

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:

Mr

DETAILS OF THE DECEASED

Miss

Ms

Other

Mrs

- 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.dstsystems.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

Date of birth:

Forename(s):	D D M M Y Y Y Y
Surname:	Date of death:
Permanent residential address of the deceased at their date of death:	D D M M Y Y Y
	National Insurance Number (if known)
Postcode:	Deceased's existing AXA IM account number
Country:	
DETAILS OF THE EXECUTORS	
DETAILS OF THE EXECUTORS	
If you are acting in a professional capacity (eg solicitor) please provide your compalong with your capacity.	pany name and address within the 'Address' section below,
Executor 1	Date of hirth:
Mr Mrs Miss Ms Other	Date of birth:
Forename(s):	
Surname:	Phone Home:
Address	Phone Work:
	Phone Mobile:
Postcode:	Email:
Country:	Capacity (if applicable)
Executor 2 (if applicable)	
Mr Mrs Miss Other	Date of birth:
Forename(s):	
Surname:	Phone Home:
Address	Phone Work:
	Phone Mobile:
Postcode:	Email:
Country:	Capacity (if applicable)



Executor Notification Form

DETAILS OF THE EXECUTORS (continued)	
Executor 3 (if applicable)	
Mr Mrs Miss Ms Other	Date of birth:
Forename(s):	
Surname:	Phone Home:
Address	Phone Work:
	Phone Mobile:
Postcode:	Email:
Country:	Capacity (if applicable)
Executor 4 (if applicable)	
Mr Mrs Miss Ms Other	Date of birth:
Forename(s):	
Surname:	Phone Home:
Address	Phone Work:
	Phone Mobile:
Postcode:	Email:
Country:	Capacity (if applicable)
AUTHORIGATION	
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 Maangers immediately if any of this information changes in the future.	
Executor 1	Executor 3 (if applicable)
Print name:	Print name:
Signature:	Signature:
Date D M M Y Y Y	Date D M M Y Y Y
Executor 2 (if applicable)	Executor 4 (if applicable)
Print name:	Print name:
Signature:	Signature:
Date D M M Y Y Y	Date D M M Y Y Y

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