



# DIAGEO RETIREMENT SAVINGS PLAN

## FUND SWITCH FORM

Please complete this form fully using **BLOCK CAPITALS**. If any item is blank or illegible, this will cause a delay in processing your form. You should consult with the Trustee(s) of the scheme or your Financial Adviser, before requesting a fund switch

### Section 1: Member Details

First Name  Surname

Member Number  (if known) Date of Birth  /  /

Scheme Name  Scheme Number

### Section 2: Switch Details

**Do it for me:** Do you wish to switch into the Personal Lifestyle Strategy: Yes  No

*Note: This switch will apply to your total existing fund and future contributions.*

If you have selected NO to a switch into the Personal Lifestyle Strategy, does your fund switch request apply to:

- A) Both, your existing fund and your future contributions?
- Note: This switch will apply to your total existing fund and future contributions.*
- B) Your existing fund only
- C) Your future contributions only

If you wish to switch your existing fund and future contributions into different funds, please send us a written instruction with the details. Please see the address overleaf.

### Section 3: Your New Fund Choice Details

**Do it myself:** If you do not wish to switch into the Personal Lifestyle Strategy and have selected NO under Section 2, please enter your new fund choice and percentage allocation details (up to a maximum of 5 funds allowable).

Name of Fund	Percentage %
<input type="text" value="INDEXED WORLD EQUITY FUND (PARTIALLY HEDGED)"/>	<input type="text"/> . <input type="text"/> %
<input type="text" value="HIGH RISK/RETURN GROWTH STRATEGY"/>	<input type="text"/> . <input type="text"/> %
<input type="text" value="MEDIUM RISK/RETURN GROWTH STRATEGY"/>	<input type="text"/> . <input type="text"/> %
<input type="text" value="INDEXED CORPORATE BOND FUND"/>	<input type="text"/> . <input type="text"/> %
<input type="text" value="INDEXED EUROZONE OVER 5 YEAR BOND FUND"/>	<input type="text"/> . <input type="text"/> %
<input type="text" value="EMPOWER CASH FUND"/>	<input type="text"/> . <input type="text"/> %
<b>Total (must equal 100%)</b>	<input type="text" value="100"/> . <input type="text" value="00"/> %

## Notes

### Effective Date

- The fund switch will take effect from the date we receive this form completed with your instructions.
- If all or part of your funds are invested in funds managed by external fund managers the effective date of the switch may be different.

### Do if for me - Personal Lifestyle Strategy

- This strategy initially invests in the High Risk/Return Growth Strategy and moves funds to the Medium Risk/Return Strategy from 20 years before retirement. From 6 years before your Normal Retirement Age/Chosen Retirement Age the strategy also gradually moves your pension savings into funds appropriate to the benefits you can take at retirement. This is applicable to all your contributions. If you move into/out of this strategy, this will apply to your total existing fund and future contributions.

### Other Notes

- Switches of your existing fund and/or future contributions, cover all premium types (regular annual, transfer or single premiums).
- The Trustees (where applicable) may in some instances, restrict the funds allowable.
- Some restrictions may apply if your existing fund has initial units. Initial units are used for the early years of a pension contract and have a higher monthly management charge.

### Charge for Fund Switches

- There is no charge.

 Signature

Date  /  /

### NOTES

  

## Section 4: Data Protection Notice

### Data Protection Notices and Consents

1. The information you provide to Irish Life Assurance plc will be held on a computer database and/or any other way and will be used to administer this contract/transaction and any other products or services supplied to you and any future agreements, contracts or arrangements you may have with Irish Life Assurance plc.
2. You have the right to question the purpose for which your data is held and the right to obtain a copy of your personal data held by Irish Life Assurance plc by submitting a written request and paying a small fee.
3. You have the right to request Irish Life Assurance plc to correct any inaccuracies in your personal data.

### I declare that I consent to the

- A. processing and holding (on computer or otherwise) of all information (personal and sensitive) disclosed by me, or on my behalf, in relation to this contract/transaction by Irish Life Assurance plc, its servants and agents (together with such other information supplied to, or obtained by Irish Life Assurance plc separately) for administrative, customer care and service purposes.
- B. disclosing of my personal data (personal and sensitive) to persons necessary in connection with the above purposes, to regulatory authorities or as required by law, to reinsurers and health professionals and other companies in the Irish Life Group or the Great-West Lifeco Group. This may involve the transfer of personal data, including sensitive personal data, to countries outside the European Economic Area.

 Signature

Date  /  /

Please print and complete the fund switch form and return it to:

**Irish Life Assurance plc,**

**CODE,**

**Corporate Business,**

**Lower Abbey Street,**

**Dublin 1.**

Alternatively, you can also email the completed form back to us at **code@irishlife.ie**