

Change of customer details

This form lets you change your personal details. If you want to change your product details please use the 'Change to product details' form.

If you want to change more than one account holder on a General Investment Account (GIA) please complete one per customer.

Please send the completed form by post to: Individual Savings Accounts Ltd, 16 High Street, Kegworth, Derbyshire, DE74 2DA.

If contacting us by email, please don't include any personal, financial, or banking information as email isn't a secure method of communication. If you decide to send information in this way, you're doing so at your own risk as there's no guarantee that any email sent by you to us will be received or remain private during transmission. Where secure online journeys are available, please login to complete these.

Whenever you see this icon , we're asking you to send us additional material with this form. Rather than send us an original document, send us a certified copy, please see the 'Who can certify a document and how do they do it?' FAQ on our website for how to do this.

If you'd like a large print, Braille or audio CD version of this document, please contact us on 0345 604 4001 (call charges will vary) or by visiting aegon.co.uk/support

We're always here to help, so if your personal circumstances mean you need some extra support, you can also contact us to discuss the services you need using the details above.

1. Current details (as currently held by Aegon)

Customer number

3							
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Full forename(s)

Surname

For Aegon GIA only

Company name (if applicable)

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Scheme name (if applicable)

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Designation (if applicable)

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2. New details

You only need to complete fields where your details have changed.

New name

Title

Mr / Mrs / Miss / Ms / Other – please specify

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Full forename(s)

Surname

Company name

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Scheme name

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Date of birth

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2. New details – continued

National Insurance number

Please update my National Insurance number.

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



Enclose a certified copy of the ☐:

☐

Deed poll

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Marriage certificate

☐

Decree absolute of divorce

☐

Registered civil partnership certificate

☐

Company name document

Other

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New client residential/company address

Postcode

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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

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

Postcode

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New contact details

Home phone number

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Work phone number

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Mobile phone number

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Email

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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. Your typed name in the signature box will be your signature. When you sign the form, by typing your name in this box, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Customer

Date

Print name

Signature

X

X

Additional joint holder two

Date

Print name

Signature

X

X

All joint Aegon GIAs holders must also sign

Additional joint holder one

Date

Print name

Signature

X

X

Additional joint holder three

Date

Print name

Signature

X

X

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)

X

X

Date

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

Second holder signature (type name here)

X

X

Date

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

Third holder signature (type name here)

X

X

Date

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

Fourth holder signature (type name here)

X

X

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

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Adviser Signature (type name here)

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