



# Secure Advantage+

## Trustee Investment Plan – Alterations Form

**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 then sign Section 11.

UPDATE REQUESTED	COMPLETION INSTRUCTIONS
Changing your bank account details.	Complete Section 1.
Changing your address.	Complete Section 2.
Authorising Individual Members.	Complete Section 3.
Changing your Guaranteed Income Payments.	Complete Section 4.
Adding an Additional Premium.	Complete Section 5.
Retaining part or all of a Guaranteed Income Payment.	Complete Section 6.
Requesting a Fund Switch.	Complete Section 7.
Changing the Fund to which a Guaranteed Benefit is allocated.	Complete Section 8.
Requesting a surrender – Partial, Full or Regular Partial Surrender(s).	Complete Section 9.
Cancelling a Guaranteed Benefit.	Complete Section 10.
Signatures.	Complete Section 11.
Data Protection.	Read Section 12.

### IMPORTANT INFORMATION Please read before completing this form

- Signatures are required at various points throughout this form, please sign where this is required. We require the signatures of two authorised signatories prior to completing any transaction. 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 be paid into the bank or building society account.
- You should read Section 12, "Data Protection", before sending the form back to us.
- On completion of this form, please return it to:  
AXA Life Europe  
PO Box 13464  
Dublin 1  
D01 TX39  
Ireland.

### 1. CHANGING YOUR BANK ACCOUNT DETAILS Please fill out your new bank account details below and sign where indicated.

Please enter 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 11 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 tick to indicate if this is a change of Trust address or Individual Member address: ☐ Trust ☐ Individual Member

Please enter plan number here:

Address:

Postcode:

Please provide certified proof of address, dated within the previous 6 months. Please complete Section 11 of this form, otherwise we will not be able to complete your request.

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

Please enter plan number here:

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:

Print Name:

Date:

D	D	M	M	Y	Y	Y	Y
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Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 4. CHANGING YOUR GUARANTEED 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 0.10% of the value of the Guaranteed Benefit Investment to which the Lifetime Income Benefit is linked 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 75. If you want to receive Regular Payments in addition to your Guaranteed Income Payments, then please complete Section 9 of this form.

Please select one of the two options below:

- i. ☐ We wish to change the Guaranteed Income Payment Start Date for our Plan to the following date in the future. Please note this date must be after the 75<sup>th</sup> birthday of the Individual Member.

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.

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.

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 5. ADDING AN ADDITIONAL PREMIUM

(a) Please enter your Plan number here:

Your Additional Premium 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.

If you wish to purchase a new Guaranteed Benefit, please complete the relevant Section of this form.

Each payment of Additional Premium (after any Initial Adviser Charge has been deducted) must be enough so that the Additional Amount Allocated to the Plan in respect of that payment is at least £10,000.

(b) Please specify the amount of Additional Premium you want to make.

### Amount of Additional Premium

### Payment method

£

☐ Cheque\*

☐ Direct Credit\*\*

\* 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. 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.

Please indicate the allocation split in the fund listing below ensuring a total allocation of 100%

ALI AXA IM GLOBAL STRATEGY 30/70 GBP Fund	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 40/60 GBP Fund	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 50/50 GBP Fund	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 60/40 GBP Fund	<input type="text"/>	%
ALI FEDERATED HERMES SHORT-TERM STERLING PRIME	<input type="text"/>	%
Total	<input type="text"/>	100 %

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 6. 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 AXA IM GLOBAL STRATEGY 30/70 GBP Fund	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 40/60 GBP Fund	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 50/50 GBP Fund	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 60/40 GBP Fund	<input type="text"/>	%
ALI FEDERATED HERMES SHORT-TERM STERLING PRIME	<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 11 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 11 of this form, otherwise we will not be able to complete your request.

## 7. 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 AXA IM GLOBAL STRATEGY 30/70 GBP Fund	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 40/60 GBP Fund	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 50/50 GBP Fund	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 60/40 GBP Fund	<input type="text"/>	%
ALI FEDERATED HERMES SHORT-TERM STERLING PRIME	<input type="text"/>	%
Total	<input type="text"/>	100%

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 8. CHANGING THE FUND TO WHICH A GUARANTEED BENEFIT IS ALLOCATED

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 specify the name of the Guaranteed Benefit here:**

Please tick the relevant box below to indicate which Fund you now wish to link your Guaranteed Benefit(s).

ALI AXA IM GLOBAL STRATEGY 30/70 GBP Fund	<input type="checkbox"/>
ALI AXA IM GLOBAL STRATEGY 40/60 GBP Fund	<input type="checkbox"/>
ALI AXA IM GLOBAL STRATEGY 50/50 GBP Fund	<input type="checkbox"/>
ALI AXA IM GLOBAL STRATEGY 60/40 GBP Fund	<input type="checkbox"/>

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 9. REQUESTING A SURRENDER – PARTIAL, FULL OR REGULAR PARTIAL SURRENDER(S).

Please fill out details of the surrender you would like to make from the Plan below and sign where indicated.

Please enter your Plan number here:

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

- 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 provide a list of authorised signatories and a certified copy of your Trust Deed, if not provided already.
- Please complete Part A (for a partial surrender) or Part B (for a full surrender) and Parts C, and D and then sign Section 11.

### 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 any Guaranteed Benefits.

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.
- Except where the Partial Surrender is to effect a payment in respect of an Adviser Charge, the minimum Partial Surrender Amount that can be requested for a Supplementary Payment is £250.
- Except where a Partial Surrender is to effect a Supplementary Payment in respect of an Ad Hoc Adviser Charge, the minimum amount of the Plan Value that must remain after a Payment has been made is £1,000.

If you request a Partial Surrender which would have the effect of reducing the Plan Value to less than £1,000, in these circumstances we will adjust the Partial Surrender to ensure that the Plan Value remaining immediately after payment of the Partial Surrender is not less than £1,000.

We, the Trustees, request a Partial Surrender Amount of

£

### Part B: Regular Partial Surrenders

Please pay Regular Partial Surrenders of £

per Plan Year.

Please indicate the frequency of these Partial Surrenders, noting that if you are receiving Guaranteed Income Payments, the surrenders will be paid at the same time as your income payments. There is no minimum Partial Surrender Amount for Regular Payments.

☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

### Part C: 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 D: 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:

Please complete Section 11 of this form, otherwise we will not be able to complete your request.

## 10. CANCELLING A GUARANTEED BENEFIT

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 state these here:

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

## 11. SIGNATURES

TRUSTEES/CORPORATE TRUSTEES/  
PLANHOLDER(S)/AUTHORISED  
SIGNATORIES\*

Signature:

Print full name:

Date:

D	D	M	M	Y	Y	Y	Y
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TRUSTEES/CORPORATE TRUSTEES/  
PLANHOLDER(S)/AUTHORISED  
SIGNATORIES\*

D	D	M	M	Y	Y	Y	Y
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TRUSTEES/CORPORATE TRUSTEES/  
PLANHOLDER(S)/AUTHORISED  
SIGNATORIES\*

Signature:

Print full name:

Date:

D	D	M	M	Y	Y	Y	Y
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TRUSTEES/CORPORATE TRUSTEES/  
PLANHOLDER(S)/AUTHORISED  
SIGNATORIES\*

D	D	M	M	Y	Y	Y	Y
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\*Please include an updated authorised signatory list if applicable.

**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 adviser to make decisions on your behalf on your initial application form your adviser must sign here:

Specimen signature only:

Date:

D	D	M	M	Y	Y	Y	Y
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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.

If you take a full or partial surrender of your Plan, we will also send you confirmation by post.



## 12. DATA PROTECTION

### Why do we need to collect and process your personal data?

AXA Life Europe DAC (as Data Controller – referred to hereafter as “we”, “us” or “our”) is an insurance undertaking with its registered office in Wolfe Tone House, Wolfe Tone Street, Dublin D01 HP90, Ireland.

We will process your personal data (“Data”) for purposes associated with the administration of your insurance policy or to provide you with a benefit under an insurance policy, to comply with legal requirements on us and for internal statistical analysis.

In particular, we shall use your data to provide insurance services and products in connection with the following non-exhaustive list of activities:

- providing quotations and illustrations;
- preparing and concluding insurance policies and fulfilling contractual obligations deriving from them;
- collecting premiums;
- settling claims, payments or other benefits;
- reinsurance and coinsurance;
- prevention and detection of insurance fraud and related legal action; exercising and protecting insurance rights;
- other specific legal or contractual obligations;
- analysis of new insurance markets or products or services;
- management and internal control;
- statistical activities, including for pricing purposes;
- use of anonymized data for the purposes of analysis and market statistics.

### What will we do with your personal data?

Your Data will be stored in compliance with Irish legal requirements, and in particular with the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679). In accordance with these regulations, we will implement appropriate security measures to protect your Data.

We may perform criminal checks where permitted by law, and may process other Sensitive Data, such as citizenship or nationality information or health information, when connected with the provision of a benefit under your contract of insurance.

We may transfer your Data to external third-party providers performing certain services for us. Such third-party providers have access to your Data solely for the purposes of performing the services specified in the applicable service contract, and we require them to process the Data only in accordance with our instructions and with technical and organisational security measures consistent with the requirements set out in this Notice.

We may be required to disclose part of your Data to other third parties (1) as required by law; (2) to protect our legal rights to the extent authorized or permitted by law. In addition, in the event of a re-organization, merger, sale, joint venture, assignment, or other transfer or divestiture of all or any part of our business, we may transfer your Data to the acquiring entities or parties.

We are part of the global AXA Group and therefore your Data may be transferred to and processed in third countries that may not be deemed to provide the same level of Data protection as your home country. If we transfer your Data to a third country, we shall maintain and apply data protection standards consistent with those specified in this Notice. Additionally, we have entered into the AXA Group's Binding Corporate Rules governing the treatment of personal

information of European Union residents. Further information about these Binding Corporate Rules is available on our website.

In particular, in order to provide you with your contract of insurance, we may need to send your data to any of the following third parties:

- IFAs or other distributors who were involved in the distribution of your contract;
- Reinsurers for reinsurance purposes,
- Law firms for the purposes of obtaining legal advice,
- Insurance services firms for managing your policy, including claims handling,
- Services companies providing document management services (printing, archiving, postal services, etc.
- Companies belonging to the AXA Group for analysis purposes,
- Regulatory bodies such as the Central Bank of Ireland and the UK Financial Conduct Authority to comply with legal requirements
- Irish Revenue Commissioners and other tax authorities in order to comply with our reporting obligations under FATCA and CRS; in particular, we may need to send them your name and surname, address, tax code, date of birth, policy number and the value of your policy at the end of the reporting period

We will not sell your Data to any third party.

We will retain your Data for a period of seven years following the end of your contractual relationship with us.

We process your Data using only manual and IT-based methods and procedures which are strictly required to provide you with insurance services and/or products or, if you agree, to perform market research, surveys and promotional activities. The same methods and processes are used when this data is transmitted to third parties for the same purposes as indicated in this document. Your Data is processed by our employees where this is relevant to their role, and only in accordance with our instructions and for the purposes set out in this privacy notice.

### What are your rights under data protection legislation?

You can at any time exercise your rights to access, rectify or erase your Data, restrict or object to its processing, or ask for the Data to be transferred to a third party (data portability) by contacting our internal DPO (by email at [data.protection@axa-lifeeurope.com](mailto:data.protection@axa-lifeeurope.com)). You may also file a complaint with the Office of the Data Protection Commissioner, Canal House, Station Road, Portarlinton, Co. Laois, R32 AP23 (email: [info@dataprotection.ie](mailto:info@dataprotection.ie)).

Please note that your personal data is required by us in order to provide you with a contract of insurance. For this reason, we do not have to obtain your explicit consent to process your Data for this purpose.

You can decide not to provide us with certain information we may request from time to time in connection with your policy, but you need to be aware that failure to provide this information may prevent us from providing you with a service or benefit under your insurance policy.

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 D01 HP90, Ireland. Member of the AXA Group.





Please complete the following Non-Resident Declaration form if you wish to make a surrender from your policy and you have not previously submitted this declaration to us.



## Declaration of Residence outside Ireland

**Policyholders resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration, which is in a format authorised by them, in order to receive payments without deduction of Irish tax.**

I/we* declare that
<ul style="list-style-type: none"><li>I/we* have read the explanation of the terms detailed in the note entitled “Residence Definitions” attached;</li><li>I am/we are/the company is* the policyholder in respect of which this declaration is being made;</li><li>I am/we are/the company is* not resident or ordinarily resident in Ireland.</li></ul>
<i>If you are making this declaration whilst in the process of setting up your policy, setting up a series of regular withdrawals or making a first partial encashment:</i>
<ul style="list-style-type: none"><li>I/we/the company* hereby undertake to inform the insurance company of any change in my/our/the company’s* country of residence during the life of the policy.</li></ul>
*Delete as appropriate.

**Name and principal place of residence/address of Policyholder:**\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Policyholder or Authorised Signatory:**\_\_\_\_\_

**Capacity in which declaration is made:**

\_\_\_\_\_ **Date:**\_\_\_\_\_

**Joint Policyholders:**

**Names & Principal places of residence**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Notes

- This form may be subject to inspection by the Irish Revenue Commissioners. It is an offence under Irish law to make a false declaration.
- This declaration must be signed by policyholders who are neither resident nor ordinarily resident in Ireland or by personal representatives signing on behalf of deceased persons. Where the policyholder is a company, the declaration must be signed by the company secretary or such other authorised officer. It may also be signed by a person who holds power of attorney from the policyholder. A copy of the power of attorney should be furnished with this declaration.



## **Residence Definitions**

### **Residence - Individual**

An individual will be regarded as being resident in Ireland for a tax year if s/he:

- spends 183 days or more in the State in that tax year; or
- has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Presence in the State for a day means the personal presence of an individual at any time during that day.

### **Ordinary Residence -Individual**

The term “ordinary residence” as distinct from “residence” relates to a person’s normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year. An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which s/he is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2018 and departs from the State in that year will remain ordinarily resident up to the end of the tax year in 2021.

### **Residence - Company**

A company which has its central management and control in Ireland (the State) is resident in the State irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in the State is resident in the State except where the company is regarded as resident in another country and not resident in the State under a double taxation treaty between the Republic of Ireland and another country.

It should be noted that the determination of a company’s residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in section 23A Taxes Consolidation Act, 1997.