# SWITCH FORM



## THIS DOCUMENT WAS LAST UPDATED IN FEBRUARY 2020.

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 funds into different funds.

Section C is to be completed if you wish to switch specific 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.

Fund ID must be provided. Please ensure that the correct investment-linked Fund ID is used for each fund to avoid rejection or delay in switch requests. A full list of funds and Fund IDs are available on our website: **www.utmostinternational.com.** Utmost International will only switch whole funds and will not switch individual unit types, e.g. regular and single units. Please note that Utmost International will only process switches into funds that are denominated in the same currency as your policy.

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

A ACCOUNT/BOND D	ETAILS			
Account number(s)				
Full name of Policyholder(s) (including Additional Trustees, where applicable)				
Please indicate which type of policyholder you are (✓) Telephone number	Individual	Joint	Corporate	Trustee
E-mail				

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## B SWITCHING ALL OF YOUR EXISTING 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 funds - 100% into:

FUND ID	NAME OF THE FUND(S)	% CONTRIBUTION IN GIP
97522	UTM IM USD Cautious Managed Fund	
97524	UTM IM USD Balanced Managed Fund	
97528	UTM IM USD Dynamic Managed Fund	

## Other UTM IM funds

FUND ID	NAME OF THE FUND(S)	%
	Total	100 %

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

If you require additional space, please photocopy this page and attach the details with this form.

If you are providing additional pages please tick here

Each additional page should be initialled by each person requesting the redirection and/or switch.

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## С

#### SWITCHING OF INDIVIDUAL FUNDS

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

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

## Example

Switch out of	85012 GBP Deposit	
		100 %

FUND ID	INTO	%
96090	GBP Aggressive	25 %
96013	GBP Balanced	25 %
85052	GBP Cautious	25 %
85012	GBP Deposit	25 %
	Total	100 %

Switch out of	
	100 %

FUND ID	INTO	%
	Total	100 %

Switch out of	
	100 %

FUND ID	INTO	%
	Total	100 %

Switch out of	
	100 %

FUND ID	INTO	%
	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 no changes are required, please write 'No Change Required' in this box.

FULL UTMOST INTERNATIONAL FUND NAME	%
Total	100 %

## FAUTHORISATION

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.

***************************************	man or i on of morale and and				
SIGNATURE					
Full name					
Capacity (✔)	Accountholder	Fund Adviser	Assignee	Other	
Date	d d m m y y y	у			

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SIGNATURE				
Full name				
Capacity (✔)	Accountholder	Fund Adviser	Assignee	Other
Date	d d m m y y y y			
SIGNATURE				
Full name				
Capacity (✔)	Accountholder	Fund Adviser	Assignee	Other
Date	d d m m y y y y			
SIGNATURE				
Full name				
Capacity (✔)	Accountholder	Fund Adviser	Assignee	Other
Date	d d m m y y y y			

You will receive a letter by first class post to confirm that your Switch request has been processed.

Please return this form to:

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

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.utmost international.com

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

Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C.

Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

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