

This form should be completed if you wish to appoint an Investment Adviser and, if required, to authorise Aviva Life International Limited to deduct an Investment Adviser Fee from the value of your bond to be paid to your Investment Adviser. You should satisfy yourself that your Investment Adviser is qualified and/or authorised to provide investment advice. On completion please return to Aviva Life International Limited, Montague House, Adelaide Road, Dublin 2, Ireland.

1 Personal details

| | | | |
|--|--|---|--|
| Type of bond <i>tick as appropriate</i> | International Investment Bond <input type="checkbox"/> | International Portfolio Bond <input type="checkbox"/> | International Core Funds Bond <input type="checkbox"/> |
| Name(s) of applicant(s)/bondholder(s) | <input type="text"/> | | |
| If a new bond, the date the bond application form was signed | <input type="text"/> / <input type="text"/> / <input type="text"/> | or Your bond number | <input type="text"/> |
| Address | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <i>Postcode</i> | | |

2 Delegation of Power to Investment Adviser

In the case of personal investors, where there are two applicants/bondholders both should sign the declaration below.
 In the case of corporate and trustee investors, both authorised officials or trustees, as per the original application, should sign the declaration below.

| | |
|---|----------------------|
| Investment Adviser's full name <i>please print</i> | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| | <i>Postcode</i> |
| Telephone Number | <input type="text"/> |
| Fax Number | <input type="text"/> |
| E-Mail Address | <input type="text"/> |
| Aviva agency number | <input type="text"/> |

If your Investment Adviser does not have an agency agreement with Aviva, please advise them to call us on 0845 3002115 to arrange one.

2 Delegation of Power to Investment Adviser *continued*

- Please indicate the option REQUIRED by initialling the appropriate box (where there are two signatories BOTH must initial) and mark the options you do NOT REQUIRE with one "X" in the appropriate boxes.

Advice only

I hereby authorise my Investment Adviser to have the power to advise only

Power to Switch

I hereby authorise my Investment Adviser to exercise any option relating to switching between funds within my bond. I understand that he/she will therefore have the same power to switch as if they were the bondholder.

3 Declaration

- I understand that Aviva Life International Limited shall not be held liable for any loss caused as a result of this appointment or any actions taken by my Investment Adviser.
- I request that Aviva Life International Limited accept this appointment until further notice, which must be given in writing to Aviva Life International Limited at the above address.
- I hereby permit any employee of my investment adviser's firm to exercise the power granted above in Section 2 (tick box if applicable)

First applicant/bondholder's signature

Date / /

Second applicant/bondholder's signature

Date / /

First authorised official/trustee's signature

Date / /

Second authorised official/trustee's signature

Date / /

4 Authority to deduct an Investment Adviser Fee

- I hereby authorise Aviva Life International Limited to deduct an Investment Adviser Fee from the value of my bond (by the cancellation of units across the bond) and pay the amount deducted to my Investment Adviser as set out below. The Investment Adviser fee is a percentage of the Fund (up to 1.5% each year, in steps of 0.05%), paid yearly in arrears at the end of each policy year. This is calculated on the monthly average of the fund value, using the values at the end of each policy month.
- I therefore wish Aviva Life International Limited to accept this authority to deduct an Investment Adviser Fee until further notice. Such notice of termination must be given in writing in advance (minimum one complete calendar month) to Aviva Life International Limited at the above address.
- I understand that in the case of UK resident individuals that the Investment Adviser Fee will be treated as a partial withdrawal from my policy and will form part of my annual 5% tax deferred withdrawal allowance for tax purposes.

Investment Adviser Fee to be deducted

% (as a percentage of the total fund value)

First applicant/bondholder's signature

Date / /

Second applicant/bondholder's signature

Date / /

First authorised official/trustee's signature

Date / /

Second authorised official/trustee's signature

Date / /

continued

5 Appointment of Investment Adviser

- I confirm that I agree to act as Investment Adviser for the above detailed policy and I fully understand that this appointment may be terminated by the applicant(s)/bondholder(s) upon one months written notice, and the Investment Adviser Fee, if applicable, is payable in arrears at the end of each policy year on a pro rata basis by cancellation of units across the bond.

If an Investment Adviser Fee is to be paid the applicant(s)/bondholder(s) must complete Section 4 of this form.

Investment Adviser's signature

Date