



Secure Advantage+

Offshore Capital Bond – 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:

UPDATE REQUESTED	COMPLETION INSTRUCTIONS
Changing your bank or building society account details.	Complete section 1.
Changing your address.	Complete section 2.
Requesting a surrender – Partial, Full or Regular Partial Surrender(s).	Complete section 3.
Requesting a Fund Switch.	Complete section 4.
Changing the Fund to which a Guaranteed Benefit is allocated.	Complete section 5.
Cancelling a Guaranteed Benefit.	Complete section 6.
Adding an Additional Premium.	Complete section 7.
Signatures.	Complete section 8.
Data Privacy.	Read section 9.

IMPORTANT INFORMATION Please read before completing this form

- As the Planholder(s), 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.
For Plans placed in Trust, all trustee signatures are required. If you require more space for the trustees signatures, please copy the pages and sign the copies.
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 Plan's Terms and Conditions.
- For fully completed surrender instructions, please allow 10 – 15 days for the surrender proceeds to be paid into your bank, or building society, account.
- Please read Section 9, "Data Privacy", before sending the completed form back to us at:
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 your Plan number here:

Full name of your Bank or Building Society:

Name of account holder(s): Sort Code:

Account number: Building Society Roll number:

Please complete Section 8 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 enter your Plan number here:

Address:

Postcode:

Please provide certified proof of address, dated within the previous 6 months. Please complete Section 8 of this form, otherwise we will not be able to complete your request.

3. REQUESTING A SURRENDER – PARTIAL, FULL OR REGULAR PARTIAL SURRENDER(S) Please fill out the surrender details below and sign where indicated.

Please enter your Plan number here:

For fully completed surrender instructions, please allow 10 – 15 days for the surrender proceeds to be transferred to your bank account.

NOTES

Surrendering any of the benefits in your Plan

This is a summary of the key tax points to consider before surrendering any of the benefits in your Plan. It is not a complete guide to all of the tax implications that may affect you, as these will depend on your own personal circumstances. We strongly recommend that you seek advice before making any decisions about surrendering any of the benefits in your Plan.

Events that may trigger a tax liability include:

- Partial surrenders across each of the Individual Policies within the Plan where the amount is above 5% of your total investment each Plan Year (on a cumulative basis). You are currently entitled to withdraw a maximum of 5% of the amount you invested every Plan Year, and to defer paying any income tax until you have received back the amount of your investment into the Plan. If you do not use some, or all of the 5% allowance in any Plan Year, the unused element can be carried forward into any future Plan Year.
- Any amount in respect of an Ongoing Adviser Charge, or an Ad Hoc Adviser Charge paid from the Plan will be treated as a partial surrender, in that the payment will count towards the '5% allowance' you are allowed to surrender from your Plan, each Plan Year on a tax-deferred basis.
- Full surrenders of one or more or all of the Individual Policies within the Plan.
- Your death.

These points are based on our interpretation of current law and taxation practices in Ireland and the UK as at May 2016, which may change in the future. Please note that neither AXA Life Invest nor our representatives can provide tax or legal advice. Therefore, we recommend that you contact a financial adviser if you have questions about surrendering any benefits from your Plan.

Important: The following instructions must be followed to request a partial surrender, regular partial surrender, or full surrender.

- Please provide a certified copy of separate documents which confirm your identity and address, if you have not already provided this.
- If you are surrendering your Plan in full, please return your original Plan schedule with this request OR, alternatively, a completed Lost Policy Declaration form (available on request).
- Please indicate the type of payment you require by ticking ONE option from Part A and then complete Parts B & C and sign Section 8.

Any surrender payment will be taken from the Liquidity Fund. Where the payment cannot be taken in full from the Liquidity Fund, we will take the balance proportionately from the remaining Funds which are not linked to any Guaranteed Benefit(s). Where the payment cannot be taken in full from a combination of the Liquidity Fund and the Funds which are not linked to any Guaranteed Benefit(s), we will take the balance proportionately from the remaining Funds linked to any Guaranteed Benefit(s) on a last-in, first-out basis. If the surrender is made from Funds that are linked to any Guaranteed Benefit(s), the surrender will reduce the Guaranteed Benefits proportionately.

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 Withdrawal is £250.

There is no minimum Partial Surrender Amount for Regular Withdrawals.

Except where a Partial Surrender is to effect a Supplementary Payment in respect of an 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.

PART A

☐ Regular Partial Surrenders of £ per Plan Year (performed as partial surrenders across each of the Individual Policies within the Plan).

Please indicate the frequency of these partial surrenders.

For instance, if you choose to receive regular partial surrenders of £1,200 per Plan Year and you select monthly surrenders, we will pay you £100 each month.

☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

☐ A single withdrawal to provide a total of £ by a surrender of the maximum possible number of whole Individual Policies and a pro rata reduction in the value of the remaining Individual Policies.

☐ A single withdrawal to provide a total of £ by a pro rata reduction in the value of all the Individual Policies.

☐ The full surrender of one, or more, of the Individual Policies within your Plan.

Please state how many:

☐ The full surrender of the Plan.

(This request would terminate the Plan and any Guaranteed Benefit(s) it was previously providing to you).

PART B

All payments will be made by BACS transfer.

Full name of your Bank or Building Society:

Name of the account holder(s):

Sort Code:

Account number:

Building Society Roll number:

PART C

If you are fully surrendering within two years of the start of your Plan, please provide the reason(s). Failure to complete this Section (if required) may delay the processing of the request.

Please complete Section 8 of this form, otherwise we will not be able to complete your request.

4. 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 8 of this form, otherwise we will not be able to complete your request.

5. 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 this 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

☐

ALI AXA IM GLOBAL STRATEGY 40/60

☐

ALI AXA IM GLOBAL STRATEGY 50/50

☐

ALI AXA IM GLOBAL STRATEGY 60/40

☐

Please complete Section 8 of this form, otherwise we will not be able to complete your request.

6. 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 8 of this form, otherwise we will not be able to complete your request.

Please complete Section 8 of this form, otherwise we will not be able to complete your request.

7. ADDING AN ADDITIONAL PREMIUM

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 an 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.

(a) Please enter your Plan number here:

(b) Please specify the amount of the 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.

(c) 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"/>	%

(d) Source Of Wealth

We are required by Anti-Money Laundering legislation to find out how you generated the money which you are investing in this Plan. Depending on the information you provide below, we may need to ask you additional questions or request supporting documentation, in particular if you are investing more than £250,000.

Failure to complete this Section will delay processing of your application.

If the money for this investment was provided by a third party, you will need to provide certified copy of proof of identity and proof of address for that individual.

Please complete the Section below to provide us with full details of how you obtained the money you're investing into this Plan. If the source of wealth comes from several different sources, please indicate how much comes from each source.

☐ **Savings from income**

Please indicate your average annual income band over the last three years (including salary, pensions and/or investment income).

If you are retired, please indicate the income band for your final full year of employment.

- ☐ Up to £20,000
- ☐ £20,001 to £50,000
- ☐ £50,001 to £100,000
- ☐ £100,001 to £250,000
- ☐ £250,001 to £500,000

If the income is in excess of £500,000 please provide an approximate amount

£

☐ **Inheritance**

Please provide the name and date of birth of the person who left you the inheritance and your relationship to them:

Print name:

Date of birth:

Nature of relationship

☐ **Gift**

Please provide the name and date of birth of the person who provided this gift:

Print name:

Date of birth:

☐ **Divorce settlement**

Please provide the name and occupation of your former spouse:

Print name:

Occupation

☐ **Maturing investments including life assurance policies**

☐ **Sale of stocks/shares**

☐ **Sale of property (real estate)**

☐ Other (e.g. sale of company/share in company, compensation payment, gambling win, etc.) You must provide details:

If you require more space, you can continue on a separate sheet of paper which should be attached securely to this application form. Any separate pages must be signed and dated by all planholders.

Please complete Section 8 of this form, otherwise we will not be able to complete your request.

8. SIGNATURES

	TRUSTEES/CORPORATE TRUSTEES/ PLANHOLDER(S)/AUTHORISED SIGNATORIES*	TRUSTEES/CORPORATE TRUSTEES/ PLANHOLDER(S)/AUTHORISED SIGNATORIES*
Signature:	<div></div>	<div></div>
Print full name:	<div></div>	<div></div>
Date:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
	TRUSTEES/CORPORATE TRUSTEES/ PLANHOLDER(S)/AUTHORISED SIGNATORIES*	TRUSTEES/CORPORATE TRUSTEES/ PLANHOLDER(S)/AUTHORISED SIGNATORIES*
Signature:	<div></div>	<div></div>
Print full name:	<div></div>	<div></div>
Date:	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

*Please include an updated authorised signatory list if applicable.

Note: if you are adding a **Legacy Protect Benefit** or **Guaranteed Capital Benefit**, your adviser must also sign this form in the space below.
Alternatively, if you have nominated an advisor to make decisions on your behalf on your initial application form your advisor must sign here:

Specimen signature only:	Date:
<div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Print name:	
<div></div>	

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 or Plan Endorsement 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 a confirmation by post.

9. DATA PRIVACY

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.
- 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

1. This form may be subject to inspection by the Irish Revenue Commissioners. It is an offence under Irish law to make a false declaration.
2. 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.