

Switch Instruction Form



Please complete this Application Form using black ink in BLOCK CAPITALS and return to: **Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY**

1 Intermediary Details (For Intermediary use only)

You will require a Cofunds authorisation code before being able to transact business. If you do not include this we will not be able to process this application.

Cofunds Intermediary Authorisation Code

Intermediary Client/Deal Ref.

Marketing Code

2 Personal/Company Details (Please complete this section in full)

Private/Corporate Investor(s) First named ('Primary') Holder. Joint holders complete section 3 below.

Existing Cofunds Client Reference

Mr/Mrs/Ms/Miss/Other

Surname/Company Name

Full First Name(s)

Current Permanent Residential Address

Postcode

Designation (if applicable)

3 Joint Holders (All Joint Holders MUST complete this section)

Please include the full name and address of each holder. All correspondence will be sent to the 'primary' holder above.

Second named holder

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

Third named holder

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

Fourth named holder

Mr/Mrs/Ms/Miss/Other

Surname

Full First Name(s)

4 Your Bank Account Details

This section should only be completed if you have chosen income units/shares for the fund(s) you wish to buy in Section 5, and you wish the income to be paid to you. If this section is not completed, any income generated from your investment will automatically be reinvested.

I wish to have income paid as per my existing income payment mandate OR,

I wish all income I have requested to be paid, to go to my Bank or Building Society account (please complete details below).

Name of Account Holder

Bank/Building Society Account Number

Bank or Building Society Name and Address

Postcode

Branch Sort Code

Building Society Roll Number (if applicable)

