



SWITCHING & REDIRECTION OF PREMIUMS

(BLOCK CAPITALS PLEASE)

Policyholder's Names:

Date:

/

/

Policy Number*:

Trust Number:

*Please note that one switch form should be used per individual policy.

SWITCHING OUT

Fund(s) in which % of units are to be cancelled

% of fund holding
to be cancelled

SWITCHING IN

Fund(s) in which % of units are to be cancelled

% of fund holding
to be cancelled

Please note that no more than ten funds can be linked to a policy at any given time.

I/We the undersigned being the owner(s) of the policy (or such person(s) that have been given the Power of Attorney listed below) authorise and request cancellation of units in the fund(s) stated in 'Switching Out' above and apply the proceeds in the allocation to the policy of units in the new fund(s) stated in 'Switching In' above subject to the provisions set out in the Policy General Conditions.

I/We request that any policy provisions are waived requiring delivery of a policy document as condition of acceptance of this instruction and guarantee that this instruction may be issued without reference to any third party and that no assignment of the policy has been made without notice to Alpha International Life Assurance Company (Guernsey) Ltd.

I/We have read the information and accept the Product, Portfolio & Liquidity Risk warnings contained in the literature in respect of any Alpha International Life Assurance Company (Guernsey) Ltd fund that invests in Alternative Strategy funds.

Signature(s) of Owner(s) or Attorney*:

Date of signature(s)

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*Please note that if the policy is jointly owned, it must be signed by all owners. If the fund switching form is not dated we regret that we will not be able to process the switch.

If your circumstances have changed eg Change of address etc. please contact our Client Helpdesk on E-Mail: clientservice@alphaintlife.com

This form should be used for the following product providers:

Alpha International Life Assurance Company (Guernsey) Ltd,
Albert House, South Esplanade, St Peter Port, Guernsey, GY11AW,
Channel Islands. (Registered number: 2424)



REGULAR PREMIUMS - PLEASE SPECIFY YOUR DIRECTION OF FUTURE PREMIUMS

In line with new percentages detailed in switching in section ☐

I/We wish to maintain the previous direction of premiums ☐

If this section is not completed, future premiums will automatically be allocated in line with the new percentages stated in the fund switch.

ALTERNATIVELY

I/We request that future premiums to my/our policy are allocated to the following fund(s) until further notice.

Fund name	% of premium to be allocated
<input type="text"/>	<input type="text"/>
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