

guaranteed pension fund switch form

Please use BLOCK CAPITALS and black ink only and complete all relevant sections. Please do not use correction fluid; any amendments should be crossed out and initialled. Any incomplete information will need to be confirmed in writing by the client once Skandia has received this form. All references to Skandia in this form mean Skandia Life Assurance Company Limited.

A	Plan details
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Plan number(s)	

Full name(s) of the Planholder(s)	

Contact telephone number	
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(We will only use this number for queries relating to this form)

B	New fund choice for existing guaranteed pension fund investments
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Skandia reserves the right to invest monies in the Skandia Deposit fund if any part of the switch instruction is incomplete or if you choose a fund that is currently not available. Please specify the new fund choice, with a minimum of 1% in any one fund using whole numbers only.

Current fund	%
Guaranteed Pension Fund	1 0 0

}

to

Replacement fund(s)	Whole %
	100%

If you want to select more than five replacement funds please continue on a separate sheet.

C	Request
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This section must be completed and signed by the person(s) requesting the changes to the fund choice. Please indicate below the capacity in which you are acting.

1. I request the new fund choice transactions specified in this form.
2. I understand that in requesting the new fund choice I am giving up all the rights I have in relation to the Guaranteed Pension Fund including the £1 per unit guaranteed at my selected guarantee date or earlier death if relevant.
3. I understand that this request will invalidate any previous request I may have made using the special switching service.
4. I confirm that I have authority to request these transactions jointly with the other person(s) (if any) signing overleaf in the capacity also shown.
5. I confirm that there is no bankruptcy order currently in force against the Planholder.

6. (Applies only if switch requested by the financial adviser)

The financial adviser:

- a) confirms that an Investment Management Authority or similar document ('The Authority') is currently in force authorising the signatory/signatories below to make investment decisions on behalf of the Planholder. The Authority (or a certified copy) has been sent to Skandia or is enclosed. The Authority has been drawn up in accordance with the rules established under the Financial Services and Markets Act 2000 or any other relevant statutory provisions. Where the financial adviser is acting with discretion, they have the appropriate permission from the Financial Services Authority.
- b) will indemnify Skandia for any losses arising from processing this form if the request is made without sufficient lawful and/or Planholder authority.

Print full name

Capacity Planholder Employer (see note 1) Trustee
 Financial adviser (see note 2) Other

Signed Date (dd/mm/yy)

Print full name

Capacity Planholder Employer (see note 1) Trustee
 Financial adviser (see note 2) Other

Signed Date (dd/mm/yy)

Print full name

Capacity Planholder Employer (see note 1) Trustee
 Financial adviser (see note 2) Other

Signed Date (dd/mm/yy)

Print full name

Capacity Planholder Employer (see note 1) Trustee
 Financial adviser (see note 2) Other

Signed Date (dd/mm/yy)

Notes

1. EMPLOYER-SPONSORED PENSION SCHEMES
Changes to fund choice for an executive or director's pension scheme should normally be requested by the scheme member or by the sponsoring employer as agent of the scheme member.
2. FINANCIAL ADVISER
Financial adviser means the individual, partnership, company or other body authorised to make investment decisions under the terms of an Investment Management Authority.

www.skandia.co.uk
 Calls may be monitored and recorded for training purposes and to avoid misunderstandings.
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