



SWITCH AND/OR REDIRECTION REQUEST

BEFORE COMPLETING THIS FORM, PLEASE READ ALL THE IMPORTANT NOTES AND INSTRUCTIONS BELOW AND OVERLEAF
 I/We hereby request and authorise that the investment funds of the above policy(ies) be varied in accordance with the section(s) I/we have completed below and in accordance with the policy terms and conditions.

Name(s) of Policy Holder(s)		
Policy Number(s)		
Your Daytime Contact Details. Please include at least one.	Tel. No:	Fax No:
	E-mail Address:	

****REDIRECTION**** (see notes 1. & 3.)

Fund Code	Fund Name	Future Allocation %
		100%

****SWITCH**** (see notes 2. & 3.)

1. Switch from:
 Percentage of existing fund(s) to be switched. Use this box if switching all funds. Use boxes 2 and 3 overleaf for specific funds.

2. Switch to:
 Fund(s) into which units are to be switched (after deduction of any charge) and % of proceeds to be applied to each fund.

Fund Code	Fund Name	%
ALL	ALL	100%

Fund Code	Fund Name	%

If you require additional space for your instructions please complete a second form, clearly marked as a continuation sheet, and countersign EVERY page containing your instructions.

100%

DECLARATION

I/We, the undersigned, as Policy Holder(s) / Trustee(s) / Assignee(s) / Executor(s) / Administrator(s) (delete as appropriate) declare that, before signing this document, I/we have read and understood the Important Notes and this declaration and require Hansard Europe Limited to make the amendments requested here to my/our Policy(ies).

I/We acknowledge that, in addition to the relevant product charges, Funds in the Pathfinder Series are subject to a charge, currently 0.0625% per month. I/We understand that the unit prices for a limited number of funds are calculated at monthly intervals and that contributions due to be allocated to those funds will be held in a non interest bearing account until the next unit price is declared. I/We confirm that I/we are aware of the unit pricing frequency of the fund(s) I/we have selected under this request.

Signature:		Date:	Day	Month	Year
Signature:		Date:	Day	Month	Year
OR					
Fund Advisor Signature*:		Date:	Day	Month	Year

***Only valid if an Appointment of Fund Advisor Form has been completed by the Policy Holders/Trustees**

