

# Servicing

## Fund Switch Instruction - Standard Bulk

### For financial adviser use only

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PLEASE NOTE: Switches sent to any number other than the switch fax number above may not be actioned.

In accordance with the *Policy Terms and Conditions* please revise my/our fund holdings for the above policy as follows:

Policy number	Surname	Initials	Fund	Protection Level

### For completion by authorised investment adviser

I confirm that I hold authority to accept and action any investment instructions on behalf of the policyholder(s) and wish to change the current holdings to those detailed above.

Signature:

Date (dd/mm/yyyy):

Investment adviser's details:

If the policy is assigned then the switch instruction MUST be given by the assignees.  
Errors or incomplete information on this form may result in a switch not being actioned.