

FUND SWITCHING FORM

1 YOUR DETAILS

1 Policy number

2 Full name of first policyholder

3 Full name of second policyholder

4 Email

5 Contact phone no.

IMPORTANT INFORMATION

- Currently no charge is applied for switching your fund or redirecting future contributions. We reserve the right to charge if the number of switches per calendar year exceeds five.
- The switch will be effected on the first working day following receipt of your instruction, provided the instruction is received before 5pm on the previous working day.
- If the fund you have chosen does not have a series with the same charges as your existing fund, we will use the fund with the nearest charges.
- If your policy is a Topaz Plan, it is only possible to invest future premiums and past investments in the same single fund
- If your policy is a Flexible Mortgage Plan, Flexible Endowment Plan, Sapphire Plan, Diamond Plan, Amethyst Plan, Ruby Plan or an Option Plan it is only possible to invest future premiums in a single fund.
- Tax Exempt funds are only available if you hold a Tax Exempt policy.
- If you have a policy invested in the any of the following funds you cannot switch funds or redirect future investments: Schroder UK Alpha Plus Fund (Institutional Z Class Income), Halifax UK Growth, Life Property 1st issue, Life Deposit Homefund, Life Property Distribution series 3F and 8F and Pension Property Distribution.
- If your funds are invested in a Unitised With Profits fund and you switch into another fund, you won't be able to switch back into the Unitised With Profits fund.
- If you switch out of a Unitised With Profits fund, there may be a market value reduction, please refer to your policy conditions.
- Not all funds are available to all policies. To check which funds are available to you please contact us

2 FUND SWITCH FOR EXISTING INVESTMENTS

- Complete this section to switch fund(s) for the investments you already have.
- Tell us the fund(s) you want to switch to and indicate the percentage.
- The total investment should be 100%.

% of unit holding to be switched	From (name of existing fund)	To (name of new fund)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 NEW FUND CHOICE FOR FUTURE CONTRIBUTIONS

- Complete this section if you want to change the fund your future regular contributions will be invested in.
- If you do not want to change the fund for future contributions, they will continue to be invested in the funds you have already chosen.
- The total investment should be 100%.

% of future premiums to be redirected	To (name of new fund)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4 DECLARATION

- I understand that subject to the policy conditions the changes requested herein will be effective on the first working day following receipt of this form by Utmost, provided it is received before 5pm on the previous working day.
- I further understand that the value of units may go down as well as up and that past performance is not necessarily a guide to future performance.
- I confirm that I have received no advice regarding this fund switch/redirection from Utmost and I understand that the Utmost Life and Pensions Limited accepts no responsibility for advice given by a third party.
- I understand there is no guarantee the performance of my policy will be better as a result of the change of funds and that it may be worse.
- I confirm that I have read and accept the Important Information in this form.

This form must be signed by all policyholders or all representatives for the policyholder that hold power of attorney

Signature of first or only policyholder
Full name of first or only policyholder
Date

Signature of second policyholder
Full name of second policyholder
Date

Signature of power of attorney
Full name of power of attorney
Date

Signature of power of attorney
Full name of power of attorney
Date

REST ASSURED

Calls may be recorded for training or monitoring purposes.

Contact us at: Walton Street, Aylesbury, Bucks, HP21 7QW Tel : 0330 159 1530 Fax : 0845 835 5765 : www.utmost.co.uk

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