

Executor Notification Form

Please complete this form in BLOCK CAPITALS and black ink and return it to AXA Investment Managers UK Limited, PO Box 10908, Chelmsford CM99 2UT, UK.

Please use this form:

- to inform us of all the executors to the estate. Please complete the personal details of all the named executors.

Essential information:

- The information provided on this form will allow us to perform electronic checks to attempt to verify the identity and address of executors, which we are required to do to comply with UK anti-money laundering legislation.
- If these checks are unsuccessful, we will contact you to request identity document evidence. Identity Document Guidelines can be found on our website: www.axa-im.co.uk/client-documentation.

If you need any further information, please call a member of our team on 0345 777 5511 from the UK or 0044 1268 448 667 from overseas. Our lines are open from 9:00am to 5.30pm Monday to Friday. Or you can email us at AXA-IM@uk.dtsystems.com. For further information, please visit our website www.axa-im.co.uk. For online access to your account, please visit www.axa-im-investing.co.uk

DETAILS OF THE DECEASED

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Date of birth:
Forename(s):	<input type="text"/>
Surname:	Date of death:
Permanent residential address of the deceased at their date of death:	<input type="text"/>
	National Insurance Number (if known)
	<input type="text"/>
Postcode:	Deceased's existing AXA IM account number
Country:	<input type="text"/>

DETAILS OF THE EXECUTORS

If you are acting in a professional capacity (eg solicitor) please provide your company name and address within the 'Address' section below, along with your capacity.

Executor 1

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Date of birth:
Forename(s):	<input type="text"/>
Surname:	Phone Home:
Address	Phone Work:
	Phone Mobile:
Postcode:	Email:
Country:	Capacity (if applicable)

Executor 2 (if applicable)

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Date of birth:
Forename(s):	<input type="text"/>
Surname:	Phone Home:
Address	Phone Work:
	Phone Mobile:
Postcode:	Email:
Country:	Capacity (if applicable)



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DETAILS OF THE EXECUTORS (continued)

Executor 3 (if applicable)

Mr Mrs Miss Ms Other

Forename(s):

Surname:

Address

Postcode:

Country:

Date of birth:

Phone Home:

Phone Work:

Phone Mobile:

Email:

Capacity (if applicable)

Executor 4 (if applicable)

Mr Mrs Miss Ms Other

Forename(s):

Surname:

Address

Postcode:

Country:

Date of birth:

Phone Home:

Phone Work:

Phone Mobile:

Email:

Capacity (if applicable)

AUTHORISATION

I/We declare that the information provided on this form is, to the best of my/our knowledge, accurate and complete. I/We agree to notify AXA Investment Managers immediately if any of this information changes in the future.

Executor 1

Print name:

Signature:

Date

Executor 2 (if applicable)

Print name:

Signature:

Date

Executor 3 (if applicable)

Print name:

Signature:

Date

Executor 4 (if applicable)

Print name:

Signature:

Date