NFU MUTUAL SELECT INVESTMENT PLAN NFU MUTUAL SELECT ISA

Fund Switch and/or Payment Redirection Form

Contact telephone number:

SECTION 1. PERSONAL DETAILS	Full name(s) of owner(s):		
Please complete all pages of this form using BLACK INK & BLOCK CAPITALS.	Client reference number		
	Type of plan (please tick relevant box) (\checkmark) one box only:		
Completed forms should be sent to:	Select ISA Sel	ect Investment Plan	
NFU Mutual Select Investments Limited, PO Box 376, Darlington, DL1 9RT	Address:	Postcode	

If you have any questions about completing the form, please call us on 0370 606 6462

SECTION 2. FUND SWITCH

Use this section to switch funds for your current investment

EXAMPLE:

If you want to switch 50% of your investment in the NFU Mutual Gilt and Corporate Bond fund into the NFU Mutual UK Growth Fund, you should write 'NFU Mutual Gilt and Corporate Bond Fund' in the column under the heading 'Switch from' and enter 50% alongside in the second column, and then write 'NFU Mutual UK Growth **Fund'** in the column under the heading 'Switch into' and 100% alongside in the fourth column.

Please switch the funds for my/our investment as follows:

Switch from: Please list below the name(s) of the provider and fund name(s)	% of your holding in fund	Switch to: Please list below the name(s) of the provider and fund name(s)	% – see example left for guidance

Do you wish to re	eceive income generate	d by your investment?	Yes	
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If you have answered 'No' any income will be automatically reinvested to buy additional units. If you have answered 'Yes', please provide full details overleaf of the bank/building society account to be credited.



No

SECTION 3. PAYMENT

REDIRECTION Use this section to redirect your future payments. Please redirect my/our future regular payments to the fund(s) listed below:

Fund Name	%
Total	100%

Do you wish to receive income generated by your investment? Yes No If you have answered 'No' any income will be automatically reinvested to buy additional units. If you have answered 'Yes', please provide full details of the bank/building society account to be credited.

	Postcode
Name(s) of account holder(s)	
Bank or Building Society account number	

SECTION 4.

YOUR BANK ACCOUNT DETAIL FOR INCOME PAYMENTS

If you wish to receive income generated, please complete this section and send us proof of ownership for the account as follows:

• a copy bank statement, or

- a cancelled cheque, or
- a paying-in slip

SECTION 5. NOTES/ SIGNATURE(S) Please return all pages to us.	IMPORTANT NOTES:
	• Please read our current Supplementary Information Document for general information and minimum fund investment limits. Key information about each fund is contained in the Key Investor Information Document (KIID). You should read the KIID for each fund you are switching into.
	• Your switch (if applicable) will be carried out using the fund prices calculated at the next valuation point following receipt of your request.
	• For fund switches on Select Investment Plans, if you've made a profit on the money you invested in the fund you're switching from, you could be liable to capital gains tax. You have a yearly allowance, which can reduce the amount of capital gains tax you may have to pay, or remove it entirely. If you have any questions about this, please contact HM Revenue and Customs.
All owners of this investment must sign this form.	• The redirection of future payments (if applicable) will take place from the next payment due date so long as we receive this form at least 14 days beforehand.
	• If you switch from a fund after a dividend has been announced but before the distribution has been paid (this period is referred to as ex-dividend), the distribution will be paid on the old fund based on your existing instructions.
	I/we have read the latest key investor information document for each of the fund(s) I am/we are switching/redirecting payments into.
	Full Name
	Signature

Signature		
	Date	D D M M Y Y Y
Full Name		
Signature		
	Date	D D M M Y Y Y
Full Name		
Circuit Annual		
Signature		
	Date	D D M M Y Y Y
Full Name		
Signature		
	Date	D D M M Y Y Y



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