

2. Recurring switch instruction

2.1 I wish to cancel the existing recurring switch instruction - please complete sections 3 and/or 4 as applicable

2.2 I want to switch

£ from the investments listed below to the cash facility.

Frequency (select one)

monthly quarterly half yearly yearly

Please tick this box if you have a default investment strategy that you want to use.

If applicable, this will replace any existing instructions.

Full investment manager name, investment name and share class	SEDOL code (this is shown in Key Investor Information Documents for investment (KIIDs))	Amount (£)
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
Total amount	N/A	

This recurring switch instruction will continue until it's cancelled by you or your adviser.

Starting on the* 9th or the 22nd
of (mm/yyyy)

with the last switch to take place
on (mm/yyyy)

*If no start date is provided above, we'll start this instruction at the first recurring switch date. We must receive this form 5 working days before your chosen date, otherwise we'll carry out the first switch the month after.

3. Adviser details and declaration

Adviser name

Firm name

Address of firm

Postcode

Financial Services Register number

3.1 I, the financial adviser for the customer set out in section 1, instruct you to carry out the recurring switch into the cash facility of the product as set out in this instruction.

I declare that in the absence of a discretionary management agreement for the client, this instruction has been authorised by the client before being submitted.

I declare that the above instruction is given in accordance with a current discretionary management agreement for this client.

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

By signing this instruction, by typing my name in the box below, I make the following additional declarations:

3.3 I declare that:

- To the best of my knowledge and belief, the information supplied to Aegon on behalf of the customer is true and complete.
- I 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.
- I have discussed the form with the customer and they are aware of its content, they agree to the declarations and agree to me submitting this application on their behalf.

3.4 I 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

Adviser signature (type name here)

