Lifeplan FlexiGrowth Investment Switch Request Form

LPLFG-SWI01-001

Please PRINT clearly in Black pen keeping well within the boxes.
Start at the left, write one letter in each box and leave one box between words.
Use crosses in the boxes marked with an 'X'.

A. INVESTOR(S) DETAILS

Title | Last name

First name

Address

Suburb

State | Postcode

Phone Number | Mobile Phone

B. ALTERATION REQUEST

Policy Number

Investment Options	Existing Details (% or $)	New Details (% or $)
Capital Guaranteed Option	% $	% $
Income Option	% $	% $
Cash Enhanced Option	% $	% $
High Yield Option	% $	% $
Total	% $	% $

Total % must equal 100%

C. NOTES

- The minimum switch is $500 per investment Option.
- A maximum of 12 switches are permitted in any rolling 12 month period commencing on your start date.
- Switches from the High Yield Option require 25 business days notice.

D. DECLARATION

I/We confirm that I/we have a copy of the current Product Disclosure Statement and that I/we have read, understood and retained this for further reference.

I understand from date of acceptance of this form by Lifeplan, my investment funds will be switched as per my instructions above.

Signature of Investor 1 | Date D D M M Y Y Y Y

Signature of Investor 2 | Date D D M M Y Y Y Y

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Lifeplan FUNDS MANAGEMENT