

Change of regular contribution form

About this form

You should use this form if you wish to make any changes to your regular contribution into your Flexible Investment Plan. This includes suspending or stopping payments, decreasing the payment amount, and changing the collection date or frequency.

Please **complete all relevant sections of this form by typing in the fields**. Once complete, please print and sign using a pen.

Alternatively, please print and complete in BLOCK CAPITALS and in ballpoint pen.

If any of the information on this form needs to be changed, it should be initialled by all the policyholders.

Check details already filled in


If any details are already completed (based on what you've told your financial adviser), you should check these before you sign the declarations in section 5.

Personal information you provide on this form will be held and processed by us in accordance with the European General Data Protection Regulation, Irish data protection law and any applicable national privacy legislation. We need to collect this personal information so that we can carry out your instructions and update our records and so carry out our contractual obligations as well as comply with legal obligations where indicated on this form.

See our Protecting your personal information leaflet which can be found on our website www.aegon.ie. It explains how we manage your personal information and provides details on your data protection rights, how long we will hold information on you, contact details of our Data Protection Officer should you have any queries or concerns and how you can contact the Irish Data Protection Commission.

If you provide Aegon with personal information relating to any other individual you must ensure that you have a lawful basis to collect and process it. In completing this form, you confirm that you have provided any such individual with a copy of our Protecting your personal information leaflet and all other information that such an individual is legally entitled to under the European General Data Protection Regulation.

Additional information

Whenever you see this icon , we're asking you to send us additional material with this form.

When completed, please post this form, by **airmail, to:**

Aegon Ireland plc
2nd Floor
IFSC House
Custom House Quay
Dublin 1
D01 R2P9
Ireland

1. Policyholder details

Complete details of all policyholders. If more than four policyholders are involved, please copy all of this section of the form, complete and make sure the additional policyholders sign the declaration.

*Taxpayer identification number – this is the number that the tax authority use to identify you. For example, in the UK it would be your National Insurance number or your company tax number. This is required so we can fulfil our reporting obligations to Irish Revenue.

**Please give details of all of tax jurisdictions you're resident in. This is required so we can fulfil our reporting obligations to the Irish Revenue.

Policy number

	Policyholder one	Policyholder two
Policyholder name		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

	Policyholder three	Policyholder four
Policyholder name		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

Is this a change of address?

☐ No ☐ Yes – please enclose a certified, signed and dated proof of address document dated within the last six months. ☒

Correspondence address (if different from the address we currently use)

Postcode

Phone number

Email address

2. Regular contribution change

You should complete this section if you wish to suspend or stop your regular contributions into your plan.

- If you wish to temporarily suspend payments of your regular contributions (i.e. take a contribution holiday), please complete section **2.1**.
- If you wish to permanently stop all future contributions, please complete section **2.2**.

We must receive this instruction at least 10 business days before the next collection date.

2.1 Contribution holiday

Date last contribution to be collected
(dd/mm/yyyy)

Date contributions are to be restarted
(dd/mm/yyyy)

2.2 Stop payment of all future contributions

Please be aware that once you select this option you can't make any future contributions to your plan.

Date last contribution to be collected
(dd/mm/yyyy)

If you've requested a contribution holiday and have cancelled the direct debit instruction with your bank, you'll need to submit a new direct debit instruction to us before regular contribution payments can be restarted.

If we aren't able to successfully collect your regular contribution payments within 30 days of your chosen restart date, we'll automatically stop payments of all future contributions and you won't be able to make any further contributions to your plan.

3. Decrease of regular contribution amount

You should complete this section if you wish to decrease the level of regular contributions into your plan.

Please note that the minimum regular contribution is £500 (if paid monthly) or £5,000 (if paid yearly).

After you decrease your regular contribution, it can't be increased in the future.

Please give your new regular contribution amount.

 £

Please state the first month your new contribution amount is to be collected (mm/yyyy) – the actual day in the month won't change from the original date chosen.

Contributions will continue to be invested in the funds currently selected. If you require changes to existing funds, or to where contributions will be invested in the future, please complete our '**Internal funds switch instruction form**'.

4. Regular contribution collection details

You should complete this section if you want to change either your contribution collection date, or the collection frequency.

- If you wish to change the collection date for payments of your regular contributions, please complete section **4.1**.
- If you wish to change the collection frequency for payments of your regular contributions, please complete section **4.2**.

We'll apply these changes from the next available collection date.

4.1 Available contribution collection dates

New contribution collection date
(please select one):

☐ 1 ☐ 8 ☐ 16 ☐ 25

4.2 Contribution collection frequency

New contribution frequency (please select one)

☐ Monthly

☐ Yearly

5. Declaration

In this declaration, 'I/We' means the policyholder(s) and 'you' means Aegon Ireland plc:

I/We declare that the answers to the questions on this form are true to the best of my/our knowledge and belief and I/we agree that they'll form the revised basis of the contract.

I/We have read over the answers filled in on my/our behalf and confirm they're correct.

I am/We are aged 18 years and over.

I am/We are not resident in the United States of America (US) for tax purposes, or a US citizen and I am/we are not required to file any US tax returns.

I/We shall cooperate with you and provide such assistance as you may require from time to time to ensure compliance with any legal and regulatory obligations, including the Foreign Account Tax Compliance Act and Common Reporting Standard for Automatic Exchange of Financial Account Information.

For trusts only:

I/We declare that the settlors, beneficiaries, protectors and trustees of the trust, are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns.

I/We declare that a court within the US would not have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust named in this form.

I/We declare that I am/we are not acting on behalf of an estate of a decedent that is a citizen or resident of the US.

5. Declaration – continued

For companies only:

I/We declare that the company is not a partnership or corporation organised in the US or under the laws of the US or any State thereof.

I/We declare that the beneficial owners of the company are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns.

Date (dd/mm/yyyy)

Print name

Signature of policyholder

X	X
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Print name

Signature of policyholder

X	X
---	---

Print name

Signature of policyholder

X	X
---	---

Print name

Signature of policyholder

X	X
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