



THALES UK PENSION SCHEME Investment Switch Form

Your Personal Details

Surname:	
First name(s):	
Date of birth:	
National Insurance Number:	
Member Number (if known):	
Contact telephone number in case of any query:	

Please complete this form to confirm your change of investment choice for your Additional Voluntary Contributions (AVCs) and/or Defined Contribution (DC) funds under the Thales UK Pension Scheme.

Please note that you cannot split your allocation between the Lifestyle option and any other fund.

Further information about the available funds can be found on the dedicated website at:

www.scottishwidows.co.uk/save/thales

Please select **one** of the following options by placing a tick in the relevant box:-

- Option 1** - Please switch all of my existing holding into the **Self Select Funds** I have indicated below. I understand that if I currently have any holdings in the ex-Equitable Life lifestyle matrix that these will also be switched and that I cannot switch back into that lifestyle matrix at a later date.
- Option 2** - Please switch all of my existing holding into **the Lifestyle option**. I understand that if I currently have any holdings in the ex-Equitable Life lifestyle matrix that these will also be switched and that I cannot switch back into that lifestyle matrix at a later date.
- Option 3** – Please leave my ex-Equitable Life lifestyle matrix funds as they are, but switch my other funds into the **Self Select Funds** I have indicated below.

Self Select Funds (please only complete if you have selected either Option 1 or Option 3 above)

Fund name	Required %
UK Equity	
Global Equity	
Global Multi Asset	
Diversified Growth	
Socially Responsible	
Money Market	
Index Linked Gilt	
Long Dated Gilt	
Mixed Bond	
Corporate Bond	
TOTAL	100%

If you have selected Option 1 or Option 3 above, please enter the required percentage against each fund.

The minimum against each fund is 0% and the maximum is 100%.

The total must add up to 100%.

Please change my current investment allocation in accordance with my instructions given above.

Signed

Dated

Please return this form to Thales Pensions Team, Equiniti Paymaster, Sutherland House, Russell Way, Crawley, West Sussex, RH10 1UH