



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.
Requesting a Single Additional Contribution.	Complete Section 5.
Retaining Part, or all, of a Guaranteed Income Payment.	Complete Section 6.
Changing the Allocation of Funds within the Funds not linked to a Guaranteed Benefits.	Complete Section 7.
Changing the Allocation of funds within a Guaranteed Benefit.	Complete Section 8.
Moving Funds from the Guaranteed Benefits to Funds not linked to Guaranteed Benefits.	Complete Section 9.
Cancel Guaranteed Benefits.	Complete Section 10.
Requesting a surrender.	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. 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 clear in your account.
- You should read Section 12, "Your rights", 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.

Plan number:	<input type="text"/>	
Full name of your Bank or Building Society:	<input type="text"/>	
Name of account holder:	<input type="text"/>	Sort Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account number:	<input type="text"/> <input type="text"/> <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"/>
Signature of the Trustee/authorised signatory:	<input type="text"/>	
Print Name:	<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"/>	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"/>	

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 START DATE AND/OR TAKING 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 £100 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 55.

Please select one of the four options below:

- i. ☐ We wish to change the Guaranteed Income Payment Start Date for our Plan to the following date in the future:

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.

- iii. ☐ We wish to take a combination of Guaranteed Income Payments and Regular Partial Surrenders up to a specific amount of

£

each year immediately, paid into our bank or building society account. If the value of Funds not linked to Guaranteed Benefits falls to zero, this combination of income should continue and we understand that the Income Base will decline proportionately.

- iv. ☐ We wish to take a combination of Guaranteed Income Payments and Regular Partial Surrenders up to a specific amount of

£

each year immediately, paid into our bank, or building society, account. If the value of Funds not linked to Guaranteed Benefits falls to zero, the payment of the Regular Partial Surrenders should stop and the Guaranteed Income Payments should continue.

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.

Signature of the Trustee/authorised signatory:

Print Name:

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of the Trustee/authorised signatory:

Print Name:

Date:

D	D	M	M	Y	Y	Y	Y
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5. REQUESTING AN ADDITIONAL SINGLE CONTRIBUTION

Please enter your Plan number here:

Please specify the amount of the Additional Single Contribution you want to make. Please note that the minimum Additional Single Contribution is £3,600.

Amount of Additional Single Contribution

£

Payment method

☐ Cheque*

☐ Direct Credit**

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

%

ALI FEDERATED HERMES SHORT-TERM STERLING PRIME

%

Total

100 %

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

6. 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

%

ALI AXA IM GLOBAL STRATEGY 40/60

%

ALI AXA IM GLOBAL STRATEGY 50/50

%

ALI AXA IM GLOBAL STRATEGY 60/40

%

ALI FEDERATED HERMES SHORT-TERM STERLING PRIME

%

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:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

7. CHANGING THE ALLOCATION OF FUNDS NOT LINKED TO ANY GUARANTEED 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:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

8. CHANGING THE ALLOCATION OF FUNDS WITHIN A GUARANTEED BENEFIT

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 select the fund 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:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

Signature of the Trustee/authorised signatory:

Print Name:

Date:

9. MOVING FUNDS FROM THE GUARANTEED BENEFITS TO THE FUNDS NOT LINKED TO GUARANTEED BENEFITS

Please enter your Plan number here:

You can switch your investment from a Fund linked to any Guaranteed Benefit(s) to Funds not linked to any Guaranteed Benefit before, on, or after, your Guaranteed Income Start Date.

Any partial surrender of any Fund(s) linked to your Guaranteed Benefit(s) would reduce the Income Base relating to the Guaranteed Benefit(s).

Please specify the percentage, or amount, of your Guaranteed Benefit(s) that you wish to cancel and invest into the Fund(s) not linked to any Guaranteed Benefit(s).

%

£

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

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

Signature of the Trustee/authorised signatory:

Signature of the Trustee/authorised signatory:

Print Name:

Print Name:

Date:

D	D	M	M	Y	Y	Y	Y
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Date:

D	D	M	M	Y	Y	Y	Y
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10. CANCEL 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 your Guaranteed Benefits to funds not linked to Guaranteed Benefits will impact the Income Base for 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:

Signature of the Trustee/authorised signatory:

Signature of the Trustee/authorised signatory:

Print Name:

Print Name:

Date:

D	D	M	M	Y	Y	Y	Y
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Date:

D	D	M	M	Y	Y	Y	Y
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11. 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

£

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:

Signature of the Trustee/authorised signatory:

Print Name:

Print Name:

Date:

Date:

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). 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.

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.