

It is recommended Policy Owner(s) obtain appropriate financial advice prior to making fund switch or redirection changes to the policy. If Policy Owner(s) require financial advice they should contact their Financial Advisor or contact Acorn Life Customer Care at [info@acornlife.ie](mailto:info@acornlife.ie) or 1800 446 446 to be referred to a Financial Advisor.

If Policy Owner(s) wish to proceed without financial advice and effect fund switch or redirection changes, this form must be completed by each Policy Owner. If Policy Owner(s) require information in relation to the available funds and fund charges, view the fund information provided on [www.acornlife.ie](http://www.acornlife.ie) and/or contact Acorn Life Customer Care as above.

## SECTION A – PERSONAL DETAILS

Policy No. \_\_\_\_\_

### First Policy Owner

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Second Policy Owner

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

## SECTION B – INSTRUCTIONS

**Select the required option below and complete the corresponding option. Only one of the 3 options can be selected.**

☐ **Option 1:** Switch the existing fund(s) and redirect future regular contributions/premiums.

☐ **Option 2:** Switch the existing fund(s) only.

☐ **Option 3:** Redirect future regular contributions/premiums only and leave the existing fund(s) invested as per current fund selection.

## SECTION C - CONFIRM FUND SELECTION and PERCENTAGE ALLOCATION

Fund Choice	Percentage
1. Cautious Select	%
2. Moderate Select	%
3. Diversified Select	%
4. Dynamic Select	%
5. Adventurous Select	%
6. Deposit Fund	%
7. Diversified Multi-Manager	%
8. Dynamic Multi-Manager	%
9. Cautiously Managed	%
10. Managed	%
11. Managed Growth	%
12. Managed High Equity	%
13. Target Return Fund	%
14. Global Property Fund	%
<b>Total (must add to 100%)</b>	<b>100%</b>

### Notes:

- For the ARF product, only funds 1-13 are available for selection.
- For the Standard PRSA products, only funds 1-6 are available for selection.

## SECTION D - DECLARATION

### Important Notes

- **For switching the existing fund(s).** Implementing this instruction means the existing funds in your policy will be switched in accordance with the fund selection and percentage allocation you have chosen. Switches of your existing funds includes all contribution/premium types invested to date (regular, transfer and single).
- **For redirecting future regular contributions/premiums.** Implementing this instruction means future regular premiums/contributions will be allocated, going forward, according to the fund selection and percentage allocation you have chosen.
- By signing this declaration, you are acknowledging that you have not received financial advice in respect of the fund selection and percentage allocation chosen. If you require financial advice, contact your Financial Advisor or Customer Care on [info@acornlife.ie](mailto:info@acornlife.ie) or on 1800 446 446 to be referred to a Financial Advisor.
- By signing this declaration, you are acknowledging that you have had access to adequate information to make an informed decision on your fund switch or redirection selection. Should you require any further information relating to fund choices, you should contact your Financial Advisor or Customer Care on [info@acornlife.ie](mailto:info@acornlife.ie) on 1800 446 446.
- If the Deposit Fund is included in your fund selection, please be aware that this fund may not provide protection against inflation and its fund value may go down as well as up.
- Any fund switch will be made on a bid-to-bid basis at the respective unit prices on the next working day that prices are calculated following receipt of the fully completed Fund Switch and Redirection Form by Acorn Life DAC. The latest cut off time for the receipt of Fund Switch and Redirection Forms is 5pm each working day.

### Declaration

☐ I/We confirm I/We have not received advice and wish to proceed with the fund switch and/or redirection as outlined in this form.

☐ I/We confirm that I/We wish for the new fund choice selection(s) and percentage allocations as provided in this instruction to apply to the policy in accordance with my/our chosen option.

☐ I/We confirm that I/We have read and understand in full the Important Notes above.

### Signature of Policy Owner(s)

First Policy Owner \_\_\_\_\_

Date \_\_\_\_\_

Second Policy Owner \_\_\_\_\_

Date \_\_\_\_\_