

Switch Request Form

1. Your Personal Details	
Full Name and Title	
Residential Address	
Policy Number	
Telephone Number	
Email address <i>(if you are happy for us to contact you by email)</i>	

2. Switch Details

Switch requests received before 5pm are processed using the close of business price for the following day. Switch requests received after 5pm will use the close of business price in two working days' time.

For a list of funds, refer to our website <http://www.equitable.co.uk/unit-linked-funds/>

Switch Out - Fund Name	Amount, number of units or percentage	Switch In - Fund Name	Amount, number of units or percentage

If you are currently paying into the policy do you want any future contributions to be invested in this way?

Yes _____ No _____

3. Declaration - please sign and date below

I/We declare that:

1. I/We understand that a total switch out of the with-profits fund means giving up the guaranteed investment return.
2. I/We understand if I/we switch 100% out of the with-profits fund, it is not possible to switch back in at a later date or pay in any further contributions to the with-profits fund, unless within the contractual terms of the policy.
3. The instructions given in this form shall be irrevocable.

Print name: _____

Signature: _____ Date _____

(if joint grantees both must sign)

Print name: _____

Signature: _____ Date _____