

Return to the UK form

You should complete this form if you've moved back to the UK.

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 this form in BLOCK CAPITALS using a pen.

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

When completed, please return this form by airmail to:
Aegon Ireland plc

2nd Floor
Custom House Quay
Dublin 1
D01 R2P9
Ireland

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 process your request and in doing so carry out our contractual obligations.

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.

1. Returning to the UK

To comply with our reporting obligations to Irish Revenue we need your taxpayer identification number and jurisdiction of tax residence. If in the future your tax residency changes, please complete our **'Self-certification form'**.

*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.

**Please give details of all tax jurisdictions you're resident in.

Bond number

Full name of policyholder(s)	Date of birth (dd/mm/yyyy)	Taxpayer identification number(s)*	Jurisdiction(s) of tax residence**

Phone number

Email address

1.1. What date did you return to the UK?

Date (dd/mm/yyyy)

1.2 Your new UK address

Postcode

You should enclose a copy of an original certified, signed and dated, proof of address document (for example, a utility bill) dated within the last six months. The document can be certified by a financial adviser, solicitor or police officer.

2. Removal of UCITS restrictions (Spain only)

You only need to complete this section if you want to remove the Undertakings for Collective Investments in Transferable Securities (UCITS) restriction from your bond.

The removal of the UCITS restriction from your bond may have implications if you decide to move back to Spain in the future.

For more information on this, please refer to your policy conditions and key features documents and speak to your financial adviser.

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Please mark this box to confirm that you want to remove the UCITS restriction from your bond.

If you've appointed an investment manager and have chosen to remove the UCITS restriction, you'll have to complete a new '**Investment services appointment form**'.

3. Declaration

I/We declare that the information completed in this section is true to the best of my/our knowledge and belief.

I am/We are the policyholder in respect of which this declaration is being made.

I/We hereby undertake to inform you of any change in my/our country of residence and or jurisdiction of tax residence during the life of the policies.

Date (dd/mm/yyyy)

Signature of policyholder

X	X
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Print name of policyholder

Signature of policyholder

X	X
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Print name of policyholder

Signature of policyholder

X	X
---	---

Print name of policyholder

Signature of policyholder

X	X
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Print name of policyholder

