



BEST MERIDIAN INTERNATIONAL INSURANCE COMPANY SPC

FUNDS SWITCH/REDIRECTION REQUEST

I hereby request and authorize the changes specified below on my contract. I understand that switches will require the sale of units from one fund and the purchase of units in different funds selected by me and that this will be done accordingly to the last available unit's price. I also recognize and accept the risk of the transactions to be executed at a later date and therefore that fund's share prices or NAV's can be different to those on any previous document issued before the date of the effective transaction. I accept the fact that if I decide to go back to the original holdings, it will require the processing of a new Funds Switch/Redirection Request form.

CONTRACT NUMBER

SWITCH INSTRUCTIONS

FUND'S POSITIONS TO LIQUIDATE (sell)		FUNDS TO PURCHASE (buy)	
FUND NAME	(%)	FUND NAME	(%)

Notes: (1) Please use one line for each switched out or switch in fund (2) Allocations into 2 or more funds have to add up to 100% (3) A single switch involves one fund to sell and one fund to purchase (4) Other than a single switch all other alternatives will be considered multi switches (5) A switching fee may be imposed according to the contract Terms and Conditions.

REDIRECTION OF CONTRIBUTIONS INSTRUCTIONS

FUNDS TO PURCHASE (buy from future contributions)	(%)

Notes: (1) Please list all funds for which shares will be purchased (2) Please make sure all listed funds add up to 100%

Certification: By signing below I certify that (1) I am the sole duly authorized signatory for the contract identified above (2) I am not a citizen or resident of the United States of America or the Cayman Islands (3) I have signed this form in a jurisdiction out of the US or Cayman Islands territory.

Contract Holder name (print)

Date

Contract Holder Signature