



# Policyholder Change Form

By completing and returning this form, both the current policyholder and the new policyholder agree that from the effective date of transfer:

- All the rights and obligations of the current policyholder under the Policy will be transferred to the new policyholder.
- The current policyholder no longer has any claim under the Policy and releases AIG Life Limited (AIG) from any liability under the Policy.
- The new policyholder confirms that they'll comply with, adhere to, and be bound by the Policy Terms and Conditions. On agreeing to the transfer, AIG shall treat the new policyholder as if it were the original policyholder.
- Both the current policyholder and new policyholder agree the premium position in respect of the Policy. The new policyholder shall be responsible for paying any outstanding and all future premium. AIG will pay any future premium refunds to the new policyholder.
- If the premiums are paid by direct debit, the new policyholder must complete a new Direct Debit mandate form.
- There is no change to the policy structure (eligibility, benefit basis etc.) and the members covered under the Policy. Should this not be the case, or if there are new entrants on the effective date of transfer, please inform AIG as there may be additional requirements and this form alone won't be suitable in those circumstances.

Please return the completed and signed form to us before the effective date of transfer – email to [groupcoveramendments@aiglife.co.uk](mailto:groupcoveramendments@aiglife.co.uk). AIG is happy to accept electronic signatures of authorised signatories.

Effective date of transfer			
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## Section A - Policy details

Current policyholder's name		
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Please provide the full policy number(s) of the policies transferring to the new policyholder: (if it's a group life and death in service pension scheme, please provide both policy numbers)		

## Section B - New policyholder details

New policyholder's name	
The new policyholder's registered address	
The new policyholder's Companies House Registration number or Charity Registration number (if the new principal employer doesn't have one of these please explain why)	

## Section C - Contact details of new policyholder

Contact name	
Position	
Email address	

## Section D - Data Protection statement

AIG Life Limited is the data controller in its capacity as insurer and holds and processes all personal data in accordance with the Data Protection Act 2018 (DPA).

The information supplied in this form, including special categories of data, as defined by the DPA, may be used by AIG for administration, customer service, reporting and fraud prevention or to meet legal or regulatory requirements. It may also be shared with your adviser, other companies in our Group, insurers, reinsurers, service providers and other third parties who may carry out work on AIG's behalf. The information supplied by you may be transferred outside the UK including to countries outside the UK and European Economic Area (including the USA, China, Mexico, Malaysia, Philippines and Bermuda). Further details can be found in our privacy policy, which can be found at [www.aiglife.co.uk/privacy-policy](http://www.aiglife.co.uk/privacy-policy)

## Section E - Current policyholder's declaration

For and on behalf of the current policyholder, I/We:

- confirm that I am/we are authorised to sign this policyholder change form (or where appropriate are authorised in accordance with the Scheme rules);
- confirm that the information provided is complete and accurate;
- request that AIG agrees to the transfer of the Policy/Policies (detailed in Section A), and all the rights and obligations under the Policy/Policies, to the new policyholder (detailed in Section B) on the effective date of transfer;
- agree that the current policyholder will no longer have any claim under the Policy/Policies (detailed in Section A) and release and discharge AIG from any and all liability under the Policy/Policies; and
- confirm that the current policyholder agrees to AIG processing, using, and sharing personal data provided by the current policyholder for the purposes set out in Section D.

By signing this form, the current policyholder requests that AIG processes this change in policyholder using the information provided.

Signed			
Authorised Signatory			
Date			
Name			
Capacity			
Signed			
Authorised Signatory			
Date			
Name			
Capacity			

## Section F - New policyholder's declaration

For and on behalf of the new policyholder, I/we:

- confirm that I am/we are authorised to sign this policyholder change form (or where appropriate are authorised in accordance with the Scheme rules);
- confirm that the information provided is complete and accurate;
- request that AIG agrees to the transfer of the Policy/Policies (detailed in Section A), and all the rights and obligations under the Policy/Policies, from the current policyholder (detailed in section A) to the new policyholder on the effective date of transfer;
- confirm there's no change to the structure of the Policy/Policies detailed in section A and there are no new entrants on the effective date of transfer;
- agree to comply with, adhere to, and be bound by the Policy Terms and Conditions of the Policy/Polices detailed in section A;
- accept responsibility for paying any outstanding and all future premium as well as receiving any refund due; and
- confirm that the new policyholder agrees to AIG processing, using, and sharing personal data provided by the new policyholder for the purposes set out in Section D.

By signing this form, the new policyholder requests that AIG processes this change in policyholder using the information provided.

Signed			
Authorised Signatory			
Date			
Name			
Capacity			

Signed

Authorised Signatory

Date

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

Capacity



# Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send a scanned copy to:

groupcoveramendments@aiglifeco.uk

Service user number

4 3 3 6 3 8

Name(s) of account holder (s)

[Empty text box for account holder name]

Reference

[Empty grid for reference number]

Bank/building society account number

[Empty grid for account number]

### Instruction to your bank or building society

Please pay AIG Life Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with AIG Life Limited and, if so, details will be passed electronically to my bank/building society.

Branch sort code

[Empty grid for branch sort code]

Name and full postal address of your bank or building society

To: The Manager Bank/building society
Address
Postcode

Signatures(s)

[Empty text box for signature]
Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DD12

This guarantee should be detached and retained by the payer.

## The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
If there are any changes to the amount, date or frequency of your Direct Debit AIG Life Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed.
If an error is made in the payment of your Direct Debit, by AIG Life Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
You can cancel a Direct Debit at any time by simply contacting your bank or building society.



[www.aiglife.co.uk](http://www.aiglife.co.uk)

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AIG Life Limited. Registered in England and Wales. Number 6367921. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB.  
AIG Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The registration number is 473752.