NFU MUTUAL CAPITAL INVESTMENT BOND FUND SWITCH FORM

SECTION 1. PERSONAL DETAILS

Please complete both pages of this form using BLACK INK & BLOCK CAPITALS.

Please send completed form to NFU Mutual - Operations (Financial Services) Avon House, Ryon Hill Park, Warwick Road, Stratford-Upon-Avon, CV37 OUY

If you have any questions about completing this form, please call us on O8OO 622 323

Full name(s) of bond owner(s):	
Existing bond number(s)	
Contact number	

SECTION 2. FUND SWITCH

A fund switch will use the prices that apply on the date we receive your written request.

We have the right to delay a fund switch for up to 3 months. We may also delay a fund switch, for up to 12 months, from a fund that has investments in freehold and leasehold property. If we delay a fund switch we will use the prices that apply for the date it takes place, rather than those which applied when we received your request.

A market value reduction might apply to a switch from the With-Profits fund. This is most likely to happen following a large fall in the stock market or after a sustained period of low investment returns. We will contact you before processing this request if this is the case.

Please switch my/our investment as follows:

Switch from:	% to be switched	Switch to:	% – see example below for guidance
Deposit		Deposit	
Fixed Interest		Fixed Interest	
International		International	
Mixed Portfolio 40-85% Shares		Mixed Portfolio 40-85% Shares	
UK Equity		UK Equity	
With-Profits (series 1)		With-Profits (series 1)	N/A
With-Profits (series 2)		With-Profits (series 2)	
		Total	100%

If you want to switch 50% of your units in the With-Profits fund into the Mixed Portfolio 40–85% Shares Fund, you should enter 50% alongside 'With-Profits Fund' in the second column and 100% alongside 'Mixed Portfolio 40–85% Shares Fund' in the fourth column.

If you are invested in With-Profits series 1 (minimum annual bonus rate 3% guaranteed), you will be unable to switch back into the same series of the With-Profits fund at a later date.



SECTION 3. SIGNATURE(S)	All owners of this policy must sign this form.
	Full Name
	Signature
	Date D D M M Y Y Y
	Full Name
	Signature
	Date D D M M Y Y Y
	Full Name
	Signature
	Date D D M M Y Y Y
	Full Name
	Signature
	Signature Date Date



The National Farmers Union Mutual Insurance Society Limited (No 111982).
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