

For customers | International investments – Flexible Investment Plan

Contribution alteration form

This form should be used to alter contributions.

Please complete this form in BLOCK CAPITALS and in ballpoint pen.

1. Policyholder's(s') details

Policy number

Policyholder's(s') name(s)

Date of birth (dd/mm/yyyy)

Permanent home address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Is this a change of address?

Yes No

Email

Phone number

We may have to contact you by phone about your plan. We won't use your phone number for any other purpose.

2. Regular contribution alteration

If you want to set up a contribution holiday please complete section 2.1. If you want to stop future contributions please complete section 2.2. If you want to restart contributions please complete section 2.3.

Please note that we must receive this instruction at least ten working 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 future contributions

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

2.3 Restart payment of contributions

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

If you have chosen to restart premiums and would like to change the amount, please go to section 4.

If you do not want to change the amount please go straight to section 7.

3. Payment of missed regular contributions

Please list separately each missed contribution your arrears payment covers.

Amount (£)	Due date (dd/mm/yyyy)	Amount (£)	Due date (dd/mm/yyyy)

Please tick the correct method of payment.

Cheque Banker's draft Telegraphic transfer

If you've selected telegraphic transfer as your method of payment, please make sure that you've attached a copy of the telegraphic transfer.

This will be applied to your policy as an additional investment and will be invested in accordance with your investment instructions for current regular contributions.

If you want to change the amount of future contributions please go to section 4. If not, please go straight to section 5.

4. Increase/Decrease of regular contribution amount

Please note that the minimum regular contribution is £500.

Please give the current contribution level.

Please give the new contribution level.

Please state the first month the new contribution level is to be collected. (mm/yyyy). The actual date of the month won't change from the original 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 a switch instruction form.

Please go to section 5.

5. Source of funds

Please give details of the bank account from which the contributions are paid.

Name of bank

Account name

Branch

Account number

Sort code

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Please go to section 6.

6. Source of wealth

You only need to complete this section if you're paying an additional single contribution.

At AEGON Ireland plc, by law we have to check where the money you're investing comes from.

In some cases, we may need to see documentation as proof of this. Your financial adviser will be able to tell you whether this affects you.

If you need more space, you can continue on a separate sheet of paper and attach it to this form.

Please give full details of how you've acquired the money you're investing.

Please go to section 7.

7. Declaration

- a 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 will form the revised basis of the contract.
- b I/We have read over the answers filled in on my/our behalf and confirm they are correct.
- c I am/We are aged 18 years and over.
- d I am/We are not, by virtue of my/our country of residence or nationality, subject to any taxation or legislation that would make this investment unlawful.
- e I am/We are not a citizen of or resident in the United States of America.
- f I/We/The company hereby undertake to inform AEGON Ireland plc of any change in my/our/the company's country of residence during the life of the policy.

Date (dd/mm/yyyy)

Signature of first policyholder

Signature of second policyholder (if applicable)

Signature of third policyholder (if applicable)

Signature of fourth policyholder (if applicable)

Capacity in which declaration is made

This declaration must be signed by policyholders who are neither resident nor ordinarily resident in Ireland. 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. You should supply a certified copy of the power of attorney with this declaration.

