ISA Switch Form

FUNDSNETWORK®

Please complete in BLOCK CAPITALS using BLACK INK. **PLEASE NOTE: Any applications received that are not completed correctly may incur delays or may have to be returned to you.**

1 Personal Details

TITLE **SURNAME**

FIRST NAME(S) IN FULL

ADDRESS ("Care of" and PO Box are not acceptable. Only UK mainland and Northern Ireland addresses are eligible)
HOUSE NUMBER AND/OR HOUSE NAME

ACCOUNT NUMBER (This must be the account to which the below switch instructions will apply)

STREET, CITY, COUNTY AND COUNTRY DETAILS

CONTACT TELEPHONE NUMBER (in case of query)

POSTCODE

2 Switch Instructions

Please complete your fund choice(s) below and refer to the Key Features Document/Simplified Prospectus or visit www.fundsnetwork.co.uk/findafund for the Fund Code and Fund Name. Note: Your fund choice will be derived by the Fund Code that you enter and not the Fund Name. Enter the amount/percentage that you wish to switch. Please indicate the percentage that you wish to place in each fund, ensuring the total adds up to 100%.
The following switch instructions will only be applied to the account number identified in Section 1.
Please note that all income will be reinvested. If you wish to to have income paid out, please contact FundsNetwork and request a Direct Credit Mandate form.
If you have a Monthly Savings Plan in place for this account collections will continue to be made unless you contact FundsNetwork to cancel the plan.

Please be aware that the oldest holding conforming to the instructions below will be redeemed first.

	FUND CODE	FUND NAME	AMOUNT (£)	OR	PERCENTAGE (%)
FROM			.00		.00

	FUND CODE	FUND NAME	PERCENTAGE (%)
TO			.00
			.00
			.00
			.00
			.00
			.00
			100.00

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PLEASE TURN OVER

M 0 0 0 0 2 0 1

2 Switch Instructions (continued)

FROM	FUND CODE	FUND NAME	AMOUNT (£)	OR	PERCENTAGE (%)

TO	FUND CODE	FUND NAME	PERCENTAGE (%)
			100.00

3 Declaration & Signature

By signing below, I confirm that I have received the relevant Key Features Document/Simplified Prospectus relating to this investment, and Terms which I accept.
• The information given by me is correct to the best of my knowledge and I will inform Fidelity immediately of any changes to the information contained therein.

SIGNATURE AND DATE (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form)

✘ ✘ 2 0

If you are signing the application form under Authority of a Power of Attorney or Court of Protection, please mark an X in this box. If you have not previously set up the Power of Attorney, you will need to do so. Please call Fidelity for the details of what documentation is required for this to be acceptable. ☐

4 Intermediary Details

This section should only be completed by Intermediaries. Please enter the appropriate details here and avoid supplying information on separate sheets.

INTERMEDIARY STAMP

UNIQUE ADVISER NUMBER

FSA FIRM REF NO.
I confirm that I am registered with the FSA to conduct business and my authorisation number is:

OFFICE USE ONLY ☐

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