

SWITCH REQUEST

UNITED KINGDOM

Policy Number

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Luxembourg S.A.

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

Policyholder 1

Mr

Mrs

Other

Surname(s)

First name(s)

Residential address

Street/N°

City/County

Postcode

Country

Policyholder 2

Mr

Mrs

Other

Surname(s)

First name(s)

Residential address

Street/N°

City/County

Postcode

Country

Policyholder 3

Mr

Mrs

Other

Surname(s)

First name(s)

Residential address

Street/N°

City/County

Postcode

Country

Policyholder 4 Mr Mrs Other

Surname(s) First name(s)

Residential address
Street/N°

City/County Postcode

Country

I/We, the undersigned as Policyholder(s) of the Policy, would like to request a switch between the Funds linked to the above Policy.

DETAILS OF THE SWITCH

IMPORTANT: in each case, the switch may be expressed either as a percentage of the Units held in the existing Fund (A.) or as a sum of money (B.).
If the switch is expressed as a sum of money, please state the currency of the Funds before and after the switch.

A. SWITCH EXPRESSED AS A PERCENTAGE

EXISTING FUND(S)	NEW FUND(S)	
		%
		%
		%
		%
		%

B. SWITCH EXPRESSED AS A SUM OF MONEY

EXISTING FUND(S)	NEW FUND(S)	

- I/We confirm that I/we have not transferred, assigned or in any way encumbered my/our rights or title under the Policy, that I have not designated irrevocable beneficiaries and that I/we am/are fully entitled to request this switch; and
- I/We acknowledge that that switches are executed in accordance with the General Conditions of the Policy.

Your Policy may not confer the same benefits if you move to another country. It is your responsibility as Policyholder to inform the Insurer immediately of any change of residence.

SIGNATURE

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place

SIGNATURE

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place

SIGNATURE

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place

SIGNATURE

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place

UTMOST LUXEMBOURG S.A. MUST BE IN RECEIPT OF THE FOLLOWING IN ORDER TO EFFECT THE SWITCH:

- › the faxed copy of this Switch Request signed by all Policyholders; and
- › certified, valid photographic ID (unless you have provided this to Utmost Luxembourg S.A. previously)

Utmost Luxembourg S.A. will confirm the transaction on receipt of the original of this Switch Request.

IMPORTANT:

Depending on the liquidity of your Portfolio and the redemption timetable of any Fund Manager, the processing of your request may be delayed substantially.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost Luxembourg S.A. is registered with R.C.S. under number B37604 and regulated by the Commissariat aux Assurances (CAA)
Registered office address: 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg
Utmost Wealth Solutions is registered in Luxembourg as a business name of Utmost Luxembourg S.A.