



## Fund switch and phased investment authority



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**Section A – to be completed by all policyholders**

**This gives your professional adviser authority to switch (move) investments to other funds and, on certain products, to set up a phased investment option.**

Life/Lives assured or scheme name

Policy number(s)

Please state **all** policies that your professional adviser can switch on your behalf. (Numbers not listed will not be included.)

I/We give \_\_\_\_\_ (name of professional adviser/firm) authority to switch funds and/or to set up a phased investment option (only available on certain products) on my/our behalf until further notice.

**Signatures – all policyholders/trustees must sign**

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**Please print your name, sign and date (and tick the relevant box(es)).**

Full name (BLOCK CAPITALS)

Date (day, month, year)

Signature

Policyholder/  
member

Trustee

Power of attorney

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**Please print your name, sign and date (and tick the relevant box(es)).**

Full name (BLOCK CAPITALS)

Date (day, month, year)

Signature

Policyholder/  
member

Trustee

Power of attorney

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**Please print your name, sign and date (and tick the relevant box(es)).**

Full name (BLOCK CAPITALS)

Date (day, month, year)

Signature

Policyholder/  
member

Trustee

Power of attorney

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**Please print your name, sign and date (and tick the relevant box(es)).**

Full name (BLOCK CAPITALS)

Date (day, month, year)

Signature

Policyholder/  
member

Trustee

Power of attorney

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**Section B – to be completed by your professional adviser**

**For completion by professional advisers transacting switch or phased investment requests on behalf of their client.**

I confirm that  
(name of firm)

hold authority to switch funds on the client(s) behalf.

FCA number

Professional adviser's signature

Date

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**Section C**

**Request to remove fund switch and phased investment authority**

Life/Lives assured or scheme name

Policy number(s)

Please state **all** policies that you no longer wish your professional adviser to be able to switch or set up a phased investment option on your behalf.

I/We no longer wish \_\_\_\_\_ (name of professional adviser/firm) to have authority to switch funds or to set up a phased investment on my/our behalf.

**Signatures – all policyholders/trustees must sign**

**Please print your name, sign and date (and tick the relevant box(es)).**

Full name (BLOCK CAPITALS)

Date (day, month, year)

Signature

Policyholder/  
member

Trustee

Power of attorney

**Please print your name, sign and date (and tick the relevant box(es)).**

Full name (BLOCK CAPITALS)

Date (day, month, year)

Signature

Policyholder/  
member

Trustee

Power of attorney

**Please print your name, sign and date (and tick the relevant box(es)).**

Full name (BLOCK CAPITALS)

Date (day, month, year)

Signature

Policyholder/  
member

Trustee

Power of attorney

**Please print your name, sign and date (and tick the relevant box(es)).**

Full name (BLOCK CAPITALS)

Date (day, month, year)

Signature

Policyholder/  
member

Trustee

Power of attorney



# Canada Life

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