

Fund switch request

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Please use black ink and write in CAPITAL LETTERS or tick as appropriate. You must initial any corrections. Please don't use correction fluid as this will invalidate your request.

Please read the following notes before completing this form.

- a) The Company may make a charge for dealing when you switch an existing investment. This charge will normally apply if you request more than the number of free deals allowed in each policy year.
- b) Where you have a group of policies for your bond any transactions will be dealt with on a basis which keeps the policies identical throughout.
- c) If you have appointed one or more Discretionary Asset Managers (DAMs), they will carry out any switches for the holdings they manage. In this case, you should use this form only if you want to switch from one DAM to another or to switch investments away from a DAM to be managed by yourself (or with your financial adviser). Please send this completed form to:

For fund switches, you should read the Fund Managers own Key Investor Information Document(s) as appropriate as they contain important information. For products closed before 1 January 2018, but can still be topped up, we do not provide these documents.	be managed by yourself (or with your financial adviser). Please send this completed form to: Prudential International Assurance, PO Box 13395, Chelmsford, CM99 2GH.	
Section A – Personal details		
Bond Number	Policyholders(s)	
Email address(es)	Telephone number(s)	
Section B – De-selecting a Discretionary Asset Ma	anager	
If you don't want to continue to use a DAM i.e. switching away all the box and complete the relevant part of Section C – either C1 to specified percentage of existing unit allocation from one fund or I	o switch out of all existing holdings or C2 to switch a	
Section C – Switch of existing investment		
All switches will be processed at the relevant price for units in the following receipt of this form, correctly completed, at the Compar		
Please note that you can't switch holdings directly to or from a D. Deposit Account before the value can be transferred to the DAM please also complete a Discretionary Asset Manager nomination	for investment. If you are appointing a DAM for the first time,	
Negative Deposit Account Balance – Applies to Portfolio Acco	ount and Prudential International Investment Portfolio only	
There may at times be a negative balance in your Deposit Accousticking out of, you may clear any negative balance in your Deyour instruction. This only applies to the element of your investment.	eposit Account and invest the balance (if any) as specified in nent that is not managed by a DAM.	
Would you like to use some of the proceeds to clear any negative balance you may have?		

Section C – Switch of existing investment – continued

Where you manage all your investments yourself or with your financial adviser

To switch out of all existing holdings and:	Complete Section C1 with:	
i) reinvest into a new investment selection,	i) your new fund choice	
ii) transfer the value to one or more DAMs, or	ii) your choice of DAM(s)	
iii) transfer part of the value to one or more DAMs, with the balance being reinvested into a new investment selection	iii) your choice of DAM(s) and funds	
To switch part or all of an existing unit allocation:	Complete Section C2 with details of the funds you are	
i) from one fund to another, or	switching out of and the funds or DAMs you are switching to	
ii) from one fund to a DAM		

Where all your investments are managed by one or more DAMs

To switch out of all existing holdings and transfer the value: i) to a new DAM or DAMs, ii) to funds you select yourself, or iii) to a mix of both	Complete Section C1 with: i) your choice of DAM(s) ii) your choice of funds iii) your choice of DAM(s) and funds
To switch out of some holdings managed by one or more DAMs and transfer the value to one of the above options	Complete Section C2 with details of the DAMs you are switching away from and the DAMs or funds you are switching to.

Where some of your investments are managed by one or more DAMs and the balance by yourself or your Financial Adviser

For all switches	Complete Section C2 with details of the DAMs or funds you
	are switching away from and the DAMs or funds you are switching to

Section C1: to switch out of all existing holdings

Name of fund/Discretionary Asset Manager:	Sedol number/ISIN*	Currency	%**
		Total	100%

^{*} Not required for a Discretionary Asset Manager.

The allocated units in the bond will be cancelled for the switch. The value of the cancelled units (less any charge for the switch) will be applied in allocating units in the funds or to the DAMs you specify above.

If there are two or more funds or DAMs you must specify the percentage which is to be allocated to each of them.

Section C2: to switch a specified percentage of existing unit allocation from one fund or DAM to another

Fund name and SEDOL number/ISIN or Discretionary Asset Manager name	Currency	%** or amount	Fund name and SEDOL number/ISIN or Discretionary Asset Manager name	Currency	%**

^{**} Percentage of amount switched, to two decimal places.

Units will be cancelled to the value of the percentage or amount to be switched. The value of the cancelled units (less any charge for the switch) will be applied in allocating units in the funds or to the DAMs you specify above.

^{**} Percentage of amount switched, to two decimal places.

Section D – Authorisation	
1. I/We request the Company to implement the transaction(s)	specified in this form.
2. I/We certify that	
a) The bond belongs to me/us.	
b) No other person has an entitlement of any kind in respect of	of the bond overriding or restricting my/our entitlement in any way.
c) I/We have authority to request this transaction.	
Capacity (please tick appropriate box)	
Individual owner(s) Trustee(s) Trust company officer((s) Authorised signatory(ies) for company-owned bond
Other (please specify)	
	(eg, power of attorney etc
Name	Signature
Date D M M Y Y Y Y	
Name	Signature
Date D D M M Y Y Y Y	
Name	Signature
Date D D M M Y Y Y Y	
Name	Signature
Date D D M M Y Y Y Y	
Address for correspondence	
	Postcode
If this is a change of address, please tick this box and sen last six months.	d us a copy of a utility bill or bank statement dated within the
Are you changing your country of tax residency?	Yes No
If Yes, please tell us your new country of tax residence and com	plete our Tax Residence Self-Certification Form (INVF11804):

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