



FUND SWITCHING

Old Mutual Life Assurance Company South Africa (OMLACSA) has provided details of all our Privacy Notices to you via our literature and General terms and conditions. Our full Privacy Policy can be viewed at www.omi-int.com/privacyPolicy.html or can be obtained by requesting a copy from our Data Protection Officer at enquiries@impactiom.com.

This document may be used in relation to both Life Account and Life Account 2 Contracts.

This form enables you to switch your Funds within your Life Account Contract. Please use one Fund Switching form per Life Account Contract. Please use BLOCK CAPITALS and black ink only and complete all sections. Please do not use correction fluid; any amendments should be crossed out and signed by all Contract Holders. Any incomplete information will need to be confirmed in writing by the Contract Holders once Old Mutual Guernsey has received this form. Switches will be actioned on receipt of fully completed fax copies. A confirmation letter will be generated once the switch is finalised. Incomplete information may result in a delay in switching.

Contract number(s)	from:	<input type="text"/>	to:	<input type="text"/>
Trust number (if applicable)	<input type="text"/>			
Contract Holder(s) name(s), including any former, maiden or other names known by.	1.	<input type="text"/>	2.	<input type="text"/>
	3.	<input type="text"/>	4.	<input type="text"/>
	4.	<input type="text"/>	6.	<input type="text"/>

Contact details for any queries relating to this switch.

Cell number	<input type="text"/>	E-mail address	<input type="text"/>
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SWITCHING OUT

The fund name in which units are to be cancelled.

	Fund code	Fund currency	% of each fund holding to be cancelled*
<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"/>
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*Enter 100% if the entire holding in a fund is to be cancelled.

SWITCHING IN

The fund name in which proceeds above are to be allocated.
The proportion to be allocated should add up to 100% in total.

	Fund code	Fund currency	% proportion to be allocated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ensure individual fund holdings are above the minimum set by Old Mutual Guernsey as set out in the Product Information Sheet.

Total

Please read and sign the Declaration overleaf

Contract Holder(s) signature(s)



DECLARATION

1. I/We confirm that:
 - a. I/We have authority to request these transactions jointly with the other person(s) (if any) signing below; and
 - b. The Contract is not subject to any assignment/cession other than to which Old Mutual Guernsey has already received notice of.
2. I/We authorise you and request you to cancel the percentages of unit(s) stated in the fund(s) listed overleaf in the 'Switching Out' section and to apply the proceeds to the new fund(s) stated in the 'Switching In' section overleaf in the proportions as set out.
3. I/We acknowledge that 2. above is subject to the provisions set out in the General Conditions and the Application Form for the Life Account and Life Account 2 and that I am/we are aware of and understand the restrictions that may be applied and I/we understand that Old Mutual Guernsey may defer or decline a Fund Switch which may result in a delay or a failure to carry out all or part of a Fund Switch request.
4. I/We acknowledge that:
 - a. I/We have acquainted myself/ourselves with and understood:
 - i. The funds available, their associated risk ratings and risk factors.
 - ii. The unique characteristics, liquidity constraints, notice periods and risk warnings associated with funds that invest in Alternative Investment Strategy funds.
 - iii. All Charges taken by Old Mutual Guernsey, or any other expenses associated with the Contract as set out in the General Conditions.
 - b. I/We have been advised, and accept that:
 - i. The funds from which I/we have selected funds for this/these Contract(s) may be invested in a variety of asset classes, depending on the funds selected, that they carry no underlying guarantees, that past performance of these funds is not a guarantee of future returns and that there may be a risk of a reduction in the value of the capital invested.
 - ii. The range of funds from which I/we have selected funds for this Contract(s) may invest in assets which have redemption restrictions applied from time to time. If such restrictions are applied, they will also apply to relevant Old Mutual Guernsey fund(s) and may delay the processing of switches, encashments and claims.
 - iii. The funds to which my/our Contract is linked may be limited.
 - c. I/We understand that investments in the Alternative Investment Strategy funds should be considered high risk and are only suitable for the sophisticated investor who is able to and willing to accept the risks associated with such an investment, including a substantial or complete loss of capital.
5. I/We acknowledge that where a Contract is issued as one of a number of Contracts within a Plan, this request applies to all such Contracts within the Plan.
6. I/We confirm that no advice has been received in relation to the selection of funds from any employee of Old Mutual International.

Signature(s) of Contract Holder(s)

This date cannot be more than three months prior to our receipt of the form.

1. Date of signature	4. Date of signature
2. Date of signature	5. Date of signature
3. Date of signature	6. Date of signature

All authorised signatories must sign this form. If this form is not dated Old Mutual Guernsey will not be able to process the document.

When the Contract(s) is/are under security cession, the authorised signatory/signatories of the securitisation cessionary must sign and date this request. Authorised signatory of securitisation cessionary (Note: a certified authorised signatory list must accompany this instruction)

1. Date of signature	2. Date of signature
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