

2. New details – continued

National Insurance number

Please update my National Insurance number.

I enclose appropriate original documentation (for example a recent payslip) as confirmation.



Enclose a certified copy of the :

Deed poll

Marriage certificate

Decree absolute of divorce

Registered civil partnership certificate

Company name document

Other

New client residential/company address

Postcode

New correspondence address

All correspondence will be sent to this address if provided. Please send us certified evidence of the change of address. If your new address is overseas, please call us on 0345 604 4001 for details on what you need to send us, as we require evidence of your new address and your identity.

Postcode

We'll return any original documents you send us as evidence to the address you provide below:

Postcode

New contact details

Home phone number

Work phone number

Mobile phone number

Email

We'll use your email address and phone number to contact you about your product. We may also use them to keep you informed about our products and services but only where you've consented to this.

Change of UK tax residency

Change of UK residency status – we may need to contact you if your new address is overseas to find out where you are registered to pay tax.

3. Client declaration

To the best of my knowledge and belief, the information I've supplied in this form, is true and complete. If you're completing this as a company you must include a copy of the Certificate of Incorporation on Change of Name. ✉

You should sign and date this form by typing your full name in the signature box below and typing the date in the date box or by using any other electronic signature method we have agreed, in writing with your adviser, to accept. Your typed name or agreed electronic signature method in the signature box will be your signature. When you sign the form, by typing your name in this box or using the agreed electronic signature method, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Customer

Date

Print name

Signature (type name here)

Additional joint holder two

Date

Print name

Signature (type name here)

All joint Aegon GIAs holders must also sign

Additional joint holder one

Date

Print name

Signature (type name here)

Additional joint holder three

Date

Print name

Signature (type name here)

3. Client declaration – continued

For companies only

This section should only be completed by companies.

Date

Capacity in which declaration is made (for example owner, trustee, authorised signatory)

Primary holder signature (type name here)

Date

Capacity in which declaration is made (for example owner, trustee, authorised signatory)

Second holder signature (type name here)

Date

Capacity in which declaration is made (for example owner, trustee, authorised signatory)

Third holder signature (type name here)

Date

Capacity in which declaration is made (for example owner, trustee, authorised signatory)

Fourth holder signature (type name here)

4. Adviser declaration

Where you have completed this form on behalf of the customer named in section 1, when you sign the form, by typing your name in this box, you are making the declarations and confirming that the customer wishes to proceed with the instructions in this form.

By signing this form, by typing your name in the box below, you make the following additional declarations:

You declare that:

- to the best of your knowledge and belief, the information supplied to Aegon on behalf of the customer is true and complete;
- you have the appropriate authority from the customer to complete this form, to make the declarations in this form on their behalf and to provide Aegon with the instructions set out in this form, acknowledging that Aegon reserves the right to request a copy of the authority and failure to provide a copy when requested may result in Aegon being unable to proceed with the instructions; and

- you have discussed the form with the customer and they are aware of its content, they agree to the declarations and agree to you submitting this application on their behalf.
- you hereby indemnify Aegon against all claims, losses, tax charges, penalties and interest incurred or due to be paid by Aegon as a result of my failure to obtain the appropriate authority from the customer and/or supplying incorrect or inaccurate information and Aegon relying on and following the instructions given in this application form.

Date

<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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Adviser Signature (type name here)

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