



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 sign Section 12.

UPDATE REQUESTED	COMPLETION INSTRUCTIONS
Changing your bank account details.	Complete Section 1.
Changing your address.	Complete Section 2.
Requesting or changing Beneficiaries.	Complete Section 3.
Adding Single Contributions and Transfers In.	Complete Section 4.
Requesting Regular Contributions.	Complete Section 5.
Stopping, or changing, Regular Contributions.	Complete Section 6.
Redirecting Funds for Regular Contributions.	Complete Section 7.
Retaining part or all of a Guaranteed Income Payment.	Complete Section 8.
Requesting a Fund Switch.	Complete Section 9.
Changing the Fund allocated to a Guaranteed Benefit.	Complete Section 10.
Cancelling a Guaranteed Benefit.	Complete Section 11.
Signatures.	Complete Section 12.
Data Protection.	Read Section 13.
Guidance Notes.	Read Section 14.

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 “Data Protection” 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 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:

Please complete Section 12 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 enter your Plan number here:

Address:

Postcode:

Please provide certified proof of address, dated within the previous 6 months. Please complete Section 12 of this form, otherwise we will not be able to complete your request.

3. ADDING OR CHANGING BENEFICIARIES Please fill out your new Beneficiaries' details below and sign where indicated.

Please enter your Plan number here:

Please provide details below of the Beneficiaries in whose favour you would like the scheme administrator to exercise its discretion in settling any Death Benefits. The scheme administrator is not legally bound to follow your wishes but will have regard to these in making a decision.

A Death Benefit may be provided as a lump sum and/or a Beneficiary's Pension except where the Beneficiary is the trustee of a trust or a charity in which case the Death Benefit must be provided as a lump sum. You can change your nomination at any time by contacting AXA Life Invest.

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.

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Please complete Section 12 of this form, otherwise we will not be able to complete your request.

Part B: Nominating trustee(s)

If you wish to nominate the trustees of a trust, please complete the Section below and enclose a certified true copy of the original trust deed with your application.

Full name of trust: Date the trust was made:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name of contact trustee:

Trustee contact address:

Post code:

Percentage share of the Death Benefit: %

Please complete Section 12 of this form, otherwise we will not be able to complete your request.

Part C: Nominating a registered charity

If your Plan Value has been Crystallised at the time of your death or you are aged 75 or over and the Plan Value is Uncrystallised, you may also request that the scheme administrator considers distributing all or some of the payment to a registered charity. We will only consider payment to the charity if the potential Beneficiaries listed above are no longer alive and no other dependents are living at the time of your death.

If the charity you nominated does not exist at the time of your death or you have not indicated a charity you would like to receive the payment on death, you will be deemed to have given written instructions to the scheme administrator to pay any Plan Value that cannot be paid to other Beneficiaries to The Duchy of Lancaster Benevolent Fund – registered charity number 1026752, or such other charity as the scheme administrator determines will apply for this purpose.

Charity name: Registered charity number:
visit www.charitycommission.gov.uk

Please complete Section 12 of this form, otherwise we will not be able to complete your request.

4. ADDING SINGLE CONTRIBUTIONS AND TRANSFERS IN

Please enter your Plan number here:

The minimum Additional Contribution is £1,200 (for Single Contributions, this limit includes UK basic rate income tax relief, where applicable). Please complete Part A if you wish to make a Single Contribution or Part B if you wish to transfer funds which are currently in an uncrystallised pension to us and then please complete Part C.

Your Additional Contribution 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.

Any Ongoing Adviser Charge already applied to your plan will continue unless you have requested otherwise.

Part A: Single Contribution(s)

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. We will accept Single Contributions throughout the lifetime of the Plan so long as:

- your Initial Premium is not a Drawdown Transfer;
- the Plan has not been Crystallised; and
- you have not reached your 75th birthday.

Occupation: (previous occupation if retired)*

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

*Mandatory information

** Personal Contribution cannot exceed maximum relevant UK earnings for current tax year.

Amount of net additional Single Contribution	Payment method	Source
----------------------------------------------	----------------	--------

£

- Cheque*
 Direct Credit**

- Employee Contribution
 Employer Contribution***
 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 making an Employer Contribution, please enclose an Employer Single Contribution Schedule with this form. This should be completed by your Employer. Please contact us on 0800 368 0221 to request this form or request it from your adviser.

Part B: Transfers in of Uncrystallised Funds

We will accept transfers in of Uncrystallised Funds throughout the lifetime of the Plan so long as:

- your Initial Premium is not a Drawdown Transfer; and
- the Plan has not been Crystallised.

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 Additional Contribution/Transfer in will be allocated. Your Additional Contribution/Transfer in 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.

Funds without Guaranteed Benefits

ALI AB GLOBAL STRATEGY 30/70 GBP Fund	<input type="text"/> %	ALI AB GLOBAL STRATEGY 60/40 GBP Fund	<input type="text"/> %
ALI AB GLOBAL STRATEGY 40/60 GBP Fund	<input type="text"/> %	ALI AB GLOBAL STRATEGY 70/30 GBP Fund	<input type="text"/> %
ALI AB GLOBAL STRATEGY 50/50 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 12 of this form, otherwise we will not be able to complete your request.

5. ADDING REGULAR CONTRIBUTIONS

Please enter your Plan number here:

The minimum Additional Contribution is £1,200 (for Single Contributions, this limit includes UK basic rate income tax. We will accept Regular Contributions throughout the lifetime of the Plan so long as:

- your Initial Premium is not a Drawdown Transfer;
- the Plan has not been Crystallised; and
- you have not reached your 75th birthday.

The minimum Regular Contribution must be at least £1,200 per annum or £100 per month (including UK basic rate income tax relief, where applicable). 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.

Deductions will be taken on the 7th day of each month. If the 7th 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 7th day of the next month.

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, and sign Section 12.

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

If your Employer is paying the Contribution on your or their behalf or is paying an Employer Contribution, please enclose an Employer Regular Contribution Schedule with this form. This should be completed by your Employer. 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:

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.

Part C: Allocation of Contributions

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

Funds without Guaranteed Benefits

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	%
ALI AB GLOBAL STRATEGY 70/30 GBP Fund	%
ALI FEDERATED SHORT-TERM STERLING PRIME	%
ALI AB GLOBAL EQUITY INCOME PORTFOLIO	%
Total	100 %

Please complete Section 12 of this form, otherwise we will not be able to complete your request.

6. STOPPING OR CHANGING REGULAR CONTRIBUTIONS

Please enter your Plan number here:

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.

Please complete Section 12 of this form, otherwise we will not be able to complete your request.

7. REDIRECTING FUNDS FOR REGULAR CONTRIBUTIONS

Please enter your Plan number here:

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

Funds without Guaranteed Benefits

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

Please complete Section 12 of this form, otherwise we will not be able to complete your request.

8. 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 12 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 12 of this form, otherwise we will not be able to complete your request.

9. 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 12 of this form, otherwise we will not be able to complete your request.

10. CHANGING THE FUND ALLOCATED TO A GUARANTEED BENEFIT

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 state the names of the Guaranteed Benefits here:

Please tick the relevant box below to indicate to 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 12 of this form, otherwise we will not be able to complete your request.

11. CANCELLING GUARANTEED BENEFITS

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 specify these here:

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

 %

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 12 of this form, otherwise we will not be able to complete your request.

12. SIGNATURES

Member's signature:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Print name:

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 advisor to make decisions on your behalf on your initial application form your advisor must sign here (specimen signature only):

Adviser Signature:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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.

13. DATA PROTECTION

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.

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 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 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, 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 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, 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.

DIRECT DEBIT MANDATE FORM

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

Please complete this instruction to your bank or building society if you will be making Regular Contributions by Direct Debit. Banks and building societies may not accept Direct Debit instructions from some types of account. Please note this Direct Debit form should only be completed for Personal Contributions. There is a separate form which must be completed if the Employer will pay Contributions.

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. DD11

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.

