

C 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 instruction

Switch out of	85012 GBP Deposit	
		100 %

Switch out of		
		100 %

FUND ID	INTO	%
98570	UTM IM GBP Equity Portfolio	25 %
98573	UTM IM GBP Growth Portfolio	25 %
98576	UTM IM GBP Balanced Portfolio	25 %
85012	GBP Deposit	25 %
	Total	100 %

FUND ID	INTO	%
	Total	100 %

Switch out of		
		100 %

Switch out of		
		100 %

FUND ID	INTO	%
	Total	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 FUND NAME	%
Total	100 %

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 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 for any losses arising from carrying out the transactions if the request is made without sufficient lawful and/or Policyholder authority.

SIGNATURE

Full name

Capacity (✓)

Accountholder

Fund Adviser

Other

Date

d	d	m	m	y	y	y	y
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SIGNATURE

Full name

Capacity (✓)

Accountholder

Fund Adviser

Other

Date

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

SIGNATURE

Full name

Capacity (✓)

Accountholder

Fund Adviser

Other

Date

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

SIGNATURE

Full name

Capacity (✓)

Accountholder

Fund Adviser

Other

Date

d	d	m	m	y	y	y	y
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You will receive a letter to confirm that your Switch request has been processed.

A WEALTH *of* DIFFERENCE

www.utmostgroup.com

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