

Pension Fund Switch Form



Policy

Section A - Personal Details

Name

Policy Number

Current Address

Phone Number

Email

I/We wish to transfer/redirect units attaching to the above policie(s) from the existing fund(s) to the new fund(s) of my/our choice as indicated below.

I/We understand that the switch will be made on a bid price to bid price basis, at the bid price declared at the close of business on the date of receipt of this request by Aviva Life & Pensions Ireland DAC, subject to conditions outlined in the policy document. Please note that this does not apply to the Secure Capital Fund and/or funds that are currently subject to a deferral period. Please note that your switch request may be subject to a fund switch charge. Please contact Aviva for more information on this.

I/We understand that in the event of an incomplete or invalid fund selection, or where I/We have not submitted the required authorised signature(s), then a new request form will be required subject to the conditions stated in paragraph two above.

Section B (1) Fund Details

Existing Fund Name

New Fund Name

	%
	%
	%
	%

	%
	%
	%
	%

Section B (2) Future Contributions

Existing Fund Name

New Fund Name

	%
	%
	%
	%

	%
	%
	%
	%

Signature of Policy Owner Date

Please contact us on 1800 159 159 or csc@aviva.ie if you have any questions. We're happy to help you.