



INTERNAL FUNDS SWITCH INSTRUCTION

You should use this form if you wish to switch some, or all, of your investment in our internal funds.

It can be used for any of the following products:

- 5 for Life
- Secure Lifetime Income
- Secure Income
- Secure Capital
- Secure Trustee Investment
- Estate Planning Portfolio
- Flexible Investment Plan
- Investment Portfolio (Bond phase only)
- Wealth Management Portfolio (where you don't have a portfolio cash account and are investing solely in our internal funds)

Personal information you provide on this form will be held and processed by us in accordance with the European General Data Protection Regulation, Irish data protection law and any applicable national privacy legislation. We need to collect this personal information so that we can carry out your instruction checks and in doing so carry out our contractual obligations.

See our **Protecting your personal information** leaflet which can be found on our website www.athora.com/ie. It explains how we manage your personal information and provides details on your data protection rights, how long we will hold information on you, contact details of our Data Protection Officer should you have any queries or concerns and how you can contact the Irish Data

Protection Commission. If you provide us with personal information relating to any other individual you must ensure that you have a lawful basis to collect and process it. In completing this form, you confirm that you have provided any such individual with a copy of our **Protecting your personal information** leaflet and all other information that such an individual is legally entitled to under the European General Data Protection Regulation.

Please complete all relevant sections of this form by typing in the fields. Once complete, please print and sign using a pen.

Alternatively, please print and complete this form in **BLOCK CAPITALS** using a pen.

You can scan and email this form to guarantees.ai@athora.com

You can also fax instructions for the attention of Client Services to 00 353 1 673 8940. If you've any problems with transmission, please call lo-call 0845 6000 173 if you're calling from the UK, or 00 353 1 673 8840 if you're calling from outside the UK.

Alternatively, you can send this form by airmail to:
Athora Ireland plc
2nd Floor
IFSC House
Custom House Quay
Dublin
D01 R2P9
Ireland

1. POLICYHOLDER OR SCHEME DETAILS

Policy number

Phone number

Name(s) of policyholder(s) or scheme name

Email address

2. INSTRUCTIONS TO SWITCH

2.1 Fund switch

You should complete this sub-section if you wish to switch between one or more of our internal funds. If you hold a Secure Lifetime Income or 5 for Life plan and wish to invest in any of our Create range funds, please fill in section 2.1 **'Sell from'** and section 2.2. **'Funds being purchased within the Create range'**.

For the list of the funds available to you, you should refer to our website at www.athora.com/ie

If you've invested all or some of your investment in our Managed Risk Portfolios and have now decided to switch that part of the investment, you must switch to another of our Managed Risk Portfolios.

If your policy currently includes any guarantees, the guarantee option fee may vary depending on the funds you're invested in. See your policy conditions for full details.

We'll apply these instructions as follows:

- For any instruction we receive before 12pm, we'll apply the unit price as at the following business day.
- For any instruction we receive at or after 12pm, we'll apply the unit price as at the second business day following receipt.

Sell from:

Fund name(s)	Value of units*	Percentage of units (%)*	Number of units*

If you need more space for funds, use a separate piece of paper, include the fund name and switch details in the same format as above, and sign and date it.

*Complete only one of these boxes per fund.

To:

Fund name(s)	Percentage (%)
Total	100%

3. AUTHORISATION

In this authorisation, 'I/We' means the policyholder or trustee and 'you' means Athora Ireland plc.
I/We authorise you to complete this switch instruction and acknowledge that you will not be responsible for any delay, or consequence of any delay, in completing the transaction where a third party caused that delay.

Date (dd/mm/yyyy)

Print name

Signature of policyholder or trustee

X	X
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Print name

Signature of policyholder or trustee

X	X
---	---

Print name

Signature of policyholder or trustee

X	X
---	---

Print name

Signature of policyholder or trustee

X	X
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