

If you are currently paying into the policy do you want the investment of any future contributions to be changed?

Yes _____ No _____

If Yes, please list the fund and percentages you would like to contribute to in the space below:

4. Declaration - please sign and date below

I/We declare that:

1. If I have a guaranteed investment return, I/We understand that a total switch out of the with-profits fund means giving this up.
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.
4. I/We have read Section B of this form and nevertheless wish to proceed with this payment.

Print name: _____

Signature: _____ Date _____

(if joint grantees both must sign)

Print name: _____

Signature: _____ Date _____