

Switching Form

Please complete in **BLOCK CAPITALS** and return to: **JTC Fund & Corporate Services**, **HX1**, **16th Floor**, **Harbour Exchange Square**, **London**, **E14 9GE**.

This document is effective from 06/04/2023.

Please complete a separate form for each holding you wish to switch.

1 Important Information

Before you sign this form you should read an up to date version of the Prospectus, Key Investor Information Document, Supplementary Information Document and costs and charges illustrations for the Fund(s) in which you wish to invest. These documents can be found in the Key Documents section of our website (www.slaterinvestments.com). There you will find more information about the investment, including details about the Fund's different share classes. Be sure to choose the appropriate one for you. The documents also explain fund charges, including the ongoing charge, which is a deduction from your investment made by Slater Investments to cover the cost of administration, oversight and operation of the Fund.

cover the cost of administration	n, oversight and operation of the	Fund.
Personal Details (please com	plete in full)	
Please give below the full nam	es and signatures of ALL unit/sh	are holders:
Name(s):		Signature(s):
Email and Registered Address	 of first Named Holder:	
Email:		7
Name or Number of Property:		
Address:		
City:		_
Country:	Postcode:	
3 Switch Details		
proceeds. You also need to spe	ecify, where appropriate, Income	Share Class you wish to sell and that you wish to purchase with the sal or Accumulation units/shares. If no unit/share type is selected, we will share type is not available, the available type will be issued.
-		eep the minimum holding invested. If the requested switch reduces th share class, we may switch the full value of your investment.
You must meet the minimum relevant Fund Factsheet and P		s you are purchasing. Information about minimums can be found i
Account Number:		
I/We wish to switch between t	the following Funds or unit/shar	e classes:
Full name of Fund to be so	ld:	
Full name of Fund to be pu	urchased:	
I/We wish to switch:		
My/Our entire holding	(.	
£OR	units/shares OR	% of my/our holding.
If you have a Direct Debit set u	ıp:	

Please tick this box if you would like to **stop** your current arrangement.

4 Declaration

- I authorise the switch between Funds and share/unit classes as instructed on this form.
- I confirm that I am 18 years of age or over.
- I acknowledge that I have read and understood Slater Investments Limited's Terms & Conditions and accept that they form the basis of my agreement with Slater Investments Limited. To the best of my knowledge and belief, all statements made in this form are true and correct and I shall inform Slater Investments Limited immediately of any change in my circumstances affecting any of the information in this form.
- I have read and understood the relevant Key Investor Information Document (KIID) and Supplementary Information Document (SID). I understand that these documents form part of the terms and conditions of my investment in the relevant Slater Fund(s).

	1		
Full Name:		Cianatura	Date: DD / MM / YYYY
ruii ivame.		Signature:	
		3	

Please note that this form will be returned if it is not signed and dated.