



**ALTERATIONS TO YOUR PLAN** This form should be used to make any of the following 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.
Changing your investment choice.	Complete Section 5.

**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™ Retirement Solution – Lifetime Income Plan **Terms and Conditions.**
- You should read Sections 6 “Your rights” and 7 “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 (as 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 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 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. 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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percentage share:	<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"/>

**Note: If you wish us to pay benefits to an existing trust arrangement that you have established, please state 'trust' under relationship. This is a complex area of law and you should consult a solicitor or other adviser if you wish to create a trust or need to seek advice.**

**Note: Please provide us with any other instructions that may help us when distributing benefits on your death on a separate sheet if necessary.**

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"/>
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.

**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 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"/>
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.

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

## 5. CHANGING YOUR INVESTMENT CHOICE Please fill out your new investment choice and sign where indicated.

Please enter your Plan number here:

- Please complete Part A to change your Investment Compartment Fund.
- Please complete Part B to switch money from your Investment Compartment Fund to the Liquidity Fund.

### A. Please choose one of the below. A charge will be applied in line with the Terms and Conditions.

<input type="checkbox"/> The ALI AB Global Strategy 40/60 GBP Fund	<input type="checkbox"/> The ALI AB Global Strategy 50/50 GBP Fund	<input type="checkbox"/> The ALI AB Global Strategy 60/40 GBP Fund							
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"/>
Print name:	<input type="text"/>								

### B. Please enter the amount you wish to switch to the Liquidity Fund below. The minimum amount that must remain in the Guaranteed Compartment after the switch is £1,000.

Switch  £ to the Liquidity Fund.

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"/>
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.

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

## 6. 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 you. If you would like a copy of the details we hold on 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 the aforementioned rights 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 consent to the use of your 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 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, Portarlinton, Co Laois, Ireland.**

## 7. 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.

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.