

| | |
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| C | Switching of individual funds |
|---|-------------------------------|

Switch out of individual funds *(Please continue on a separate signed sheet if necessary.)*

If you intend to retain an interest in the fund being switched, please complete as per the example.

Example

| | | |
|----------------|-------------------|------|
| Switch out of: | 80512 GBP Deposit | |
| | | 100% |

| | | |
|----------------|--|---|
| Switch out of: | | |
| | | % |

| Fund ID | Into: | % |
|---------|----------------|-------------|
| 96090 | GBP Aggressive | 2 5 |
| 96013 | GBP Balanced | 2 5 |
| 85052 | GBP Cautious | 2 5 |
| 85012 | GBP Deposit | 2 5 |
| | | |
| | Total | 100% |

| Fund ID | Into: | % |
|---------|--------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | 100% |

| | | |
|----------------|--|---|
| Switch out of: | | |
| | | % |

| | | |
|----------------|--|---|
| Switch out of: | | |
| | | % |

| Fund ID | Into: | % |
|---------|--------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | 100% |

| Fund ID | Into: | % |
|---------|--------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | 100% |

| | |
|---|--------------------------------|
| D | Redirection of future premiums |
|---|--------------------------------|

If you would like a new investment choice to apply to future regular premiums which is different from the details outlined in section B, please complete the box below.

If no changes are required, please write 'No Change Required' in this box.

| Full Royal Skandia fund name | % |
|------------------------------|--------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Total |
| | 100% |

E Authorisation

This section must be completed and signed by the person(s) requesting the redirection and/or switch of investment choice. Please tick the relevant box to show the capacity in which you are acting.

- 1. I confirm that I have authority to request these transactions jointly with other person(s) (if any) signing below in the capacity stated.
- 2. I confirm that the Policy is not subject to any assignment except as stated.
- 3. The Fund Adviser: (only applicable where the switch is requested by the Fund Adviser)
 - a. confirms that a Delegated Investment Authority or similar document (The Authority) is currently in force authorising the signatory(ies) below to make investment decisions on behalf of the Policyholder. The Authority (or a certified copy) has been sent to Royal Skandia or is enclosed. The Authority has been prepared in accordance with the relevant statutory provisions in the Fund Adviser's country of residence.
 - b. will indemnify Royal Skandia for any losses arising from carrying out the transactions if the request is made without sufficient lawful and/or Policyholder authority.

Signatures

Signed Date (day/month/year)

Full name

Capacity (✓) Accountholder Fund Adviser Assignee Trustee Other

Signed Date (day/month/year)

Full name

Capacity (✓) Accountholder Fund Adviser Assignee Trustee Other

Signed Date (day/month/year)

Full name

Capacity (✓) Accountholder Fund Adviser Assignee Trustee Other

Signed Date (day/month/year)

Full name

Capacity (✓) Accountholder Fund Adviser Assignee Trustee Other

You will receive a letter by first class post to confirm that your Switch request has been processed.

Please return this form to:
Royal Skandia Head Office
Skandia House, King Edward Road, Onchan
Isle of Man, IM99 1NU, British Isles

www.royalskandia.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Royal Skandia Life Assurance Limited (an incorporated company limited by shares) Registered number: 24916
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FSA Register number 142309

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