

From

Plan Number

Full name(s) of Policyholder(s)

If we have a query with your instruction, we may need to contact you. Please provide us with details of the easiest method of contacting you (telephone, fax or email). **Please bear in mind this is likely to be between 8.00am and 6.00pm GMT.**

Telephone Number (including dialling code)

Fax Number (including dialling code)

Email Address

Option 1: Switch Instructions/Portfolio Realignment

Please WRITE CLEARLY and use BLUE/BLACK INK only. Please make sure your choice of funds is available by referring to the current Fund Prices leaflet. Not more than 10 funds may be held at any time. Initial Units and Accumulation Units cannot be switched separately.

I/We hereby request and authorise you to transfer the following funds in accordance with the relevant Policy Provisions.

Existing Funds	Revised Allocations																				
Fund Code	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	TOTAL
																					100%
																					100%
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Option 2: Investment of future premiums

Please WRITE CLEARLY and use BLUE/BLACK INK only. Please make sure your choice of funds is available by referring to the current Fund Prices leaflet. Not more than 10 funds may be held at any time. Initial Units and Accumulation Units cannot be switched separately.

I/We hereby request and authorise you to invest future premiums in the following funds in accordance with the relevant Policy Provisions.

New Allocations																		
Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%	TOTAL
																		100%

Signature(s) of Policyholder(s)

Signature

Date

Signature

Date

