



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 Europe
Po Box 13464
Dublin 1
D01 TX39
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.

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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"/> | | | | | | | | |

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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"/> | | | | | | | | |

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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 AXA IM Global Strategy 40/60 GBP Fund | <input type="checkbox"/> The ALI AXA IM Global 50/50 GBP Fund | <input type="checkbox"/> The ALI AXA IM 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"/> | | | | | | | | |

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6. 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). 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).

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.

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.