



## FUNDS SWITCHING AND/OR 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 countersigned by the Plan Holder. Please ensure that the answers/information provided in this form are correct. Please sign as per signature affixed on the Application Form or as per your updated signature with SALAMA. Only original, filled and signed form is acceptable. Any unclear instructions will not be processed.

|                      |                 |
|----------------------|-----------------|
| Name of Plan Holder: |                 |
| Plan Number:         | Contact Number: |

**Depending on the type of change you wish to make, you may need to complete SECTION 1, or SECTION 2, or both.**

| TRANSACTION | Change future contributions allocation only. Existing holding remain the same | Change current holdings only. Future contributions will remain to be allocated according to the existing investment strategy | Change both current holdings and allocation of future contributions |
|-------------|---|--|---|
| SECTION     | 1   | 2  | Both  |

### 1. ALLOCATION OF FUTURE CONTRIBUTION

Please allocate my Future Contribution in the following proportion:

| Name of Fund (s) / Strategy (ies) | Percentage |
|-----------------------------------|------------|
|                                   |            |
|                                   |            |
|                                   |            |
|                                   |            |
|                                   |            |
|                                   |            |
|                                   |            |
|                                   |            |
|                                   |            |
|                                   |            |
| <b>TOTAL</b>                      | <b>100</b> |

**2. SWITCHING OF EXISTING FUNDS**

BASIC FUND(S)    TOP-UP FUND(S)    BOTH

Please switch my existing fund holdings in the following proportion:

| SWITCH FROM                       |                      | SWITCH TO                         |                      |
|-----------------------------------|----------------------|-----------------------------------|----------------------|
| Name of Fund (s) / Strategy (ies) | Percentage or Amount | Name of Fund (s) / Strategy (ies) | Percentage or Amount |
|                                   |                      |                                   |                      |
|                                   |                      |                                   |                      |
|                                   |                      |                                   |                      |
|                                   |                      |                                   |                      |
|                                   |                      |                                   |                      |
|                                   |                      |                                   |                      |
|                                   |                      |                                   |                      |
|                                   |                      |                                   |                      |
|                                   |                      |                                   |                      |
|                                   |                      |                                   |                      |
|                                   |                      | <b>TOTAL*</b>                     |                      |

\*Please note that the total of "SWITCHING TO" must be 100 if request is in percentage.

**Notes:**

1. Unit price may fall as well as rise.
2. SALAMA will not accept any liability or responsibility for forms sent through fax.
3. Under one Plan you can invest up to ten funds at a time.

**Declaration:**

I have read and understood the notes above and I understand that these instructions will operate in accordance with the Plan Terms and Conditions.

Signature of Plan Holder

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|