

**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.
Changing your investment choice.	Complete Section 5.
Requesting a surrender.	Complete Section 6.

**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 – Lifetime Income 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 7, “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"/>
Account number:	<input type="text"/>
Sort Code:	<input type="text"/>
Building Society Roll number:	<input type="text"/>
Signature of the Trustee/authorised signatory:	<input type="text"/>
Print Name:	<input type="text"/>
Date:	<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 PAYMENTS** Please complete parts A, B or C as applicable and sign Part D where indicated. (Must be aged 55 or over for single and joint life)

Plan number:

**4A: Start date**

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 on the next available date. **A charge will be applied for this request in line with the Terms and Conditions.**

We, the Trustees, wish to change the Guaranteed Income Payment Start Date for the Plan to the following date:

       

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

**4B: 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.

**4C: Where would you like income payments to be made?**

Please choose one:

We, the Trustees, wish to receive income to our bank account

We, the Trustees, wish to divert income to the Liquidity Fund

**4D: Signatures**

Signature of the Trustee/authorised signatory:

Print Name:

Date:

       

Signature of the Trustee/authorised signatory:

Print Name:

Date:

       

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

Plan number:

■ 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.**

The ALI AB Global Strategy  
40/60 GBP Fund

The ALI AB Global Strategy  
50/50 GBP Fund

The ALI AB Global Strategy  
60/40 GBP Fund

Signature of the Trustee/authorised signatory:

Print Name:

Date:

       

Signature of the Trustee/authorised signatory:

Print Name:

Date:

       

Where the member making this request for a change of investment choice (where they are authorised to do so), the member should sign below:

Member's signature:

Date:

       

Print Name:

**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.

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Where the member making this request for a change of investment choice (where they are authorised to do so), the member should sign below:

Member's signature:  Date:

Print name:

**6. 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 £

Please indicate the amount(s) of the surrender you wish to be deducted from each compartment:

Liquidity Fund

Investment Compartment

**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:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

## 7. 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.