

**BEST MERIDIAN INTERNATIONAL INSURANCE COMPANY SPC**

**APPLICATION TO CHANGE FUNDS**

**TO:** Best Meridian International Insurance Company SPC

Full name of policyowner

Policy number

\_\_\_\_\_

I hereby request and authorize the following change(s):

Allocate future contributions  
and reallocate current balance

Reallocate current  
balance only

Allocate future  
contributions

Name of funds to purchase	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
	TOTAL = 100%

Note: Not more than 5 funds may be used at any time.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of policyowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date