

Please complete all sections in English using block capitals

A. POLICY DETAILS

Policy number: _____	Effective date of change: (dd/mm/yyyy) _____
Tick as appropriate: Flex <input type="checkbox"/> Level <input type="checkbox"/> Triple C <input type="checkbox"/> Unit Linked <input type="checkbox"/>	

B. NOTES REGARDING THE CHANGE OF PLAN

Notes

1. Conversion of plan in respect of annual premium policies can only take place on the anniversary date of the policy.
2. Conversion of plan in respect of single premium policies can only take place on the first day of any month irrespective of the anniversary date.
3. The original policy document must be returned with this form prior to any conversion.
4. The conversion will take effect from the effective date of change.
5. The general conditions of the plan to which you have converted will apply from the effective date of change. A copy of these general conditions is available on request.
6. A copy of this form will be supplied to the grantee and life assured on request.

HOW WILL THIS DOCUMENT BE USED?

Nordben Life and Pension Insurance Co. Limited will use this document and other relevant details to convert the policy to the specified type of plan. For this purpose this document will be disclosed to relevant Nordben staff and to any third party administrator. By signing this form you will have given consent to our disclosing appropriate details from this document to them. No sensitive data is passed on to a third party unless the correct legal procedure is followed.

This document will be held on file and will be disposed of in accordance with the terms of the contract.

Nordben Life and Pension Insurance Co. Limited takes the privacy and security of data held on its clients very seriously. We have published a guide to ensure that our clients are informed about their rights and our obligations under The Data Protection (Bailiwick of Guernsey) Law. The guide is available on our website www.nordben.com/data-protection.

C. SIGNATURE(S)

The undersigned hereby apply to Nordben Life and Pension Insurance Co. Ltd for the above plan to be converted to a Nordben Flex/Level/Triple C/Unit Linked Plan/NIPPP (*Delete as appropriate).

It is understood and agreed that the plan shall be converted at the effective date above subject to Nordben receiving fourteen days prior notice and on the terms and conditions determined by the Company.

Has the plan been assigned, pledged or transferred to a third party? Yes No

Signature (grantee): _____

Signature (life assured): _____