## SWITCH FORM



# FOR USE WITH UNIT-LINKED ACCOUNTS

#### For Hong Kong Use Only

#### THIS DOCUMENT WAS LAST UPDATED IN JANUARY 2023.

Please confirm with your financial adviser that this is the most up-to-date document for your product or servicing needs.

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 client once Utmost International has received this form. If the pages of this document are separated or additional documentation is added, each separate page must be initialled and dated by all the signatories.

Section B is to be completed if you wish to switch all your investment-linked funds into different investment-linked funds.

Section C is to be completed if you wish to switch specific investment-linked funds individually.

Section D is to be completed if you wish to have a new fund choice for future regular premiums and it is different from the investment choice in section B or if you have given new investment instructions for individual funds in section C.

Please ensure the correct fund code is used for each investment-linked fund. All codes are available on our website. Utmost International will only switch whole investment-linked funds and will not switch individual unit types, e.g. regular and single units. Please note that Utmost International will only process switches into investment-linked funds that are denominated in the same currency as your policy.

For a full list of the investment-linked funds that are available to Hong Kong policyholders please visit our website www.utmostinternational.com.

The prices of investment-linked funds corresponding to *derivative underlying funds* are listed on the website merely for information of the existing clients. Those investment-linked funds are **NOT** available for switching in (including redirection). The list of those investment-linked funds is available on the above website and updated from time to time.

\* Fund ID must be provided. Please fill in the fund ID (available on our website) to avoid rejection or delay in switch request.

If you have any queries regarding your switch form, please contact your financial adviser or Utmost International **before** submitting your request.

A ACCOUNT DETAILS									
Account number(s)									
, tees and married (e)									
Full name of Policyholder(s) (including Additional Trustees,									
where applicable)									
Please indicate which type of policyholder you are (✓)	Individual	Joint		Со	rpora	ate		Tru	stee
Telephone number									
E-mail									

ULQ PR 13555 | 01/23

#### B SWITCHING ALL OF YOUR EXISTING INVESTMENT-LINKED FUNDS

If you would like these fund choices and percentages to also be applied to your future regular premiums, please tick this box.  $(\checkmark)$ 

If this fund choice is not to be applied to future regular premiums, please leave the tick box blank and complete section D.

#### Switch out of ALL investment-linked funds - 100% into:

*FUND ID	UTMOST INTERNATIONAL INVESTMENT-LINKED FUND NAME	%
Total		100%

Please note: a minimum of 1% can be invested in any one investment-linked fund, up to a maximum of 100 investment-linked funds and whole percentages only - not cash amounts.

#### C SWITCHING OF INDIVIDUAL INVESTMENT-LINKED FUNDS

Switch out of individual investment-linked funds (Please continue on a separate signed sheet if necessary.)

If you intend to retain an interest in the investment-linked fund being switched, please complete as per the example.

#### Example

Switch out of:	85012 UI IM GBP Deposit		Switch out of:		
		100 %			100 %
*FUND ID	INTO:	%	*FUND ID	INTO:	%
85012	UI IM GBP Deposit	50			
96250	UI IM GBP UK Index Tracker	50			
	Total	100 %		Total	100 %

#### FOR USE WITH UNIT-LINKED ACCOUNTS

Switch out of:			Switch out of:		
		100 %			100 %
*FUND ID	INTO:	%	*FUND ID	INTO:	%
	Total	100 %		Total	100 %

#### D REDIRECTION OF FUTURE PREMIUMS

If you would like a new investment choice to apply to future regular premiums which is different from the details outlined in section B, please complete the box below.

If you have given new investment instructions for individual funds in section C, please complete the box below and provide new investment choices for future premiums.

If no changes are required, please write 'No Change Required' in this box.

*FUND ID	UTMOST INTERNATIONAL INVESTMENT-LINKED FUND NAME			
	Total	100 %		

ULQ PR 13555 | 01/23 3 | 5

#### E AUTHORISATION

This section must be completed and signed by the person(s) requesting the redirection and/or switch 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 except as stated.
- 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 International 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 International for any losses arising from carrying out the transactions if the request is made without sufficient lawful and/or Policyholder authority.
- 4. I have had the opportunity to read any relevant offering documents of the underlying funds relating to the switch instruction(s) of the corresponding investment-linked funds above, and accept the possible risk of mismatch caused by selecting or switching the investment-linked funds above as compared to my risk profile.
- 5. I understand that Utmost International may defer the request of transactions to a date Utmost International considers appropriate and equitable to safeguard all policyholders, where circumstances prevent Utmost International from calculating fair and accurate unit prices for a particular transaction.

SIGNATURES					
SIGNATURE					
Full name					
Capacity (✔)	Accountholder	Fund Adviser	Assignee	Trustee	Other
Date		у у	Ü		
SIGNATURE					
Full name					
Capacity (✔)	Accountholder	Fund Adviser	Assignee	Trustee	Other
Date		у у	, teelgee		
SIGNATURE					

4 | 5 ULQ PR 13555 | 01/23

#### SWITCH FORM

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Full name						
Capacity (✔)	Accountholder	Fund Adviser	Assignee	Trustee	Other	
Date	d d m m y y y	у				
SIGNATURE						
Full name						
Capacity (✔)	Accountholder	Fund Adviser	Assignee	Trustee	Other	
Date	d d m m y y y	у	<b>J</b>			
You will receive a letter by first cl	lass post to confirm that you	ur Switch request has	s been processed.			
Please return this form to:						

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

**Utmost International** 

King Edward Bay House, King Edward Road, Onchan Isle of Man, IM99 1NU, British Isles

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

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Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.
Tel: +44 (0)1624 655 555 Fax: +44 (0)1624 611 715. Licensed by the Isle of Man Financial Services Authority.

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ULQ PR 13555 | 01/23