

A. PLAN DETAILS

Plan number:	Group number:	Commencement date (dd/mm/yyyy):
_____	_____	_____
Grantee:		Life assured/member:
_____		_____

B. SWITCH INSTRUCTION

In accordance with the general conditions or the group contract (as applicable) I request that on receipt by Nordben of this instruction, the following switch takes place.

I understand that the funds will be sold on a dealing day available to Nordben by the appropriate fund manager following receipt by Nordben of this request and the funds bought on a dealing day available to Nordben by the appropriate fund manager following receipt by Nordben of confirmation from the fund manager of the relevant sale transaction including unit price, settlement, foreign exchange etc.

I understand that the Company will issue a deal confirmation when the switch has been completed.

SELL (specify number or value of units in each type of fund to be sold)

BUY (specify in which funds and in what proportions the above proceeds should be invested)

HOW WILL THIS DOCUMENT BE USED?

Nordben Life and Pension Insurance Co. Limited will use this document and other relevant details to change the allocation of your accumulated holdings. For this purposes 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

I understand that it is my responsibility to check my account online to ensure that Nordben has acted in accordance with, and that any transaction entered into accurately reflects, my instructions. I understand that if I do not notify Nordben of any failure to act on my instructions within 14 days of Nordben issuing the deal confirmation, Nordben will not be held responsible for any loss incurred as a result of such failure (absent fraud, wilful misconduct or gross negligence of the part of Nordben).

Signed by member: _____ Date: (dd/mm/yyyy) _____

Member's daytime telephone number and/or email address: Telephone: _____
(to be used in the event of an administrative query)

E-mail: _____

D. NORDBEN USE ONLY

Authorised by: _____ Date: (dd/mm/yyyy) _____

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