

# SWITCH FORM

This form enables you to switch your investments or change the funds in which your future regular investments are invested. 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 policyholder once Utmost PanEurope has received this form.

## A POLICY DETAILS

Policy number (s)

[illegible]

Full name of the Policyholder  
(including Additional Trustees,  
where applicable)


Telephone number

[illegible]

## B SWITCHING SOME OR ALL OF YOUR EXISTING FUNDS

Please note:

- › a minimum of 1% can be invested in any one fund
- › please use whole percentages only not cash amounts
- › the price of units when switched will reflect any dealing costs or charges imposed by the underlying fund managers.

**Switch out of ALL funds - 100% into:**

FULL FUND NAME	%
Total	100 %

**Switch out of individual funds** (Please continue on a separate signed sheet if necessary)

**Switch out  
of** (full fund  
name): insert  
% of holding


INTO:	%
Total	100 %

**Switch out  
of** (full fund  
name): insert  
% of holding


INTO:	%
Total	100 %

**Switch out  
of** (full fund  
name): insert  
% of holding


INTO:	%
Total	100 %

**Switch out  
of** (full fund  
name): insert  
% of holding


INTO:	%
Total	100 %

**C REDIRECTING FUTURE PREMIUMS**

If you would like a new investment choice to apply to future regular premiums, please complete the box below.

If you do not complete this section, future investments will continue to be invested in the funds you have already chosen.

FULL FUND NAME	%
Total	100 %

**D AUTHORISATION**

This section must be completed and signed by the person(s) requesting the switch and/or redirection of investment choice. Please tick the relevant box to show the capacity in which you are acting.

1. I confirm that I have authority to request these transactions jointly with other person(s) (if any) signing below in the capacity stated.

2. I confirm that the Policy is not subject to any assignment, pledge or other lawful impediment which would restrict my eligibility to exercise these options.
3. The Fund Adviser: (only applicable where the switch is requested by the Fund Adviser)
  - a. confirms that a Delegated Investment Authority or similar document (The Authority) is currently in force authorising the signatory(ies) below to make investment decisions on behalf of the Policyholder. The Authority (or a certified copy) has been sent to Utmost PanEurope or is enclosed. The Authority has been prepared in accordance with the relevant statutory provisions in the Fund Adviser's country of residence.
  - b. will indemnify Utmost PanEurope for any losses arising from carrying out the transactions if the request is made without sufficient lawful and/or Policyholder authority.

**Signatures****SIGNED**


Full name

Capacity (✓)

Policyholder

Investment Adviser

Assignee

Trustee

Other

Date

d	d	m	m	y	y	y	y
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**Signatures****SIGNED**


Full name

Capacity (✓)

Investment Adviser

Assignee

Trustee

Other

Date

d	d	m	m	y	y	y	y
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**Important note:** The product(s) named in this document and to which this document relates is accurate as at December 2021 and is subject to change.  
 To ensure applicability with respect to a product and, if applicable, a related policy, before taking any action, please liaise with your adviser and/or contact us directly.

## A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost PanEurope dac is regulated by the Central Bank of Ireland.

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Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

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