

# **Application to switch investment options**

### Important information

This form may be posted to: Resolution Life, GPO Box 3306, Sydney NSW 2001

Contact phone number: 133 731 between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

Section 1 – Personal details (all fields	must be con	npleted)		
Policy number		Client number		
Title Mr Mrs Miss Ms	Other			
Given name(s)	Surname			Date of birth (dd/mm/yyyy
				1 1
Second policy owner given name(s)	Second policy	owner surname		Date of birth (dd/mm/yyyy)
				1 1
Residential address				
	State	Postcode	Countr	у
Postal address				-
	State	Postcode	Countr	У
Mobile number		Alternate phone	number	
Email address				

# Section 2 - Investment strategy

Complete this section by placing a percentage (%) amount in the selected column to specify how you would like your account balance and any future investment(s) allocated within the investment options available to you.

Your 'account balance strategy' is where your current account balance will be allocated. Your 'future investment strategy' is where the future contributions to your policy will be allocated.

If you do not wish for future contributions to be allocated differently to your account balance, you do not need to select a future investment strategy. In this case, all future contributions will be allocated as per your account balance strategy.

# Section 2 – Investment strategy (continued)

		Investment option	Account balance strategy	Future investment strategy
	Aggressive	High Growth 2	%	%
	Growth	Growth 2	%	%
STRATEGY	Conservative	Conservative 3	%	%
•	Defensive	Capital Guaranteed	%	%
	Defer	Guaranteed Cash*	%	%
		Total	100%	100%

<sup>\*</sup>The Cash option is only available to you if it is specified in your policy document.

**Please note:** For further information, please call our customer service representatives on the number **shown at the beginning of the form** between 9 am and 5 pm (AEST/AEDT), Monday to Friday.

# Section 3 – Declaration and acknowledgment

Dv	oianina	thio	form I	dooloro	on follows	٠.
ΟУ	Signing	เมเร	1011111	ueciale	as follows	٥.

I/We apply to switch the investment options on my policy as outlined above.

Signature of policy owner 1	Date (dd/mm/yyyy)
Х	1 1
Signature of policy owner 2	Date (dd/mm/yyyy)
X	1 1

### What you need to know

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