



## 2. Recurring switch instruction

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2.1 Wrapper to apply instruction to

Wrapper number

2.2  I wish to cancel the existing recurring switch instruction - please complete sections 3 and 4 as applicable.

2.3 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 next recurring switch date.

### Recurring switch to cash

2.4 I want to switch

£  from the investments listed below to the cash facility.

Frequency (select one)

monthly  quarterly  annually **This will replace any existing instructions.**

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

Name of investment(s)	Sedol	Amount (£)
<b>Total*</b>		

\*The total for all the named investments must be the same as the overall switch amount.

### 3. Adviser details

Name of adviser or registered individual

Name of firm

Address of firm

  
  
  

Postcode

Financial Services Register number

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.

Or

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

No adviser charge is payable for recurring switches.

- 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 your 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)

Where you have completed this instruction on behalf of the customer named in section 1, when you sign the form, by typing your name in this box or by using any other electronic signature method we have previously agreed in writing with you that you may use, you are making the declarations and confirming that the customer wishes to proceed with the instructions in this form.

By signing this instruction, by typing your name in the box below or using such other agreed electronic signature method, 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

