

Switch Instruction Form

Please complete this form using BLOCK CAPITALS. We may return forms that have been incorrectly completed.

STEP 1 BOND DETAILS	
Contract Type (tick one box only)	
<input type="checkbox"/> Investment Bond	<input type="checkbox"/> Inheritance Plan
<input type="checkbox"/> Universal Capital Account	<input type="checkbox"/> Flexible Investment Plan
PLAN NUMBER	<input type="text"/>

STEP 2 OWNERS OF THE BOND - PERSONAL INVESTORS ONLY				
Owner 1	Mr	Mrs	Ms	Other (in full)
Title (please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Surname	<input type="text"/>			
Forename(s) (in full)	<input type="text"/>			
Address (for correspondence)	<input type="text"/>			
	<input type="text"/>			
	Postcode			
Owner 2 (if any)	Mr	Mrs	Ms	Other (in full)
Title (please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Surname	<input type="text"/>			
Forename(s) (in full)	<input type="text"/>			
Address (for correspondence)	<input type="text"/>			
	<input type="text"/>			
	Postcode			
Owner 3 (if any)	Mr	Mrs	Ms	Other (in full)
Title (please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Surname	<input type="text"/>			
Forename(s) (in full)	<input type="text"/>			
Address (for correspondence)	<input type="text"/>			
	<input type="text"/>			
	Postcode			
Owner 4 (if any)	Mr	Mrs	Ms	Other (in full)
Title (please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Surname	<input type="text"/>			
Forename(s) (in full)	<input type="text"/>			
Address (for correspondence)	<input type="text"/>			
	<input type="text"/>			
	Postcode			
If there is an additional owner of the bond, please copy Step 2, complete the corresponding details for the additional owner and attach the completed page to this Switch Instruction Form.				

STEP 3

OWNERS OF THE BOND - TRUSTEE / CORPORATE INVESTORS ONLY

Name of Trust/Corporate Body

Address (for correspondence)

 Postcode

Please complete the details below for all of the Trustees / Authorised Signatories who are authorised to give instructions relating to this bond.

Name of Trustee/
 Authorised Signatory 1

Name of Trustee/
 Authorised Signatory 2 (if any)

Name of Trustee/
 Authorised Signatory 3 (if any)

Name of Trustee/
 Authorised Signatory 4 (if any)

If there is an additional trustee / authorised signatory of the bond, please copy Step 3, complete the corresponding details for the additional trustee / authorised signatory and attach the completed page to this Switch Instruction Form.

STEP 4

SWITCH DETAILS

I confirm that the investment should be switched as follows:
 FROM the following Funds (for Safety Plus Funds include level of capital protection)

Name of Existing Funds	Amount	OR	% of the fund value to be switched*
<input type="text"/>	<input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>		<input type="text"/> %

INTO the following Funds (for Safety Plus FTSE Funds include level of capital protection required)

Name of Funds	Amount	OR	% of the total switch value*
<input type="text"/>	<input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>		<input type="text"/> %

* Whole percentages only

Total 100%

Notes:

1. Switch instructions will normally be carried out on the date as specified in Steps 5 or 6 using the prices available on that date. However, there may be circumstances in which the switch may be delayed - please see the Standard Provisions for more details.
2. The minimum overall amount that can be switched is £1,000/e1,500/US\$1,500.
3. Unless 100% is switched out of a fund, the minimum overall amount that can be left in that fund is £1,000/e1,500/US\$1,500.
4. We will normally allow 12 free switches per year. However, we may apply a charge if we consider the number of switches in any period to be excessive.
5. If the bond consists of more than one policy, the alterations will be made to all policies.

STEP 5 **DATE OF SWITCH (not involving Safety Plus FTSE Funds)**

The switch instruction is to take place on:

The next working day following receipt of the request

OR

A later date (please specify)

STEP 6 **DATE OF SWITCH (involving Safety Plus FTSE Funds)**

Switches into or out of Safety Plus Funds can only be made on a Quarterly Dealing Date. These are on the 4th Wednesday of January, April, July and October. To guarantee that the switch will take place on the next Quarterly Dealing Date, this Switch Instruction Form should be received by SMI at least 8 working days earlier.

The switch instruction is to take place on:

The earliest possible Quarterly Dealing Date

OR

A later Quarterly Dealing Date next January next April next July next October

STEP 7 **REGULAR WITHDRAWAL OPTION (involving Safety Plus Funds)**

If you currently take monthly withdrawals and you are now investing in the Safety Plus Funds, these withdrawals can now only be taken at the Quarterly Dealing Dates i.e. each quarter, half yearly or yearly.

Please select when you now require your regular withdrawal to be paid:

Quarterly Half Yearly Yearly

STEP 8**DECLARATION**

- I declare that I have the authority to give instructions in respect of the above numbered bond.
- I instruct Scottish Mutual International to carry out the switch in accordance with the details above.

Signature of Owner / Trustee / Authorised Signatory 1

Date

Signature of Owner / Trustee / Authorised Signatory 2 (if any)

Date

Signature of Owner / Trustee / Authorised Signatory 3 (if any)

Date

Signature of Owner / Trustee / Authorised Signatory 4 (if any)

Date

If there are additional owners / trustees / authorised signatories of the bond, please copy this page, complete the corresponding details for each additional owner / trustee / authorised signatory and attach the completed page to this Switch Instruction Form.

Not for distribution in the USA or Canada.

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Scottish Mutual International Designated Activity Company is regulated by the Central Bank of Ireland and is registered in Ireland (Company No. 242244). The company's registered office is Block 2, Harcourt Centre, Harcourt Street, Dublin 2, Ireland. An up-to-date list of its directors, containing the particulars required by paragraphs (a), (b) and (c) of Section 151(1) of the Companies Act 2014, is available upon request from the company's registered office.

