falls to zero, the payment of the Regular Partial Surrenders should stop and the Guaranteed Income Payments should continue.

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.

Signature of the Trustee/authorised signatory:

Print Name:

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of the Trustee/authorised signatory:

Print Name:

Date:

D	D	M	M	Y	Y	Y	Y
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5. REQUESTING AN ADDITIONAL SINGLE CONTRIBUTION

Please enter your Plan number here:

Please specify the amount of the Additional Single Contribution you want to make. Please note that the minimum Additional Single Contribution is £3,600.

Amount of Additional Single Contribution

Payment method

£

Cheque*

Direct Credit**

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 %

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

6. 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:

Signature of the Trustee/authorised signatory:

Signature of the Trustee/authorised signatory:

Print Name:

Print Name:

Date:

Date:

7. CHANGING THE ALLOCATION OF FUNDS NOT LINKED TO ANY GUARANTEED 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:

Signature of the Trustee/authorised signatory:

Signature of the Trustee/authorised signatory:

Print Name:

Print Name:

Date:

Date:

8. CHANGING THE ALLOCATION OF FUNDS WITHIN A GUARANTEED BENEFIT

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 select the fund 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:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

9. MOVING FUNDS FROM THE GUARANTEED BENEFITS TO THE FUNDS NOT LINKED TO GUARANTEED BENEFITS

Please enter your Plan number here:

You can switch your investment from a Fund linked to any Guaranteed Benefit(s) to Funds not linked to any Guaranteed Benefit before, on, or after, your Guaranteed Income Start Date.

Any partial surrender of any Fund(s) linked to your Guaranteed Benefit(s) would reduce the Income Base relating to the Guaranteed Benefit(s).

Please specify the percentage, or amount, of your Guaranteed Benefit(s) that you wish to cancel and invest into the Fund(s) not linked to any Guaranteed Benefit(s).

%

£

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

ALI AB GLOBAL STRATEGY 30/70	%
ALI AB GLOBAL STRATEGY 40/60	%
ALI AB GLOBAL STRATEGY 50/50	%
ALI AB GLOBAL STRATEGY 60/40	%
ALI FEDERATED SHORT-TERM STERLING PRIME	%
ALI AB GLOBAL EQUITY INCOME PORTFOLIO	%
Total	100%

Signature of the Trustee/authorised signatory:

Signature of the Trustee/authorised signatory:

Print Name:

Print Name:

Date:

Date:

10. CANCEL 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 your Guaranteed Benefits to funds not linked to Guaranteed Benefits will impact the Income Base for 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:

Signature of the Trustee/authorised signatory:

Signature of the Trustee/authorised signatory:

Print Name:

Print Name:

Date:

Date:

11. REQUESTING A SURRENDER – PARTIAL OR FULL SURRENDER. Please fill out details of the surrender you would like to make from the Plan below and sign where indicated.

Plan number:

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

- Please provide copy of trustee identification, if not already provided.
- 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 complete Part A (for a partial surrender) or Part B (for a full surrender) and Parts C, and D.

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 the Guaranteed Income Amount.

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.
- after the Guaranteed Income Payment Start Date: your partial request will not be executed. The minimum Partial Surrender Amount is £250.

We, the Trustees, request a Partial Surrender Amount of £

Part B: 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 C: 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:

Part D: Signatures

Signature of the Trustee/authorised signatory:

Signature of the Trustee/authorised signatory:

Print Name:

Print Name:

Date:

Date:

12. 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 the request to be processed.

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 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, 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 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.

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.

