

APPLICATION FOR CHANGE OF UNIT LINKED

POLICY NUMBER: _____

INSURED'S NAME: _____ I.D. NUMBER: _____

POLICYOWNER'S NAME: _____ I.D. NUMBER: _____

E-MAIL ADDRESS: _____ TELEPHONE _____ MOBILE NUMBER _____

Please proceed with the following amendments which are requested under the terms of the insurance policy mentioned above and which shall apply as from the moment that they are registered in the policy by the Company.

1. CHANGE OF COVERAGE FROM: € _____ TO: € _____
CHANGE OF PREMIUM FROM: € _____ TO: € _____ (without Policy fees)

In case of increase of premium or coverage, please declare your annual income: Insured :euro _____

In case of increase of premium or coverage, please declare your annual income: Payor :euro _____

In case of increase of premium or coverage, please declare your annual income: Policyowner :euro _____

NOTE: For the increasing of coverage, you must A. Complete UND13 or have a medical examination if needed.

2. CHANGE IN INSURANCE PREMIUM DISTRIBUTION *(concerns the units to be purchased after the change is finalised)*

FROM ALICO BALANCED FUND (101): _____ % TO ALICO BALANCED FUND (101): _____ %

FROM ALICO DYNAMIC FUND (102): _____ % TO ALICO DYNAMIC FUND (102): _____ %

FROM GLOBAL CONSERVATIVE FUND (120): _____ % TO GLOBAL CONSERVATIVE FUND (120): _____ %

FROM GLOBAL BALANCE FUND (121): _____ % TO GLOBAL BALANCE FUND (121): _____ %

FROM GLOBAL GROWTH FUND (122): _____ % TO GLOBAL GROWTH FUND (122): _____ %

FROM GLOBAL DYNAMIC FUND (123): _____ % TO GLOBAL DYNAMIC FUND (123): _____ %

NOTE: For **ALICO LIFE INVEST PLUS/ ALICO INVEST PLUS** the existing account value cannot be invested in new investment programs. However, it can choose new premium plans after the modification is completed.

3. CHANGE OF INVESTMENT PROGRAM *(It concerns the Total number of units that the customer has in his account and the credit of units that will be purchased after the change is finalized)*

FROM ALICO BALANCED FUND (101): _____ % TO ALICO BALANCED FUND (101): _____ %

FROM ALICO DYNAMIC FUND (102): _____ % TO ALICO DYNAMIC FUND (102): _____ %

FROM GLOBAL CONSERVATIVE FUND (120): _____ % TO GLOBAL CONSERVATIVE FUND (120): _____ %

FROM GLOBAL BALANCE FUND (121): _____ % TO GLOBAL BALANCE FUND (121): _____ %

FROM GLOBAL GROWTH FUND (122): _____ % TO GLOBAL GROWTH FUND (122): _____ %

FROM GLOBAL DYNAMIC FUND (123): _____ % TO GLOBAL DYNAMIC FUND (123): _____ %

4. OTHER CHANGES _____

☐ I, the insured, declare that I have been informed and have fully understood the new special regulations of investment programs.

FOR INTERNAL USE ONLY: _____

DECLARATION OF THE INSURED / POLICYOWNER

A) If the insurance program I have chosen is ALICO LIFE INVEST PLUS or ALICO INVEST PLUS, I declare that I am aware that there is no guaranteed return and that the account value can be increased or decreased depending on the return of the Investment Program.

I declare that I reserve the right to revoke and cancel this authorization by giving relevant written notice to the Company.

INSURED 'S SIGNATURE

POLICY OWNER 'S SIGNATURE

IRREVOCABLE BENEFICIARY 'S SIGNATURE

ASSIGNEE 'S SIGNATURE

INSURANCE ADVISOR 'S SIGNATURE

AGENCY MANAGER 'S SIGNATURE

DATE

NOTES

- The first premium invested in the supplementary policy ALICO LIFE INVEST PLUS AND ALICO INVEST PLUS will be credited to the Account on the day the application is approved and the first premium will be cleared from the Company's accounting office at the company's Head Offices in Nicosia.
- Upon changing the Investment Program, the units of the initial investment program will be redeemed the units of the new investment program will be purchased from the resulting amount, after deducting any change costs. The transactions will be based on the net unit price and will be completed no later than the third working day following the date of receipt of this application at the Head Offices of the company in Nicosia and from then on the premiums will be credited to the new investment program.