

About this form

What you need to do

If you choose option 1 or 2, please complete this form and return it to us in the pre-paid envelope to arrive no later than:

- For Option 1 – 22 May 2015
- For Option 2 – 20 May 2015

If you choose option 3, there's no need to return the form. Instead, you'll need to contact your chosen provider. We'll need confirmation from your new provider by 30 April 2015 that they are willing to accept the transfer.

If we don't get this form (or confirmation for option 3) by these dates, Option 1 will apply by default. This means the investments in your Savings Scheme will automatically be transferred to Alliance Trust Savings. You won't be able to access the full range of services until you have agreed to Alliance Trust Savings' terms and conditions.

The accompanying letter and Questions and Answers leaflet have important information on each option. Please read these carefully.

Your options (Choose one option only)

To: Standard Life Savings Limited –
I confirm that I wish to elect the following option

Please tick one box

- Option 1** Transfer the investments in my Savings Scheme to Alliance Trust Savings Limited
- Option 2** Sell all the investments held in my Savings Scheme, pay me the proceeds by cheque and close my account

Important: There may be tax implications with this option. Please see the Questions and Answers leaflet for details.

Please refer to declaration overleaf on Option 1

Please refer to declaration overleaf on Option 2

Option 3 Transfer your investments to an alternative provider

If you'd like to transfer to another provider, you'll need to arrange this with your chosen provider.

Your new provider must confirm to us by 30 April 2015 that it is willing to accept the transfer.

Your plan details

Standard Life Savings plan number	<input type="text"/>
Name/Account Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Contact telephone number	<input type="text"/>
If you already have an account with Alliance Trust Savings please provide your account number	<input type="text"/>

Please provide a contact number in case we need to speak to you about this form.

About your options – Important, please read before signing

Option 1 Transfer the investments in my Savings Scheme to Alliance Trust Savings

By choosing Option 1, or if Option 1 is applied by default, you agree that:

- You have received, read and accepted the Alliance Trust Savings Limited Terms and Conditions. (For your own benefit and protection you should read these terms carefully before accepting them. If you do not understand this document, or are unsure as to what action you should take, please consult a financial adviser.)
- Any direct debit currently in place with Standard Life Savings will be cancelled following the last collection on 1 May 2015.
- Alliance Trust Savings Limited may contact you by telephone or post to provide you with information on its products, services and events and those of Alliance Trust PLC, and its subsidiary and associated companies (the “Alliance Trust Savings Companies”). Alliance Trust Savings Limited may also transfer your information to the Alliance Trust Savings Companies so that they may contact you by telephone and post to tell you about their products, services and events. If you do not consent to your information being used in this way or do not want to receive such information please write to the Client Services Manager at: Alliance Trust Savings Ltd, PO Box 164, 8 West Marketgait, Dundee, DD1 9YP.

Option 2 Sell the investments held in my Savings Scheme and pay me the proceeds

By choosing Option 2, you agree that:

- Any direct debit currently in place will be cancelled following the sale of your investments
- The sale of your investments will take place on the next available dealing day following receipt of the fully completed Form of Election.
- The proceeds of the sale will be paid by cheque.

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>
Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>
Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

This form must be signed by all of the named account holders.

Thank you for completing this form. Please return it to us using the pre-paid envelope.