



Orient Insurance PJS

FUNDS SWITCH & REDIRECTION FORM

Important Instructions for form completion:

Please complete this form in BLOCK CAPITALS. Please do not leave any field blank or incomplete. Any change made on the form should be signed by the Plan Holder. Please ensure that the answers/information provided in this form is correct. Please sign as per signature affixed on the Application Form or as per your updated signature with Orient. Only original, filled and signed form is acceptable. Any unclear instructions will not be processed.

Name of Policy Holder :	
Policy Number :	Contact Number :

Please select options: 1 2

1 Switching of Existing Funds

Please switch my existing fund holdings in the following proportion:

SWITCH FROM		SWITCH TO	
Name of Funds / Strategies	Percentage	Name of Funds / Strategies	Percentage
Total		Total	

2 Allocation of Future Contributions

Please allocate my future contribution in the following proportion:

Name of Funds / Strategies	Percentage
Total	

Note:-The different funds have different valuation days and cut off time. The switching of funds and NAV will be applicable according to particular fund's valuation day.

Declaration: I have read and understood the notes above and I understand that these instructions will operate in accordance with the plan term and conditions.

Signature of Life Assured: _____ **Date:** _____

Signature of Policy Holder: _____ **Date:** _____