

Fund switch and phased investment authority



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

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

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

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



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