

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:

DETAILS OF THE DECEASED

- 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

Mr Mrs Miss Ms Other	Date of birth:
Forename(s):	D D M M 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	
If you are acting in a professional capacity (eg solicitor) please provide your comp along with your capacity.	any name and address within the 'Address' section below,
Executor 1	
Mr Mrs Miss 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 Ms Other	Date of birth:
Forename(s):	
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	Date of birth:
	Date of birth.
Forename(s): Surname:	Phone Home:
	Phone Work:
Address	Phone Mobile:
Postcode:	Email:
	Capacity (if applicable)
Country:	Сарасіту (іі арріїсавіе)
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)
AUTHORISATION	
I/We declare that the information provided on this form is, to the best of	
AXA Investment Maangers immediately if any of this information change	
Executor 1	Executor 3 (if applicable)
Print name:	Print name:
Signature:	Signature:
D. O O N N V V V	- In In Iu Iu Iv Iv Iv Iv
Date Date	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

AXA Investment Managers UK Limited (AXA IM UK) is the Authorised Corporate Director, Authorised Fund Manager and Investment Manager for a range of Open Ended Investment Companies (OEICs) and Authorised Unit Trusts. AXA IM UK is registered in England and Wales No. 01431068. Registered office: 22 Bishopsgate London EC2N 4BQ. AXA IM UK is authorised and regulated by the Financial Conduct Authority (No. 119368). Administration office: PO Box 10908, Chelmsford, CM99 2UT. Tel: 0345 777 5511. As part of our commitment to quality service, telephone calls may be recorded.

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