

Authority to Accept Switch Instructions for your Portfolio Bond from your Intermediary

This form should be completed by all policyholder(s) if authority is to be given to the intermediary to undertake switch transactions on behalf of policyholder(s). The completed form should be signed by all policyholder(s) and the intermediary and sent to: **Aegon Cofunds Administration, PO Box 17491, Edinburgh, EH12 1PB**

Please make sure that you:
– use BLOCK CAPITALS throughout in **black ink**
– correct and initial any alterations. Please do not use correcting fluid

Please complete all sections below.

1 Policyholder details

First named holder

Date of Birth / /
D D / M M / Y Y Y Y

Second named holder

Date of Birth / /
D D / M M / Y Y Y Y

Third named holder

Date of Birth / /
D D / M M / Y Y Y Y

Fourth named holder

Date of Birth / /
D D / M M / Y Y Y Y

Fifth named holder

Date of Birth / /
D D / M M / Y Y Y Y

Sixth named holder

Date of Birth / /
D D / M M / Y Y Y Y

2 Details of the intermediary

3 Authorisation by policyholder(s)

I/We hereby authorise Legal & General, or its agents, to accept any instruction to switch between funds within my/our bond issued by the intermediary mentioned above. I/We understand that under this authority, Legal & General will be entitled to act on a switch instruction from my/our intermediary and will not contact me/us for confirmation of the instruction.

I/We hereby acknowledge that Legal & General will not be liable for acting on any switch instructions from, or purporting to come from, my/our intermediary.

First Holder Signature	Date
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Second Holder Signature	Date
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Third Holder Signature	Date
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Fourth Holder Signature	Date
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Fifth Holder Signature	Date
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Sixth Holder Signature	Date
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4 Intermediary declaration

I declare that I am the intermediary of the policyholder(s) detailed above and I confirm that the policyholder(s) has authorised me to instruct Legal & General in relation to switching between funds within the Bond.

Signed	Date
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