

|                       |  |
|-----------------------|--|
| Client name           |  |
| Client account number |  |

## payment instructions for unit-linked products

Please complete all relevant sections and return this form to Royal Skandia Life Assurance Limited, Skandia House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

|   |                               |
|---|-------------------------------|
| A | Credit card payment authority |
|---|-------------------------------|

I hereby authorise Royal Skandia to collect the £/US\$/€\* premium payment, plus an additional 1% service charge on £/US\$/€\* payments, from my Access/Delta/Eurocard/MasterCard/Visa\* account. \*delete as appropriate.

|   |                      |   |                      |
|---|----------------------|---|----------------------|
| Premium amount  | <input type="text"/> | Initial collection date<br>(day/month/year) | <input type="text"/> |
| If blank, initial collection will be undertaken on receipt of application |                      |   |                      |

|                             |  |   |   |
|-----------------------------|--|---|---|
| Please tick appropriate (✓) | All Regular Contributions <input type="checkbox"/> | Initial Regular Contributions only <input type="checkbox"/> | Single Contributions <input type="checkbox"/> |
|-----------------------------|--|---|---|

|           |                                  |                                    |                                       |                                  |  |
|-----------|----------------------------------|------------------------------------|---------------------------------------|----------------------------------|--|
| Frequency | Monthly <input type="checkbox"/> | Quarterly <input type="checkbox"/> | Half-yearly* <input type="checkbox"/> | Yearly* <input type="checkbox"/> | * For all except Managed Capital Account |
|-----------|----------------------------------|------------------------------------|---------------------------------------|----------------------------------|--|

Please check the frequency for your product.

|                         |                              |                              |                               |                               |
|-------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|
| Regular collection date | 1st <input type="checkbox"/> | 7th <input type="checkbox"/> | 15th <input type="checkbox"/> | 25th <input type="checkbox"/> |
|-------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|

Where the date is left blank, collections will be taken on the nearest subsequent date after commencement.

|  |                      |
|--|----------------------|
| Name of Royal Skandia<br>Accountholder | <input type="text"/> |
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|                    |                      |
|--------------------|----------------------|
| Name of cardholder | <input type="text"/> |
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If the cardholder name is different from the Accountholder name, third party documentation must be provided.

|                       |                      |
|-----------------------|----------------------|
| Address of cardholder | <input type="text"/> |
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|             |                      |
|-------------|----------------------|
| Card number | <input type="text"/> |
|-------------|----------------------|

|                              |                      |                             |                      |
|------------------------------|----------------------|-----------------------------|----------------------|
| Issue number<br>(if present) | <input type="text"/> | Expiry date<br>(month/year) | <input type="text"/> |
|------------------------------|----------------------|-----------------------------|----------------------|

|                               |                      |
|-------------------------------|----------------------|
| Card issuer<br>(eg bank name) | <input type="text"/> |
|-------------------------------|----------------------|

|                  |                      |
|------------------|----------------------|
| Country of issue | <input type="text"/> |
|------------------|----------------------|

|                         |                      |                          |                      |
|-------------------------|----------------------|--------------------------|----------------------|
| Signature of cardholder | <input type="text"/> | Date<br>(day/month/year) | <input type="text"/> |
|-------------------------|----------------------|--------------------------|----------------------|

**Important notes:**

- Please check with your credit card issuer that your credit card is authorised for International Transactions.
- Royal Skandia reserves the right to vary the service charge at any time. Should the service charge be increased, prior notification will be given to the cardholder.
- Payment by credit card is not permitted where the credit card is American Express.
- This authorises Royal Skandia to take up to a maximum of three months' outstanding premiums from the above credit card details on the Accountholder(s) chosen collection date.
- Maximum initial amount to be collected by credit card is £3,500, US\$5,000 or €5,000 per payment transaction.
- If a lapsed premium is not collectable via the above credit card, please be advised that the amount overdue must be forwarded to Royal Skandia's Premium Collection Department, King Edward Road, Onchan, Isle of Man IM99 1NU, British Isles.
- The renewal collection date will be on the date specified above or if it is not a working day, a default date will automatically be chosen by Royal Skandia if no date is specified.
- On your credit card statement the narrative will read RSK for your contribution payment.

