

| POLICY DETAILS: Please fill in appro | priately | | | |
|---|---|-----------------------|---|------------------------------|
| Policy Number | ID Type Presented and Details | | | |
| | | ID Presented | ID Number | Valid Until |
| Policy Owner | | _ | | |
| Address | | - | | |
| Mobile Number | | | | |
| | | Please ensure IDs pre | | ssued, valid, current and |
| Landline Number | | | | copies thereof to this form. |
| Email Address | | | | |
| | | | | |
| REQUEST FOR FUND SWITCH | | | | |
| From (Indicate Source Fund/s) | Amount/Unit/Percentage | To (Indicate Ta | rget Fund/s) | Percentage |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total: | 100% |
| Notes: | | | | |
| The minimum amount to be taken from equal the entire fund value. In addition required by the Company. | | | = | |
| - Switching between funds shall be sub | pject to the Company's existing rul | es and applicable de | ductions. | |
| You may indicate in the source fund/s encircle the appropriate measuremen do not use decimal places for percent | t used. Target funds must be alloca | | | |
| - Fund switches are applicable to existi | = | allocation of premiur | ms and top up payn | nents (if any). |
| | | | | |
| SIGNATURE AUTHORIZATION | | | | |
| I hereby attest that there are no other person above. I also attest that there are no bankrupt legal age. | | | | |
| | | | | |
| Signature over Printed Name of Policy Owner | Date/Place of Signii | ng | Signature over Printed Name of FA/Agent/Staff | |
| Signature over Printed Name of Irrevocable Beneficiary (if any) | Signature over Printed Name o Beneficiary (if any) | | nature over Printed Nai | me of Assignee (if any) |