



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.

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.
Requesting an additional Single Contribution.	Complete Section 5.
Requesting an additional Regular Contribution.	Complete Section 6.
Stopping, or changing, a Regular Contribution.	Complete Section 7.
Redirecting Funds for Regular Contributions.	Complete Section 8.
Retaining part, or all, of a Guaranteed Income Payment.	Complete Section 9.
Changing the allocation of Funds not linked to any Guaranteed Income Benefit.	Complete Section 10.
Changing the allocation of Funds linked to any Guaranteed Income Benefit(s).	Complete Section 11.
Cancelling Guaranteed Benefits.	Complete Section 12.
Adding a Protect75 Benefit.	Complete Section 13.
Guidance notes.	Read Section 14.
Data Protection.	Read Section 15.

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 14 “Your rights” and 15 “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
(if 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:

D	D	M	M	Y	Y	Y	Y
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2. 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:

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Account number:

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Building society roll number:

Planholder's/adviser's signature:

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.

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:

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.

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. If you have selected the Protect75 Benefit, the Protect75 Lump Sum may be paid as a lump sum only. 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 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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You may also nominate the trustees of a trust to receive a lump sum Death Benefit from your Plan. Please complete the Section below and enclose a certified true copy of the trust deed with this form.

Full name of trust:	<input type="text"/>	Date the trust was made:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Trustee contact name			
Title:	<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"/>
Surname:	<input type="text"/>		
Trustee contact address:	<input type="text"/>		
Post code:	<input type="text"/>		

Percentage share of the Death Benefit:

Please ensure that the percentages allocated in Part A total 100%.

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"/> <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 Lump Sum 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"/> <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.

5. REQUESTING AN ADDITIONAL SINGLE CONTRIBUTION

Please note that we are unable to accept an additional Single Contribution to your Plan if:

- your Initial Premium was a Drawdown Transfer;
- you have crystallised your Plan; or
- you have reached your 75th birthday.

The minimum additional Single Contribution is £3,600 (for a personal Contribution, this limit is before any tax relief). Please complete Part A if you wish to make a Personal Contribution or Part B if you wish to transfer funds which are currently in an uncrystallised pension to us and Part C.

Your Contributions to the Plan may be restricted by the Annual Allowance or the Money Purchase Annual Allowance. Please refer to Section 7 of the Guidance Notes.

Part A: Personal 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 Single Contribution	Payment method	Source
<input type="text"/>	<input type="checkbox"/> Cheque*	<input type="checkbox"/> Employee Contribution
£	<input type="checkbox"/> Direct Credit**	<input type="checkbox"/> Employer Contribution***
		<input type="checkbox"/> 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 going to make some or all of the additional Single Contribution, there is an additional form to complete before we can process this request. Please contact us on 0800 368 0221 to request this form or request it from your adviser.

Part B: Transfer of Funds Currently In an Uncrystallised Pension

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 Contribution will be allocated.

Funds without Guaranteed Benefits

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

Plan number:

Planholder's signature:

Print name:

Date:

6. REQUESTING AN ADDITIONAL REGULAR CONTRIBUTION

Please note that we are unable to accept additional Regular Contributions to your Plan if:

- your Initial Premium was a Drawdown Transfer;
- you have crystallised your Plan; or
- you have reached your 75th birthday.

The minimum additional Regular Contribution which can be made is £3,600 per annum. (For a personal Contribution, this limit is before any tax relief). 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.

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.

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

Please note that there is an additional form for your Employer to complete before we can process this request. 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:

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.

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: Employee Contributions

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

Funds without Guaranteed Benefits

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

Plan number:

Planholder's signature:

Print name:

Date:

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.

7. STOPPING OR CHANGING A REGULAR CONTRIBUTION

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.

Plan number:

Planholder's/adviser's signature:

Print name:

Date:

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.

8. REDIRECTING FUNDS FOR REGULAR CONTRIBUTIONS

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

Funds without Guaranteed Benefits

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

Plan number:

Planholder's signature:

Print name:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

9. RETAINING PART OR ALL OF A GUARANTEED INCOME PAYMENT

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	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 40/60	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 50/50	<input type="text"/>	%
ALI AXA IM GLOBAL STRATEGY 60/40	<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 flexible funds within your Plan. If you do not specify any Fund(s) we will allocate the retained Guaranteed Income Payment to the Liquidity Fund.

Part B:

Please tick here ☐ if you wish all of your Guaranteed Income Payments to be paid into your bank account.

Plan number:

Planholder's signature:

Print name:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

10. CHANGING THE ALLOCATION OF FUNDS NOT LINKED TO ANY GUARANTEED INCOME BENEFIT

We will process the first twelve Switch instructions in a Plan Year from one Fund to another free of charge. Any additional Switches will incur a £100 charge.

Please specify below your new chosen percentage allocation between the Funds without Guaranteed Benefits.

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

Plan number:

Planholder's/adviser's signature:

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
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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.

11. CHANGING THE ALLOCATION OF FUNDS LINKED TO ANY GUARANTEED INCOME BENEFIT(S)

In accordance with the **Terms and Conditions**, a charge of £100 will be applied to your Plan if you want us to take this action.

We will change the allocation of all of your Guaranteed Benefits as per your request unless you instruct us to do otherwise. If you wish to change the allocation of funds relating to any specific Guaranteed Benefit(s), please specify these here:

Please specify your new chosen percentage allocation within the Guaranteed Benefit below. You may choose only one allocation.

ALI AXA IM GLOBAL STRATEGY 30/70	<input type="checkbox"/>	
ALI AXA IM GLOBAL STRATEGY 40/60	<input type="checkbox"/>	
ALI AXA IM GLOBAL STRATEGY 50/50	<input type="checkbox"/>	
ALI AXA IM GLOBAL STRATEGY 60/40	<input type="checkbox"/>	(option not available for Joint Life Plans)

Plan number:

Planholder's/adviser's signature:

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
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Please provide your email address if you would prefer to receive confirmation that your request has been completed by email, rather than by post.

12. CANCELLING GUARANTEED BENEFITS

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. %

A partial re-allocation of the Funds currently linked to a Guaranteed Benefit to funds not linked to a Guaranteed Benefit will impact the benefits you receive from that Guaranteed Benefit. When there has been a cancellation of Guaranteed Benefits, we reserve the right to make you wait 6 months before you can elect for a new Guaranteed Benefit to be applied. Please refer to the **Terms and Conditions** of your Plan for further information.

Plan number:

Planholder's signature:

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
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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.

13. ADDING A PROTECT75 BENEFIT

Please specify the amount (min £25,000) you wish to allocate from one of your Funds without a Guaranteed Benefit to set up your new Protect75 Benefit. Please note that the Protect75 Benefit is not available for Joint Life Plans.

ALI AXA IM GLOBAL STRATEGY 30/70

£

ALI AXA IM GLOBAL STRATEGY 40/60

£

ALI AXA IM GLOBAL STRATEGY 50/50

£

ALI AXA IM GLOBAL STRATEGY 60/40

£

If you wish to nominate Beneficiaries at this point, please complete Section 4 of this form.

Plan number:

Planholder's/adviser's signature:

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
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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.

15. 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, Portllington, 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.

Pension Plan – Application Form



DIRECT DEBIT MANDATE FORM

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

Name(s) of account holder(s):	<input type="text"/>	<input type="text"/>
Bank/building society account number:	<input type="text"/>	Branch sort code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building society roll number:	<input type="text"/>	
Full name of your bank or building society:	<input type="text"/>	
Address:	<input type="text"/>	
Post code:	<input type="text"/>	

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.

[illegible]

Banks and building societies may not accept direct debit instructions for some types of account.

DDI1

Service User Number 294221

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 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">I/we* have read the explanation of the terms detailed in the note entitled “Residence Definitions” attached;I am/we are/the company is* the policyholder in respect of which this declaration is being made;I am/we are/the company is* not resident or ordinarily resident in Ireland.
<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">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.
*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.