

**Fund/Investment
Switch and/or Re-direction Request Form**

The information given on this form will be used to update and change your personal records. The information provided will not be disclosed to third parties without your consent.

Please read the notes section before completing this form.

Part A. Policyholder Details (To be completed in all circumstances)

Policyholder title: (Mr/Mrs/Miss/Ms/Other)	Surname:	Forename(s):
Joint Policyholder title: (if joint life policy): (Mr/Mrs/Miss/Ms/Other)	Surname:	Forename(s):
Policy No(s):		

Part B. Fund Switch (note 2)

Cancel units from the funds shown below and allocate their value under the terms of the policy provisions to the new funds shown. (note 3)			
(Please tick one of the following)	<input type="checkbox"/> Amount (£)	<input type="checkbox"/> Percentage (%)	<input type="checkbox"/> No. of Units
From the following fund or funds:			(note 4)
Funds selected: (note 4)	Name:		Value:
	Name:		Value:
	Name:		Value:
	Name:		Value:
	Name:		Value:
	Name:		Value:
(Please tick one of the following)	<input type="checkbox"/> Amount (£)	<input type="checkbox"/> Percentage (%)	
To the following fund or funds:			(note 5)
Funds selected:	Name:		Value:
	Name:		Value:
	Name:		Value:
	Name:		Value:
	Name:		Value:
	Name:		Value:

Part C. Re-direction Details for Future Investment (note 6)

All future contributions are to be invested as follows: (Please tick one box only)			
<input type="checkbox"/> In the same funds as immediately prior to this request			
<input type="checkbox"/> In different funds as shown below			
			Amount or Percent %
Funds selected:	Name:		Value:
	Name:		Value:
	Name:		Value:
	Name:		Value:
	Name:		Value:
	Name:		Value:

Part D. Declaration (Must be completed in all circumstances)

Signed:	Print name:	Telephone number:	Date:
Signed:	Print name:	Telephone number:	Date:
Signed:	Print name:	Telephone number:	Date:
Signed:	Print name:	Telephone number:	Date:

Please return to: ALICO - Wealth Management, PO BOX 456, TELFORD, TF2 2FG

Notes:

- The Company reserves the right to defer fund variations if exceptional circumstances render it desirable that such variations be deferred in the interests of the body of the policyholders as a whole.
- If you wish to change the funds in which you are currently invested to different funds, please complete Part B. You may choose either;
 - to have a percentage of your contribution allocated to other funds, in which case the total percentages marked for the new allocation rate should total 100% or,
 - you may divide the allocation between funds in a monetary manner and again the total allocation amount should equal the total contribution made.

3. There may be a charge for carrying out a fund switch.
4. Please enter a monetary value, a percentage figure or the number of units.
5. Please enter a monetary value or a percentage figure.
6. If you wish to re-direct your future contributions to different funds than currently, please complete Part C. If Part C is left uncompleted, future contributions will be invested in the same funds and in the same proportions as they were prior to receipt of this request.
7. For some policies, there are minimum requirements in respect of the amount held in, or switched from, any one fund. Details of the current minimum are available on request.
8. The instructions overleaf will be carried out in accordance with the policy provisions.