



Secure Advantage™

Offshore Investment Plan – Lifetime Income

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.
Changes to your Guaranteed Income Payments.	Complete section 4.
Changing your investment choice.	Complete section 5.
Requesting a surrender.	Complete section 6.
Change of situation with regard to the United States of America.	Complete section 7.

Important information
Please read before completing this form
<ul style="list-style-type: none">■ Signatures are required at various points throughout this form, please sign where this is required. Your original wet signature(s) is/are required before any request is 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.■ All changes will be made in accordance with the Secure Advantage™ Offshore Investment Plan – Lifetime Income Terms and Conditions.■ It takes 10 – 15 working days from the date of processing a surrender in our system for the funds to clear in your account.■ You should read section 8, “Data Privacy”, 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.

Plan number:

Title:

<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (please specify):	<input type="text"/>
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Forename(s):

Surname:

I have included my marriage or civil partnership certificate where my name has changed due to marriage.

<input type="checkbox"/>	Yes
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I have included the Decree Absolute or Decree of Divorce where my change of name has occurred due to divorce.

<input type="checkbox"/>	Yes
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First Planholder's signature:

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
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Second Planholder's signature: (Joint Benefit option only)

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.

Plan number:

Full name of your Bank or Building Society:

Name of account holder:

Sort Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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Building Society Roll number:

First Planholder's signature:

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
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Second Planholder's signature: (Joint Benefit option only)

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.

3. CHANGING YOUR ADDRESS

Please fill out your new address details below and sign where indicated.

Plan number:

Address:

Postcode:

First Planholder's signature:

Second Planholder's signature: (Joint Benefit option only)

Print name:

Print name:

Date:

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.

4. CHANGING TO YOUR GUARANTEED INCOME PAYMENTS

Please fill out how you would like your Guaranteed Income Payments to be made below and sign where indicated.

4A: Start date

We must receive this completed and signed instruction at least **fifteen (15) Business Days** before we would have otherwise made the first Guaranteed Income Payment. 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. **We will not be in a position to start income payments until a completed PLA6 form has been received by us.** Please contact us on 0800 368 0221 for further details.

I/We wish to change the Guaranteed Income Payment Start Date for my/our Plan to the following date:

4B: Frequency

I/We wish to change the frequency of the Guaranteed Income Payments as detailed below:

Payment frequency (choose one) ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

Please note that in accordance with the Plan Terms and Conditions, this change will come into effect on the next anniversary of the Plan Effective Date.

First Planholder's signature:

Second Planholder's signature: (Joint Benefit option only)

Print name:

Print name:

Date:

Date:

5. CHANGING TO YOUR INVESTMENT CHOICE

Please choose your new investment choice and sign where indicated.

Plan number:

Please tick ONE of the funds listed below:

ALI AXA IM Global Strategy 30/70 GBP Fund

☐

ALI AXA IM Global Strategy 40/60 GBP Fund

☐

ALI AXA IM Global Strategy 50/50 GBP Fund

☐

ALI AXA IM Global Strategy 60/40 GBP Fund

☐

First Planholder's signature:

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Second Planholder's signature: (Joint Benefit option only)

Print name:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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.

6. REQUESTING A SURRENDER – PARTIAL OR FULL SURRENDER

Please fill out the surrender details below and sign where indicated.

Plan number:

Surrender fees may be charged on the amount of any partial or full surrender made in the first five years of the Plan.

For further information, please refer to your Plan Terms and Conditions. Please allow 10 – 15 working days from the date we process this request to receive the funds.

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

- Please provide certified copy of identification, if not already provided.
- 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 (contact us for more information).
- Please complete Part A (for a partial surrender) or B (for a full surrender), as well as Parts C, D (if applicable) and E.

☐

Part A: Partial Surrender

Any partial surrender will be effected proportionately across all the Funds to which your investment is linked. When you make a partial surrender, it will immediately reduce the Plan Value and Guaranteed Income Amount.

You may not make a partial surrender unless your Plan Value is at least £1,000. If you request a partial surrender which would have the effect of reducing your Plan Value to less than £1,000 your partial surrender request will not be executed.

The minimum Partial Surrender Amount is £250.

I/We request a Partial Surrender Amount of

£

OR

%

of my Plan value OR

individual policies.

Where there is a partial surrender by a monetary amount or by a percentage of the Plan Value, please select the method by which the surrender will be effected:

- ☐ a surrender of the maximum possible number of whole Individual Policies and a pro rata reduction in the value of the remaining Individual Policies; or
- ☐ a pro rata reduction in the value of all the Individual Policies.

If you do not specify a preference, the first of these two methods will be used. One of these methods may be more advantageous to you than the other, depending on your specific circumstances, and you should contact your financial adviser if you need more information on how this choice might affect you.

Part B: Full Surrender

I/We request a full surrender.

I/We recognise that this request terminates the Plan and all associated guarantees. ☐ please tick

Note: You must return the Original Plan Schedule or complete a Lost Policy Declaration form when you are requesting a full surrender.

Part C: Payment

Every surrender amount (partial or total) will be paid by wire transfer. Please allow 10 – 15 working days for the surrender amount to clear on your bank account. This is the amount of time needed to disinvest from your funds and transfer the money via wire transfer.

Full name of your Bank or Building Society:

Name of account holder:

Sort Code:

Account number:

Building Society Roll number:

Part D

If you are taking out, or have taken out, over 20% of the initial premium 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.

Part E: Signatures

First Planholder's signature:

Print name:

Date:

Second Planholder's signature: (Joint Benefit option only)

Print name:

Date:

7. CHANGE OF SITUATION WITH REGARD TO THE UNITED STATES OF AMERICA

Please use this section to tell us if you have become or ceased to be a citizen of the United States of America ("U.S. citizen") or resident of the United States of America ("U.S. resident") as defined in the U.S. Internal Revenue Code.

Plan number:

☐

I confirm I have become a U.S. citizen and/or U.S. resident as of:

and my U.S. federal taxpayer identifying number is:

☐

I confirm I have ceased to be a U.S. citizen and/or U.S. resident as of:

First Planholder's signature:

Print name:

Date:

Second Planholder's signature: (Joint Benefit option only)

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. 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

- 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.