



SWITCH AND/OR REDIRECTION REQUEST

BEFORE COMPLETING THIS FORM, PLEASE READ ALL THE IMPORTANT NOTES AND INSTRUCTIONS BELOW AND OVERLEAF

I hereby request and authorise that the investment funds of the below contract(s) be varied in accordance with the section(s) I have completed below and in accordance with the contract terms and conditions. In addition, if an investment chosen is targeted at a particular group of investors or subject to certain preconditions or restrictions e.g. the Experienced Investor Fund in the Isle of Man, then any instruction by you or on your behalf to invest in such an investment fund shall come with a deemed representation from you that you fall within the parameters set out in such investment fund's particulars and/or prospectus.

Name(s) of Contract Holder(s)			
Contract Number(s)			
Your Daytime Contact Details. Please include at least one.	Tel. No:	Fax No:	
	E-mail Address:		

****REDIRECTION**** (see notes 1. & 3.)

Fund Code	Fund Name	Future Allocation %
SWITCH (see notes 2. & 3.)		100%

1. Switch from:
Percentage of existing fund(s) to be switched. Use this box if switching all funds. Use boxes 2, 3, 4 and 5 overleaf for specific funds.

Switch to:
Fund(s) into which units are to be switched (after deduction of any charge) and % of proceeds to be applied to each fund.

Fund Code	Fund Name	%
ALL	ALL	100%

Fund Code	Fund Name	%

If you require additional space for your instructions please complete a second form, clearly marked as a continuation sheet, and countersign EVERY page containing your instructions. **100%**

DECLARATION

I, the undersigned, as Contract Holder(s) / Trustee(s) / Assignee(s) / Executor(s) / Administrator(s) (delete as appropriate) declare that, before signing this document, I have read and understood the Important Notes and this declaration and require Hansard International to make the amendments requested here to my Contract(s).
 I acknowledge that, in addition to the relevant product charges, Funds in the Pathfinder Series are subject to a charge, currently 0.75% per year.
 I understand that the unit prices for a limited number of funds are calculated at monthly intervals and that contributions due to be allocated to those funds will be held in a non interest bearing account until the next unit price is declared. I confirm that I am aware of the unit pricing frequency of the fund(s) I have selected under this request.
 I understand where the context so presumes the singular shall include the plural and vice versa and words importing one gender shall include other genders.

Signature:		Date:	Day	Month	Year
Signature:		Date:	Day	Month	Year
OR					
Fund Advisor Signature*:		Date:	Day	Month	Year

***Only valid if an Appointment of Fund Advisor Form has been completed by the Contract Holders/Trustees**

IMPORTANT NOTES

- The **redirection** part of this form is used if you wish to vary the funds to which future contributions are allocated (inclusive of ad hoc payments, regular payments, top ups etc. where applicable).
- The **switch** part of this form should be used to vary all or some of the funds in which units are currently held.
- In order to action both a **switch** and a **redirection**, you must complete **both** parts of the form.
- You may use this form for several Contracts, provided the instructions you give to us, apply to all those Contract numbers given; otherwise a separate form must be completed for each set of different instructions that is to be used (top ups are currently contracts with their own Contract number)
- If sending instructions as an appointed fund advisor, you must ensure that you are entitled to do so, as all costs of any recompense to the client will be borne by the person(s) sending the instructions and **not** by the Hansard Group of Companies.
- Some Contract types apply a charge for switching funds; please refer to your Contract's terms and conditions for details.
- It is important to quote both the **fund number** and the **full fund name**. Any instructions that are unclear or ambiguous e.g. fund code and or fund name are not recognised or do not match, will not be actioned and will be rejected. Revised instructions will be required before any further action is taken. Therefore, please ensure that you provide daytime contact details, where we can contact you between the UK hours of 9am – 5pm, should we need to contact you urgently.
- All instructions (**inclusive of revised instructions where applicable**) **MUST** be received on a working day by 12 noon (UK time), in order to qualify for the prices ruling on the next pricing day for the relevant fund. This may change in the future and you should check before relying on this procedure.
- A statement detailing all transactions will be issued to the Contract Holder. All statements must be checked and any errors should be referred to the Company within one month of the statement date. We regret that it will not be possible to rectify any errors after this period.

EXAMPLE SWITCH INSTRUCTIONS

You want to change the way your present fund holding(s) are currently held – your entry should read:

Example 1. You currently have holdings in Funds A,B & C and you want to change all of these and switch the present holding into Fund D (30% of present holding) Fund E (30% of present holding) and Fund F (40% of present holding)

Example 2. You want to change 70% of your current holdings in fund A, and of that you want to switch 60% into Fund B and 40% into Fund C

Fund Code	Switch from - Fund Name	%
ALL	ALL	100
Fund Code	Switch to - Fund Name	%
D01	FUND D	30
E01	FUND E	30
F01	FUND F	40
TOTAL		100%

Fund Code	Switch from - Fund Name	%
A01	FUND A	70
Fund Code	Switch to - Fund Name	%
B01	FUND B	60
C01	FUND C	40
TOTAL		100%

CONTINUED FROM OVERLEAF

Continuation Sheet for Contract(s): _____

2. Switch from:

Fund Code	Fund Name	%

Switch to:

Fund Code	Fund Name	%
		100%

4. Switch from:

Fund Code	Fund Name	%

Switch to:

Fund Code	Fund Name	%
		100%

3. Switch from:

Fund Code	Fund Name	%

Switch to:

Fund Code	Fund Name	%
		100%

5. Switch from:

Fund Code	Fund Name	%

Switch to:

Fund Code	Fund Name	%
		100%

The person(s) signing on Page 1 to countersign and date here please

Date:

<i>Day</i>	<i>Month</i>	<i>Year</i>