

# Switch/Redirection Request

# Please return the completed form

#### Either via hardcopy to the following address:

Switches Department
Friends Provident International Limited
Royal Court
Castletown
Isle of Man
British Isles
IM9 1RA

#### OR simply email a scanned copy to ccs@fpiom.com

If you need any assistance in completing the form, please contact us at:

Telephone: +44(0) 1624 821 212 Fax: +44(0) 1624 824 405 Email: ccs@fpiom.com

## Please complete this form in English, using block capitals.

If you make a mistake, please cross it out and correct it, initialling any amendments. Please do not use correction fluid or any other method for deleting incorrect information.

## Checklist

# Important notes

### Processing fund switches

We will process your instruction on the day which we receive it, subject to:

- Your instruction being received by 12pm (UK time) on that day
- · Our office being open for work on that day
- All necessary documentation being supplied
- · Compliance with your policy Terms and Conditions.

If, for whatever reason and further to the aforementioned criteria, we are unable to process your instruction on the day which we receive it, we will process it on our first working day thereafter.

Policy number  Full name(s) of policyholder(s)  Option 1: Switch instructions	If we have a query regarding your instruction, we may need Please provide us with details of the easiest method of contact  Name of contact person  Telephone number (inc. dialling code)  Email address  h Out fund(s) will be reinvested as per the percentage split stated in the 'Switch In' section below.	
Switch Out (Funds to sell) (Please tick only one box to		
ALL existing funds	Switch outy	
Specific funds (Please list down funds in the below box	ves and ensure all fund codes match the fund names)	
Fund Code (Max 10)	Fund Name	Percentage Switch Out
Fund Code (Max 10)	r unu Name	Fercentage Switch Out
Switch In (Funds to buy)		B
Fund Code (Max 10)	Fund Name	Percentage Switch In

100%

## **Option 2: Investment of future premiums (Redirection)**

(Please only tick one box)						
	Allocate future premiums as per new fund split shown in Switch In (Instruction given on Page 2 of the form)					
Allocate future premium as per fund split in table below:						
	Fund Code (Max 10)	Fund Name	Reallocation Percentage			

#### Reminder:

The policy can only hold a maximum of 10 funds. Should this instruction result in more than 10 funds being held at any time, including considering the investment of future premiums, all instructions will be declined.

## **Signatures**

I hereby request and authorise you to act on the Switch and/or Redirection instruction in accordance with the relevant policy provisions.

	Policyholder(s)	Optional Management Authority	
Signature(s)			
Name(s) (block capitals)			
Date	D D M M Y Y Y Y	D D M M Y Y Y Y	

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## **Privacy policy**

Our full privacy policy can be viewed at <a href="https://www.fpinternational.com/legal/privacy-and-cookies">https://www.fpinternational.com/legal/privacy-and-cookies</a> or can be obtained by requesting a copy from our Data Protection Officer.

100%

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