

**The Professional Footballers' Pension Scheme – Income Section
Change of Investments***

*This form can be used to change your investment of past or future contributions to the Income Section

Member Name:..... **Date of Birth:**/...../.....

Address:.....

.....

Club:..... **National Insurance Number:**.....

Name and address of adviser (state if no adviser):.....

.....

Choice of Investment(s) for future contributions:

Standard Life Core Fund:

Lifestyle Basis:.....(assumes benefits will be taken at Normal Retirement Age)

Standard Life Non-core Fund**:.....

Choice of Investment(s) for past contributions:

Standard Life Core Fund:

Lifestyle Basis:.....(assumes benefits will be taken at Normal Retirement Age)

Standard Life Non-core Fund**:.....

State specific fund(s) required and, where applicable, proportion of contributions payable to each. Please note that you may incur a penalty when you cease contributing to an investment or transfer funds to another investment. The Trustees would recommend that you take independent financial advice on all investment decisions. (See Section 5 of Member Booklet.)

**Where a Standard Life Non-core Fund is selected for all or part of the contributions, the applicant and the adviser must sign up to the disclaimer included in the declaration below. Please note that

Nomination of Beneficiary: (see Section 6 of Member Booklet)

I understand that any death benefit payable under the Scheme is distributed at the discretion of the Trustees. It is however, my wish that any such payment be made to the following persons in the proportions stated:

Name(s):.....who is my (*relationship*).....proportion.....%

Declaration:

I request and authorise the Trustees to invest my contributions to the Income Section as stated above.

Having selected a Standard Life Non-core Fund, my adviser and I acknowledge that this is not an investment which is endorsed by the Trustees and that it may involve higher charges and greater risks. We confirm that we take full responsibility for its performance and, by signing this document, fully discharge the Trustees from any liability that may arise as a result of its selection.

Signed (applicant)..... **Dated**

Signed (adviser)..... **Dated**.....

Once completed, this form should be returned to the Scheme Administrator.