

Fund switch instruction

Who is this form for?

This form is for Protected Lifestyle Lebanon policyholders who wish to change one or more of the funds to which the value of their Protected Lifestyle Lebanon policy is linked.

Completing this form

By completing this form you will be requesting a change to the funds to which the value of your Protected Lifestyle Lebanon policy is linked.

For more information about completing this form, please read our Guidance notes or contact our Customer Services Team on +44 (0)1624 681682 or alternatively you can email csc@rl360.com.

We can only accept original written instructions (including faxed copies) that have been signed by all policyholders, trustees or authorised signatories. If you are the appointed investment adviser for the policy, you alone may sign on their behalf.

If you hold more than 1 policy, you **must** complete a separate form for each policy.

If you intend to send a faxed copy of this instruction, please ensure that it is clear and legible. We cannot be held responsible for the failure to action your instructions if they are unclear, incomplete or illegible. Any errors or incomplete information on this form may result in a switch being delayed. Originals of faxes are not required.

When you have completed this form

Please send it to: RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Or fax it to: **+44 (0) 1624 689 213**

Please note that we cannot be held responsible for switches that are delayed or missed as a result of instructions being sent to any fax number, other than the one shown above.

Guidance notes

The information required to complete the first two columns can be found in the *Protected Lifestyle Lebanon Investment Guide*.

ISIN code – Please insert the corresponding ISIN code for each fund required.

Fund name – Please insert each fund name as it appears in the *Protected Lifestyle Lebanon Investment Guide*.

Important notes

Processing switches

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

- your instruction being received by 12pm (UK time) on that day
- our offices being open for work on that day
- all necessary information and documentation being supplied
- compliance with the Terms and Conditions.

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

General

Unless you are 100% invested in the Lebanese Deposit Fund a bid/offer spread applies. We switch out units at the bid price and switch in using the offer price. The bid price is 2.5% lower than the offer price. Where the provider of a fund linked to your policy becomes insolvent, your policy will incur the loss.

Where applicable, please ensure that the authorised signatory list(s) that we hold for this policy are up-to-date before submitting dealing instructions. Where authorised signatories have changed and we are unable to match those on this form with our records, this will delay switching.

We are not authorised to provide you with investment advice, and we would always recommend that you consult a professional before making investment decisions.

Fund switch instruction

Policy number

Full name(s) of policyholder(s)/
trust or company

Investment Adviser
(company name & individual)

Date of fax (dd/mm/yyyy)

Please provide your contact details in the event of a query:

Telephone number

Fax number

Email address

Switch type (please tick one box only)

Redirection of future premiums only Switch of existing units only Switch of existing units plus redirection of future premiums

Switch (you only need to detail your final position required)

	ISIN	Switch in Please state name of fund(s) to be switched into	% of new fund
1.	N/A	Lebanese Deposit Fund (must be at least 50% of holdings)	At least 50%
2.			
3.			
4.			
5.			
			Total 100%

**Redirection of future premium
(to be completed if a redirection of future premiums is required)**

	ISIN	Redirect premiums into Please state name of fund(s)	% of new fund
1.	N/A	Lebanese Deposit Fund (must be at least 50% of premium)	At least 50%
2.			
3.			
4.			
5.			
			Total 100%

Please ensure that percentages invested total 100%.

Before signing please read the important notes on page 1 and confirm that you have done so by ticking here

**Policyholder/Trustee/Authorised Signatory 1/
Investment Adviser**

Policyholder/Trustee/Authorised Signatory 2

Signature

Date (dd/mm/yyyy)

Trustee/Authorised Signatory 3

Trustee/Authorised Signatory 4

Signature

Date (dd/mm/yyyy)

