

For financial advisers | Aegon Platform

# Investment strategy instruction

Use this form to set up, cancel or change an investment strategy and apply rebalancing for the first time, change or cancel an existing rebalancing instruction.

You must have provided your customer with an illustration and key documents from us before completing this form.

If you haven't we can't process your request.

#### How to complete this form:

Please complete section 1, 4 and the section(s) that apply to you.

Section 2 – choose a new default investment strategy to replace your current investment options (if applicable).

Section 3 – set up a new rebalancing instruction or amend your existing rebalancing instruction.

### Please complete this form by typing in the boxes, including the signature box(es) and emailing it to: aegoncofundsadministration@aegon.co.uk

Our email system and the way we deal with data internally is secure. However we're unable to ensure the security of emails before they reach us. Please consider this when sending us sensitive information.

#### 1. Customer details

Product number	Third holder forename(s)
8	
Mr / Mrs / Miss / Ms / Other – please specify	Surname
Full forename(s)	Fourth holder forename(s)
Surname	Surname
Date of birth	Company name (if applicable)
D D M M Y Y Y Y	
You should only complete this section if your customer is a joint policyholder on an Aegon	Scheme name (if applicable)
General Investment Account.	
Second holder forename(s)	Designation (if applicable)
Surname	

#### 2. Investment strategy instruction

- **2.1** Please cancel the existing investment strategy for this product please continue to section 3.
- **2.2** Please use the investment choices shown below as the new default investment strategy for the product numbered in section 1:

This will replace any existing default investment strategy instructions. To amend your customer's regular investment strategy instruction please use the Aegon Platform.

Write details in full as shown in the Aegon investments list.

Full investment manager name, investment name and share class	SEDOL code (this is found in your Key Investor Information documents (KIIDs))	% to be invested
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
Product cash facility	N/A	%
Total	N/A	100%

#### 3. Rebalancing instruction

- **3.1** Please cancel the existing rebalancing instruction for this product please continue to section 4.
- **3.2** If you want to set up rebalancing or amend your client's existing rebalancing instruction, please provide us with details of how you want this to apply.

	Quarterly	Yearly	One-off
n			

Beginning



If you don't tell us when you want the rebalancing to begin, we will automatically do this on the month following receipt of this form.

Where you have given a new investment strategy in section 2, we will carry out rebalancing using these investments. Where you have not we will carry out rebalancing using the current investment strategy.

### 4. Adviser details and declaration

Adviser name

Adviser name

Firm name

Firm address

Firm address

Postcode

Financial Services Register number (firm)

I, the adviser for the customer set out in section 1, instruct you to change the investment strategy for the product numbered in section 1 to the investments set out in section 2 and, where I have indicated that rebalancing is to apply to the investments, to carry out the rebalancing in accordance with this instruction and the Aegon Platform terms and conditions.

Any investments held within this product that are non-daily dealing, alternative investments or equities traded directly will not be included in the rebalancing process, unless the assets are sold and the proceeds placed into cash or any asset which is included in this rebalancing process.

## Only complete the boxes below if you've completed section 3 of this form.

I declare that in the absence of a
discretionary management agreement for
the customer, the above rebalancing
instruction has been authorised by the
customer before submitting the
instruction.

or

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

#### 4. Adviser details and declaration continued

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 or by using any other electronic signature method we have agreed, to accept. Your typed name or agreed electronic signature method in the signature box will be your signature. When you sign the form, by typing your name in this box or using the agreed electronic signature method, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Date

D	D	Μ	Μ	Y	Y	Y	Y

Adviser signature (type name here)

X	
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