



Switch Request Form - IS Jersey

For Individuals – Principal Named Investor

Registered Name of Shareholder: _____

(Title/Name/Surname)

Registered Address of Unitholder: _____ Postal Code:

Account Number: _____

Passport Number!: Date of Birth:

1. Not compulsory

Tel No: Home: _____ Cell: _____

Office: _____ Fax: _____

E-mail: _____

Switch Request

Investment Option (FROM)	Base Currency	%	OR	Currency Amount	Investment Option (TO)	%	OR	Currency Amount
Strategic Global Equity Fund	USD							
Strategic Global Bond Fund	USD							
Strategic Sterling Bond Fund	GBP							
Strategic US Dollar Liquidity Fund	USD							
Strategic Sterling Liquidity Fund	GBP							
Strategic Euro Liquidity Fund	EUR							
AF Strategic Global Aggressive	USD							
AF Strategic Global Balanced	USD							
AF Strategic Global Moderate	USD							
AF Strategic Global Conservative	USD							



Declaration

1. I/We hereby acknowledge that I/we wish to switch the above mentioned percentage or currency amount of my/our investment on the next dealing day.
2. I/We hereby warrant that I/we have the authority and power to make this application.
3. I/We hereby agree to be bound by:
 - The General Terms and Conditions, Joint Signature Authority, Anti Money Laundering Requirements and Authorisation/ Declaration as agreed to by myself/ourselves in the original Application form.
 - The charges and expenses of the Fund being switched into as governed by the current prospectus which may be updated from time to time.
4. Full details of the charges and expenses are set out in the Prospectus and the supplements thereto. The offer price includes a preliminary charge at a rate of up to 4%. These charges and expenses do not include any telegraphic transfer and banking charges that may be incurred upon the purchase or redemption of Units. These charges will reduce the investment value.
5. Fees may be subject to change as detailed in the Prospectus.
6. Should I/we choose to communicate with the Manager and/or the Administrator per facsimile transmission, a document may be transmitted at my/our own risk to +27 (11) 263-1555. A positive facsimile-transmission report received by me/us will not be proof of a successful transmission of the facsimile or of the fact that the Manager and/or Administrator have actually received the facsimile. Should I/we wish to confirm the receipt of the facsimile by the Manager and/or the Administrator, I/we may call the Client Interaction Centre at 0860-001-750. The Manager and/or the Administrator shall in no circumstances be liable for any losses or damages whatsoever incurred or suffered as a result of using a facsimile transmission that was not telephonically confirmed as received and herewith disclaim any such liability. I/We hereby confirm that I/we have read this disclaimer and understand and accept its terms and conditions.

All joint holders must sign.

I/We have executed this application form on _____ in _____
(Please indicate city and country)

Signature of Principal Named Investor

Signature of Joint Investor (1) (if applicable)

Print Name

Print Name

Signature of Joint Investor (2) (if applicable)

Signature of Joint Investor (3) (if applicable)

Print Name

Print Name

To be Completed by the Business Introducer

Signature of Financial Adviser

Print Name

Business Introducer: _____

Regional Office: _____

Financial Planner: _____

In terms of the Trust Deed, this form is also known as a Conversion Notice.