

redefining / standards

Secure Advantage™

Trustee Investment Plan - Lifetime Income

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 |
|---|-------------------------|
| Updating Trustees/Authorised Signatories. | Complete section 1. |
| Changing your bank account details. | Complete section 2. |
| Changing your address. | Complete section 3. |
| Authorising members. | Complete section 4. |
| Changing your Guaranteed Income Payments. | Complete section 5. |
| Changing your investment choice. | Complete section 6. |
| Requesting a surrender. | Complete section 7. |

Important information

Please read before completing this form

- Please use BLOCK CAPITALS and black ink throughout.
- Signatures are required at various points throughout this form, please sign where this is required.
- 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 – Lifetime Income Plan **Terms and Conditions**.
- You should read section 8, “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. UPDATING TRUSTEES/AUTHORISED SIGNATORIES

Plan number:

Name of new or additional trustee/authorised signatory:

Signature of new or additional trustee/authorised signatory:

Name of outgoing trustee/authorised signatory:

Signature of outgoing trustee/authorised signatory:

Note: Please ensure that you attach proof of identification for each new trustee/authorised signatory with this form.

AXA Life Invest cannot accept instructions from the new trustee/authorised signatory until we receive this documentation.

Signature of the Trustee/authorised signatory:

Print name: Date:

Signature of the Trustee/authorised signatory:

Print name: Date:

2. CHANGING YOUR BANK ACCOUNT DETAILS

Please fill out your new bank account details below and sign where indicated.

Plan number:

Full name of your Bank or Building Society:

Name of account holder:

Sort Code: Account number:

Building Society Roll number/Reference Number:

Signature of the Trustee/authorised signatory:

Print name: Date:

Signature of the Trustee/authorised signatory:

Print name: Date:

3. 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:

Signature of the Trustee/authorised signatory:

Print name: Date:

Signature of the Trustee/authorised signatory:

Print name: Date:

4. AUTHORISING MEMBERS

We, the Trustees of the scheme authorise AXA Life Invest to accept investment instructions directly from the Member.

| | |
|--|---|
| Plan number: | <input type="text"/> |
| Signature of the Trustee/authorised signatory: | <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"/> |
| Signature of the Trustee/authorised signatory: | <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"/> |
| Signature of the Trustee/authorised signatory: | <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"/> |
| Signature of the Trustee/authorised signatory: | <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"/> |

The member must provide a specimen signature below:

| | | | |
|---------------------|----------------------|-------|---|
| Member'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"/> | | |

5. CHANGING YOUR GUARANTEED INCOME PAYMENTS

Please fill out below how you would like the Guaranteed Income Payments to be made and sign where indicated.
(Must be aged 55 or over for single and joint life)

| | |
|--------------|----------------------|
| Plan number: | <input type="text"/> |
|--------------|----------------------|

We must receive this completed and signed instruction at least fifteen (15) Business Days before we would have otherwise made the first Guaranteed Income Payment. 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.

5A: Start date

We, the Trustees, wish to change the Guaranteed Income Payment Start Date for the Plan to the following 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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

(You can decide to change this date in the future as long as income has not started).

5B: Frequency

We, the Trustees, wish to change the frequency of the Guaranteed Income Payments as detailed below:

Payment frequency (choose one)

Monthly Quarterly Half-Yearly Yearly

Please note that in accordance with the Plan **Terms and Conditions**, this change will come into effect on the next Plan anniversary date.

| | | | |
|--|----------------------|-------|---|
| Signature of the Trustee/authorised signatory: | <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"/> |
| Signature of the Trustee/authorised signatory: | <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"/> |

6. CHANGING YOUR INVESTMENT CHOICE

Please choose your new investment choice and sign where indicated.

Plan number:

We, the trustees, wish to change our investment choice to the following Fund (please tick ONE):

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

Signature of the Trustee/authorised signatory:

Date:

Print name:

Signature of the Trustee/authorised signatory:

Date:

Print name:

Where the member is making the request to change the investment choices (where they are authorised to do so), the member must sign below:

Member's Signature:

Date:

Print name:

7. 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:

Remember that surrender fees may be charged on the amount of any partial or full surrender made in the first five years of the contract. For further information, please refer to your Plan **Terms and Conditions**.

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 your original Plan schedule with this request **OR** alternatively, a completed Lost Policy Declaration form.
- 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. We 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

£ or % of the Plan Value.

Part B: Full Surrender

We, the Trustees, request a full surrender.

We, the Trustees, recognise that on a full surrender the Plan will terminate and all guarantees under the Plan will end. (Please tick)

Part C: Payment

Every surrender amount (partial or total) will be paid by wire transfer. Please allow 10 – 15 working days for the surrender amount to clear in your bank account. This is the amount of time needed to disinvest from your funds and transfer the money via wire transfer.

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:

Print name:

Date:

Signature of the Trustee/authorised signatory:

Print name:

Date:

8. YOUR RIGHTS

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.

