

SWITCH FORM

FINLAND

Policy/Contract 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.

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All capitalised terms shall have the meaning ascribed to such terms in the clause "Definitions" in the General Conditions of the Policy/Contract.

Policyholder 1

Mr

Mrs

Other

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Policyholder 2

Mr

Mrs

Other

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Policyholder 3

Mr Mrs Other

Surname(s) First name(s)

Address
Street/N°

City/County Postcode

Country

Policyholder 4

Mr Mrs Other

Surname(s) First name(s)

Address
Street/N°

City/County Postcode

Country

I/We hereby request to perform a switch in the Policy.

Please specify the origin of the amount switched:

DISINVESTED FUNDS FOR THE SWITCH	DIVESTMENT AS A PERCENTAGE OF THE NUMBER OF UNITS OF THE FUND ALLOCATED TO THE POLICY ⁽²⁾	DISINVESTMENT IN AMOUNT (IN THE CURRENCY OF THE SELECTED FUND) ^{(1), (2)}

⁽¹⁾ A disinvestment in amount is only possible in case of an Internal Dedicated Fund and/or Specialised Assurance Fund.

⁽²⁾ Please respect the maximum and minimum amounts specified in the General Conditions and the annexes of the Policy.

I / We hereby request the switched amount to be reinvested in the Fund(s) of the Policy selected from the referenced Funds (please check the Fund types and Funds available for your product) as follows:

FUND TYPE	SHARE OF THE AMOUNT SWITCHED TO BE REINVESTED IN THE SELECTED FUND ¹	CURRENCY
INTERNAL DEDICATED FUND(S) (minimum EUR 10,000 or equivalent in another currency per existing Fund and minimum as stipulated in the General Conditions of the product for each new Fund ²)		
1.		
2.		
3.		
SPECIALISED ASSURANCE FUND(S) (minimum EUR 10,000 or equivalent in another currency per existing Fund and minimum as stipulated in the General Conditions of the product for each new Fund ³)		
1.		
2.		
3.		
INTERNAL COLLECTIVE FUND(S)⁴ (total amount allocated, minimum EUR 10,000 per Fund or equivalent in another currency, unless otherwise specified in the relevant key features document of the Fund)		

¹ The total of the amounts allocated between the selected Fund(s) must match the amount switched. The actual amounts invested in each Fund will be equal to the amounts switched allocated to the Fund after deduction of switch fees.

² Please complete and sign a "Main characteristics of the Internal Dedicated Fund" separate appendix per new additional Fund, and, if applicable, the "Information Disclosure Agreement", and attach it to this form.

³ Please complete and sign a "Main characteristics of the Specialised Assurance Fund" separate appendix per new additional Fund, and, if applicable, the "Information Disclosure Agreement", and attach it to this Form.

⁴ Please complete the "List of available Internal Collective Funds" appendix to allocate the amount switched to the Internal Collective Fund(s).

I/We hereby declare and understand that:

- › the fee structure as defined in the Application Form, the Policy Schedule, the General Conditions and, if applicable, the endorsements and annexes to the Policy will apply to the switch.
- › this switch form is in addition to and should be read in conjunction with the General Conditions of the Policy.
- › to the extent that I/we would have deemed it necessary, I/we took advice and obtained independent advice in this regard.

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.

Policyholder 1

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

Policyholder 2

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

Policyholder 3

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

Policyholder 4

SIGNATURE

Date

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

Place

The documents required for a switch are as follows:

- › the original of this form signed by all the Policyholders;
- › a certified copy of a valid ID for each of the Policyholders;
- › for any Internal Dedicated Fund and / or Specialised Assurance Fund chosen in the context of this switch and which had not been previously selected, duly completed and signed: the annex setting out the main features of each Fund, where applicable accompanied by the "Information Disclosure Agreement" and / or the "Information Notice informing the Policyholder about the specific risks of investing 1) in a simple alternative fund, a fund of alternative funds or a real estate fund, and 2) in assets with reduced liquidity";
- › for any investment of the amount switched in an Internal Collective Funds, the annex "List of available Internal Collective Funds" duly completed and signed by all the Policyholders.

IMPORTANT:

Depending on the liquidity of the Funds and/or the Underlying Assets 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.