

# Monument International Portfolio Bond

## Discretionary asset manager nomination

Post to Monument Life Insurance dac, IPB Admin, Bishop's Square, Redmond's Hill, Dublin 2, D02 TD99, Ireland.

Plan number

Complete this discretionary asset manager nomination if a discretionary asset manager is to be nominated to manage the assets of the plan.

The discretionary asset management agreement that Monument has entered into with the discretionary asset manager is a wide ranging authority which allows the trading of assets and the provision of custody services or the selection of a custodian by the discretionary asset manager.

If you have existing assets they will be sold and the proceeds placed in the transaction account before being passed to your nominated discretionary asset manager. Please see the terms and conditions for information about selling of permitted assets.

If you have previously nominated a discretionary asset manager the details you provide below will replace any existing discretionary asset manager.

### Discretionary asset manager details

Company name and address

Postcode

Country

Contact name (if applicable)

Custodian name and address (if applicable)

Postcode

Country

### Investment objectives and attitude to risk

Please confirm your investment objective

Please confirm your attitude to risk

I/We request that Monument appoint the discretionary asset manager named above to manage the assets in my/our plan in accordance with my/our investment objectives and attitude to risk.

I/We consent to the release of all relevant personal information relating to the plan to the discretionary asset manager.

I am/We are aware that the assets managed by the discretionary asset manager will be owned by Monument.

I am/We are aware that Monument has entered into a discretionary asset management agreement with the discretionary asset manager which prohibits the discretionary asset manager from investing in assets that are not permitted by Monument.

I am/We are aware that Monument may need to terminate the discretionary asset management agreement it has in place with a discretionary asset manager and in the event of termination, Monument will control the assets previously managed by the discretionary asset manager.

I/We acknowledge that I/we may request Monument to terminate the agreement for the discretionary asset manager to manage the assets, which, if accepted by Monument, will take place when all the assets in the unit fund have been sold and the proceeds transferred back to Monument.

Continued

You can only nominate a discretionary asset manager that Monument has an agreement with. A list of discretionary asset managers you can choose from is available from us or your adviser.

Your adviser will tell you what charges apply for the discretionary asset manager you have nominated.

Your adviser will tell you which discretionary asset manager is able to offer discretionary management services for your investment objectives and risk profile.

Before signing this discretionary asset manager nomination, you should be aware that Monument does not endorse the ability or suitability of any discretionary asset manager that you choose to nominate or any custodian which the discretionary asset manager may select.

Before signing this discretionary asset manager nomination, you should be aware that the discretionary asset manager will be responsible for investing in assets in accordance with your investment objectives and attitude to risk. Monument will not be responsible for the actions or decisions taken by the discretionary asset manager in respect of the assets it chooses to invest in your plan.

If there are more than four planholders/ authorised signatories, please complete their details on a separate discretionary asset manager nomination and ensure it is returned with this form.

#### First planholder/authorised signatory

Name

Signature

Day Month Year

Date

#### Second planholder/authorised signatory

Name

Signature

Day Month Year

Date

#### Third planholder/authorised signatory

Name

Signature

Day Month Year

Date

#### Fourth planholder/authorised signatory

Name

Signature

Day Month Year

Date