



Application Form

Summit

Financial Adviser Details

Company name

Friends Provident
International Agency
number

Contact details for acknowledgement/queries on the application:

Contact name

Phone number

Email address

Policy Number

Policy number if known



Please contact Friends Provident International Limited (Friends Provident International) to obtain a pre-allocated policy number if desired.

Please tick to confirm you have included with this application:

☐

Verification of client identity *

☐

Verification of client address *

☐

Source of Wealth (including supporting documents, where required*)

*suitably certified as being a true copy

Details of information required for Source of Wealth can be found on pages 6, 7 and 8



**FRIENDS
PROVIDENT**
INTERNATIONAL

This form is not applicable to persons resident in the UK or Hong Kong.

This Application form should be read in conjunction with the current edition of the following documents:

- the Summit Principal Brochure
- the Fund Prices leaflet

Specimen policy conditions are available from Friends Provident International on request.

Please complete all sections

Please provide all relevant information and documentation so that we can process your application as soon as possible. Further information may be required during the validation process (i.e. questions arising from the information provided).

If you make any mistakes while completing this form, please cross out the error and write the new information as clearly as possible. Each correction must be initialled by the person or persons completing the form. Do NOT use correction fluid or other ways of deleting incorrect information.

Additional information / Special instructions

Please let us know in the space below of any additional information we need to be aware of relating to this application.

Section 1: Details of Applicant(s)

To be completed by each investor who is the current legal owner of the premium(s).

Please refer to 'What you need to provide' for requirements to support Verification of identity and address on page 18.

If the proposed policyholder(s) is/are Trustee(s) of an existing trust, please use the Trustee Application Form.

Please write in INK and use BLOCK CAPITALS

	First (or only) Applicant	Second Applicant
1 Title	<div>Mr<div></div></div> <div>Mrs<div></div></div> <div>Miss<div></div></div> <div>Other (please specify)<div></div></div>	<div>Mr<div></div></div> <div>Mrs<div></div></div> <div>Miss<div></div></div> <div>Other (please specify)<div></div></div>
2 Surname	<div></div>	<div></div>
3 First name(s)	<div></div> <div></div>	<div></div> <div></div>
4 Marital status	<div></div>	<div></div>
5 Date of birth (DD/MM/YY)	<div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>
6 Please tell us where you were born.		
Town	<div></div>	<div></div>
Country	<div></div>	<div></div>
Country code (if known)	<div></div>	<div></div>
7 Please list all countries in which you are tax resident. Please provide your tax identification number for each country.		
(i) Country	<div></div>	<div></div>
Country code (if known)	<div></div>	<div></div>
Tax identification number	<div></div>	<div></div>
(ii) Country	<div></div>	<div></div>
Country code (if known)	<div></div>	<div></div>
Tax identification number	<div></div>	<div></div>
(iii) Country	<div></div>	<div></div>
Country code (if known)	<div></div>	<div></div>
Tax identification number	<div></div>	<div></div>
<div>!</div> If necessary, please supply any additional information at the end of this document.		
<div>!</div> If you are unsure of your status as a tax resident, your tax identification number, or you have any other tax queries, we strongly recommend you seek professional tax guidance in order to avoid delaying your application.		
8 Country of residence	<div></div>	<div></div>
9 Residential address	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
10 Telephone number	<div></div>	<div></div>
11 Email address	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

	First (or only) Applicant	Second Applicant
12 How long have you lived at this address?	<div></div>	<div></div>
13 Correspondence address (if different to Residential address)	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
14 Correspondence address phone number	<div></div>	<div></div>
15 You will receive all correspondence and statements relating to your policy, unless you indicate otherwise below. Copies will also be sent your financial adviser. Alternatively, please tick here if you would prefer us to send all correspondence and statements relating to your policy to your financial adviser only.		<div></div>
16 In which countries do you have nationality/citizenship status? If you have more than one nationality/citizenship status please set out all countries of which you are a national/citizen, as well as the relevant tax identification number(s) where applicable.		
(i) Country	<div></div>	<div></div>
Country code (if known)	<div></div>	<div></div>
Tax identification number	<div></div>	<div></div>
(ii) Country	<div></div>	<div></div>
Country code (if known)	<div></div>	<div></div>
Tax identification number	<div></div>	<div></div>
(iii) Country	<div></div>	<div></div>
Country code (if known)	<div></div>	<div></div>
Tax identification number	<div></div>	<div></div>
17 Occupation	<div></div> <div>(If retired, please state former occupation)</div>	<div></div> <div>(If retired, please state former occupation)</div>
18 Nature of business	<div></div>	<div></div>
19 Are you in good health?	<div>Yes<div></div></div> <div>No<div></div></div> <div>If No, please give details on a separate piece of paper</div>	<div>Yes<div></div></div> <div>No<div></div></div>
20 Are you to be a Policyholder?	<div>Yes<div></div></div> <div>No<div></div></div>	<div>Yes<div></div></div> <div>No<div></div></div>
21 Are you to be a Life Assured?	<div>Yes<div></div></div> <div>No<div></div></div>	<div>Yes<div></div></div> <div>No<div></div></div>

If the applicants are not to be the Lives Assured, the supplementary application form 'Additional Lives Assured/Policyholders' must be completed. There must be at least one Life Assured for each policy.

Total Premium

USD/GBP/EUR/HKD/AED*

Minimum USD 37,500 (or GBP 25,000, EUR 37,500, HKD 375,000, AED 137,500)

Number of Policy segments

Maximum 25. Minimum 5.



If this box is left blank, then 5 policies will be issued. The number of policies cannot be altered once the policy has been issued.

Plan Currency

Please select the currency in which you wish your plan to be denominated (if no selection is made, the plan currency will be the currency in which the premium has been paid).

US Dollars (USD)

Sterling (GBP)

Euro (EUR)

HK Dollars (HKD)

Dirham (AED)

Optional Withdrawals

Investors may choose to receive a regular income from their policy. The current minimum individual withdrawal is USD 750 (or GBP 500, EUR 750, HKD 7,500, AED 2,750). The level of withdrawals may be varied or stopped altogether by giving written notice to Friends Provident International.

Withdrawal amounts are subject to minimum/maximum limits specified by Friends Provident International.

I wish to receive a total yearly amount of

or

%

of my initial investment,

payable (tick one box only)

monthly

quarterly

half-yearly

yearly

commencing

(date at which payment is to be dispatched from the Company)

I request Friends Provident International to pay the benefits by Telegraphic Transfer. Please transfer the benefits into my account (must be policyholder's account).

Sort code (if applicable)

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account name

Bank (name and address)

Source of wealth

Please refer to the Source of wealth table which is available on our website or from your financial adviser, for the evidential requirements to support Source of wealth.

Income and savings from salary (basic and/or bonus)	<input type="checkbox"/>	Current annual salary	Currency <input type="checkbox"/>	Amount <input type="text"/>	
		Employer's name	<input type="text"/>		
		Employer's address	<input type="text"/> <input type="text"/> <input type="text"/>		
		Nature of business	<input type="text"/>		
Maturity or encashment of life policy	<input type="checkbox"/>	Amount received	Currency <input type="checkbox"/>	Amount <input type="text"/>	
		Policy provider	<input type="text"/>		
		Policy number/reference	<input type="text"/>		
		Date of maturity or encashment	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sale of shares or other investments/ liquidation of investment portfolio	<input type="checkbox"/>	Description of shares/units/ deposits (i.e. name/where held)	<input type="text"/> <input type="text"/> <input type="text"/>		
		Name of seller	<input type="text"/>		
		Length of time held	Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/>	
		Sale amount	Currency <input type="checkbox"/>	Amount <input type="text"/>	
		Date funds received	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sale of property	<input type="checkbox"/>	Sold property address	<input type="text"/> <input type="text"/> <input type="text"/>		
		Date of sale	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Total sale amount	Currency <input type="checkbox"/>	Amount <input type="text"/>	
Company sale	<input type="checkbox"/>	Company name	<input type="text"/>		
		Nature of business	<input type="text"/>		
		Date of sale	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Total sale amount	Currency <input type="checkbox"/>	Amount <input type="text"/>	
		Client's share	<input type="text"/>	%	

Inheritance

☐

Name of deceased

Date of death

Relationship to applicant

Date received

Total amount

Currency

Amount

Solicitor's name

Solicitor's firm's name

Solicitor's address

Divorce settlement

☐

Date funds received

Total amount received

Currency

Amount

Name of divorced partner

Company profits

☐

Company name

Company address

Nature of company

Amount of annual profit

Currency

Amount

Asset (share) exchange

☐

Origin and means of wealth

Gift

☐

Length of time the assets have been held

Years

Months

Date funds received

Length of time the assets have been held

Years

Months

Total amount

Currency

Amount

Relationship to applicant

Donor's source of wealth

- Please provide all of the following:
- Letter from donor explaining the reason for the gift and the source of donor's wealth
 - Certified identification documents for donor

Employer paying premium

Please provide the following:

- Employer letter

Retirement income

Fixed deposit – savings

Dividend Payment

Other source of wealth

Please provide as much detail as possible.

<input type="checkbox"/>	Country of incorporation	<input type="text"/>	
	Incorporation number	<input type="text"/>	
<input type="checkbox"/>	Retirement date	<input type="text"/>	<input type="text"/>
	Previous occupation	<input type="text"/>	
	Name of last (final) employer	<input type="text"/>	
	Address of last (final) employer	<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
	Pension income source	<input type="text"/>	
<input type="checkbox"/>	Name of institution where savings held	<input type="text"/>	
	Date account established	<input type="text"/>	<input type="text"/>
	Details of how savings acquired	<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
<input type="checkbox"/>	Date of receipt of dividend	<input type="text"/>	<input type="text"/>
	Total amount received	Currency <input type="text"/>	Amount <input type="text"/>
	Name of Company paying dividend	<input type="text"/>	
	Length of time the shares have been held in the Company	Years <input type="text"/>	Months <input type="text"/>
<input type="checkbox"/>	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Choice of Funds

Please indicate the funds in which you wish your plan to invest, up to a maximum of 10, showing the percentage of the investible premium you wish to be invested in each fund. The total percentage must add up to 100% (please note we can only accept whole percentages).
Failure to include all relevant information accurately may delay the processing of your application.

Fund Code	Fund	% of Premium
		Total 100%

Payment Methods

Option 1

Use this option if you are paying by personal cheque or if you wish Friends Provident International to collect the premium from your bank on your behalf.

Please tick the appropriate box and follow the instructions carefully.

☐

BY PERSONAL CHEQUE. Please make cheques payable to Friends Provident International Limited.

☐

BY TELEGRAPHIC TRANSFER. Please complete the appropriate **Bank Instruction Letter** found on pages 15, 16 and 17 and return it to Friends Provident International with this Application Form.

Option 2

Use this option if you are making your own arrangements for payment by Banker's Draft or Telegraphic Transfer.

Please tick the appropriate boxes and complete the **Source of Payment** section below.

☐

BY BANKER'S DRAFT. I have arranged for the premium to be paid by Banker's Draft, as indicated below, payable to Friends Provident International (Ref: Policyholder). I have forwarded a certified copy of the Bank Acknowledgement Letter to Friends Provident International with this Draft.

Please tick one box only

☐

US Dollar Draft, drawn on a bank in New York

☐

Sterling Draft, drawn on a bank in the United Kingdom

☐

Euro Draft, drawn on a bank in the European Economic and Monetary Union (EMU)

☐

HK Dollar Draft, drawn on a bank in Hong Kong

☐

Dirham Draft, drawn on a bank in the United Arab Emirates

☐

BY TELEGRAPHIC TRANSFER. I have arranged for the premium to be paid by Telegraphic Transfer (Ref: Pre-Allocated Plan Number, if known:) and I have forwarded a certified copy of the Bank Application Form to Friends Provident International.

Source of Payment

I confirm the Banker's Draft/Telegraphic Transfer is to be paid for by debit of funds from my personal bank account. The details of this account are:

Sort code (if applicable)

—

—

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account currency

Account name

Bank (name and address)

PLEASE COMPLETE THE REST OF THIS SECTION IF YOU ARE UNITED ARAB EMIRATES (UAE) RESIDENT OR, IF YOU ARE NOT UAE-RESIDENT, YOU ARE SIGNING THIS APPLICATION FORM IN THE UAE. THIS INFORMATION IS MANDATORY AND YOUR APPLICATION CANNOT BE PROCESSED WITHOUT IT.

	First (or only) Applicant	Second Applicant
Applicant's financial circumstances		
Please state net annual income for last 3 years		
Annual income:	Year 1	
Annual income:	Year 2	
Annual income:	Year 3	
Details of assets held:		
Cash in bank:	Total amount	
Value of shares and equities:	Total amount	
Property value:	Total amount	
Other investments:	Total amount	
Details of liabilities held:		
Outstanding loans to be paid issued by banks:	Total amount	
Outstanding balance to be paid on other loans:	Total amount	
Outstanding balance to be paid on credit cards:	Total amount	
Details of banks where you hold accounts		
Please detail below the names of the bank(s) and branch address, where you hold accounts:		
Bank name		
Bank address		
Please continue on a separate sheet if necessary. Extra blank space is available on page 21.		
Details of other insurance policies held		
Policy number		
Provider		
Premium amount per year		
Status (paying, surrendered, paid up)		
Please continue on a separate sheet if necessary. Extra blank space is available on page 21.		

Important Notes

- 1 A specimen policy document and/or copy of this completed form are available on request.
- 2 You are advised to satisfy yourself/selves that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the policy.
- 3 You should seek guidance from your financial adviser as to the suitability of the policy to your own particular circumstances. Summit should be regarded as a medium to long-term investment.
- 4 You are obliged to provide the information as required in this Application and it is a condition precedent for you to apply for the policy. Information which you provide in connection with this Application and any subsequent policy will be held (whether stored electronically or otherwise), used or disclosed by Friends Provident International or any associated company that exists from time to time. You have the right to obtain access to and to request a correction of any personal information about you. Requests can be made to the Data Protection Officer at Royal Court, Castletown, Isle of Man, British Isles IM9 1RA.
- 5 Each policy is governed by and shall be construed in accordance with the laws of the Isle of Man.
- 6 Underlying fund prospectuses are available from Friends Provident International on request.
- 7 **Specialist Fund Acknowledgement**

We offer products that provide access to a wide range of funds, known as mirror funds, that invest in all the major asset classes and geographic regions of the world. Some of these mirror funds invest into funds which are classed as specialist funds, aimed at professional or experienced investors. If you were to invest into such a fund directly, as a separate venture not linked to this application and instead of using one of our mirror funds, you may have to declare that:

- You have read and understood the information supplies to you and understand the nature of any risks involved.
- You have discussed with your financial adviser whether such an asset is appropriate to your investment portfolio.
- You are eligible and able to invest into the fund and have the level of investment knowledge and experience required by the fund manager.
- You meet certain minimum financial requirements.

Ordinarily some of these funds could only be held by professional/experienced investors rather than retail investors. Also, information relating to such investments may not be available for distribution in certain jurisdictions. However, when the investment is made through your policy, we are treated as the professional or experienced investor and this enables policyholders that may not have been able to do so, to access these funds.

Please note that different jurisdictions may impose different criteria on the generally accepted definition of a professional/experienced investor. Full definitions, restrictions and investor requirements can be found in each fund's prospectus/terms and conditions, which is available from the fund manager or your financial adviser. We recommend that you obtain, read and fully understand a copy of the prospectus/terms and conditions for your chosen investment.

Liquidity Information

Some of our funds may have restriction on their ability to pay redemptions due to the type of underlying investment they hold. This could limit your ability to raise cash from the fund in the future.

Investing in funds should be considered a long-term investment. You in conjunction with your financial adviser, should consider the amount you invest via your policy if it is likely that you will need access to your capital quickly in the future.

Declarations

Attention is drawn to the following Declarations. If the Application form requests information which has to be assessed by Friends Provident International before acceptance, then you must disclose all facts which are material. Such facts are those which a financial institution would regard as likely to influence the assessment and acceptance of an application. If you are in doubt as to the relevance of any particular information you should disclose it, as failure to do so could result in you being provided with the wrong terms, a request being rejected or reduced, or the policy being invalid.

1 Fund Acknowledgement

- (i) I understand that I may choose the investments to which my policy is to be linked.
- (ii) I acknowledge that it is my responsibility to ensure that the asset is suitable, considering my investment objectives and attitude to risk.
- (iii) I confirm that I understand certain assets may have restrictions on their ability to raise cash in the future, and that further details are included in the prospectus or terms and conditions for the respective underlying fund. I understand the risks associated with investing in these funds and understand that I may be investing into funds not aimed at the general public and agree to investments in such funds.
- (iv) If I choose to invest into mirror funds which in turn invest into specialist funds aimed at professional investors, I acknowledge that it is my responsibility to obtain, read and understand the underlying fund's prospectus.
- (v) I acknowledge that Friends Provident International is not responsible for the investment performance or any loss suffered or reduction in the value of my policy, arising from my chosen investment. Friends Provident International does not have any responsibility for the investment management of the assets within my policy and Friends Provident International does not approve any asset as a suitable investment.
- (vi) I acknowledge that the purchase of my investments may be delayed if Friends Provident International requires a signed declaration in respect of my chosen investments.
- (vii) I acknowledge that specific investor protection and compensation schemes that may exist in relation to collective investments and deposit accounts are unlikely to apply in the event of failure of such an investment held within insurance contracts.

2 General Declarations

I declare that this Application was signed in

(country)

and the advice was given in

(country)

I further declare that all the information provided in this Application, including this Declaration, are complete and true to the best of my knowledge and belief. I agree that they shall form the basis of the policy under the laws of the Isle of Man.

I have received, read and have been given an explanation of all the printed materials relevant to this policy and I have been acquainted with the management charges made by Friends Provident International.

I further declare that I understand and agree that the policy shall not become effective until it is issued with the first premium paid in full and all requirements have been met.

I understand that this Application can only be accepted by employees of Friends Provident International situated at the Company's Head Office in the Isle of Man and that no other employees or third parties have the necessary authority to create a binding contract.

I am aware that deliberate tax evasion is a criminal offence. I am responsible for my own tax affairs and I hereby declare that I understand my personal tax obligations and responsibilities and I have complied with all legal requirements to make declarations to tax authorities and pay the tax that I owe. As appropriate and necessary I have taken, or will take, legal advice in relation to my tax affairs and in particular, my tax obligations as they apply to this application.

3 Data Protection

I agree that any personal information collected or held by Friends Provident International (whether contained in this Application or otherwise) is provided and may be held, used or disclosed by Friends Provident International and other members of the Friends Life group of companies wherever they are situated. I understand that Friends Provident International and other members of the Friends Life group will:

- (i) use and transfer the information to professional advisers, IT service providers, financial advisers, mailing houses, agents, underwriters and reinsurers for the purposes of administration, underwriting, claims, research or statistical purposes. Such processing is subject to contractual restrictions and appropriate security steps to protect the information;
- (ii) communicate with me, my financial adviser and fund adviser whether directly or indirectly for any purpose;
- (iii) supply the details or provide a copy of the information to any financial services company wherever they are situated to enable the purchase of assets requested to be linked to the policy;
- (iv) transfer information to relevant regulatory bodies or authorities, for example the Insurance and Pensions Authority, the United Arab Emirates Insurance Authority, the US Internal Revenue Service, and tax authorities to enable them to carry out their regulatory and statutory functions; and
- (v) disclose information to third parties in order to comply with anti-money laundering laws and for other purposes such as the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

By signing this form I consent to this use of my personal data.

I understand that Friends Provident International would like to keep me informed about other products and services provided by companies within the Friends Life group and other carefully selected organisations.

I do not wish you to contact me by:

First (or only) Applicant

Second Applicant

PostPhoneEmail

PostPhoneEmail

You may change your mind at any time by writing to the Data Protection Officer, Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Otherwise we will assume that you are happy to be contacted in this way until instructed otherwise.

4 Withholding Tax/Premium Tax

I acknowledge that in the event of any premium tax or withholding tax being levied in my country of residence it will be my responsibility to increase the premium by an amount equal to the liability or to settle the liability directly with the relevant tax authorities.

5 I acknowledge that Friends Provident International and my financial adviser have entered into an agreement ('terms of business') which sets out the basis upon which Friends Provident International is prepared to accept applications submitted by the financial adviser on my behalf. This agreement categorically states that the financial adviser acts as my agent, and not the agent of Friends Provident International. I acknowledge that my financial adviser, or any other, has no authority to act as the agent of Friends Provident International or to state, suggest or imply that it has such authority. I acknowledge and authorise my financial adviser to be remunerated for its services by brokerage commission from Friends Provident International.

Signature(s)

First (or only) Applicant

Second Applicant

Signature

Date

Signature

Date

XIM9/A 08.14

13

In all cases applicants should seek financial and legal advice regarding the implications of a particular arrangement or course of action. This is to ensure that use of this nomination is suitable for your personal circumstances taking account of the tax and legal provisions relevant to your jurisdiction of domicile and residence. Depending on your financial objectives alternative arrangements such as trusts may be more suitable and we recommend you obtain appropriate advice.

To: Friends Provident International Limited

Subject to any future revocation or appointment, I hereby appoint the following person/persons as Payee(s) in the share/shares indicated below:

Full name and address of the Payee(s)	Share of Benefit (%)
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

Certified identification and verification of residential address for each beneficiary will be required at the time of the claim.

In the event that at the time of any payment you are unable to contact the Payee(s), you should make enquiries of the following person/ persons for the purposes of locating the Payee(s):

Name of contact:

Address:

Telephone number:

If no contact name is given, this will not affect the validity of this Appointment. Names and details of other contact persons may be attached if desired.

I confirm that I have taken legal advice before signing this form or I have elected not to do so.

I also understand that the appointment of Payee(s) made on this form shall be revoked by any surrender, assignment or disposal of the Policy and also by my death if at my death I am survived by other persons named as Life Assured on the Schedule to the Policy.

This form shall form part of the Policy and the appointment is made in accordance with the relevant provision of the Policy. The expression ‘Payee(s)’ shall have the meaning given in the policy conditions.

Signed (All policyholders must sign)

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Accepted by Friends Provident International Limited on



Only applicable to Applicants who DO NOT have bank accounts in the Far East and are paying in US dollars, sterling or euro.

Please note that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.

This form should be returned with your Application Form.

Please use BLOCK CAPITALS.

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number	Sort Code (if applicable)
Account Currency (must be completed if the account is multi-currency)	SWIFT/BIC Code (if applicable)
Account Holder's Name	IBAN (if applicable)

Dear Sir,

On my behalf would you please prepare a Telegraphic Transfer and carry out the transaction indicated within **48 hours** of you receiving this instruction.

Section A – Telegraphic Transfers

If remitting sterling from a UK/Channel Island or Isle of Man bank account, send the payment by CHAPS direct to the Isle of Man Bank Limited, East Region, Douglas, Sort Code 60-95-45. For all other currencies, please remit a SWIFT Payment Order direct to Isle of Man Bank Limited, SWIFT Code RBOSIMD2, IBAN: GB48RBOS60954540038485. The beneficiary account name is **Friends Provident International** and the beneficiary account number is shown below.

☐

US dollar, sterling and euro Transfer — Account No. 9545-40038485

The reference number below (see Section B) must be quoted by the Bank on all advices.

USD/GBP/EUR* (figures)	USD/GBP/EUR* (words)
---------------------------	-------------------------

Please charge the amount of the payment **together with any bank and agent bank's charges** to my account.

Yours faithfully,

Signature(s)	Signature	Signature
	Date	Date

My Address	
------------	--

Section B (to be completed by Friends Provident International)

This Reference Number must be quoted by the Bank on all advices





Only applicable to Applicants with bank accounts in the Far East.
Please note that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.
This form should be returned with your Application Form.
Please use BLOCK CAPITALS.

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number	Sort Code (if applicable)
<input type="text"/>	<input type="text"/> — <input type="text"/> — <input type="text"/>
Account Currency (must be completed if the account is multi-currency)	SWIFT/BIC Code (if applicable)
<input type="text"/>	<input type="text"/>
Account Holder's Name	IBAN (if applicable)
<input type="text"/>	<input type="text"/>

Dear Sir,
On my behalf would you please prepare a Telegraphic Transfer and carry out the transaction indicated within **48 hours** of you receiving this instruction.

Section A – Telegraphic Transfers

Please remit to HSBC Limited, 1 Queen’s Road, Central, PO Box 64, Hong Kong, SWIFT Code HSBCHKHH, for credit to **Friends Provident International** and the beneficiary account number shown below.

<input type="checkbox"/>	US Dollar Transfer — Account No. 511-667685-201
<input type="checkbox"/>	Sterling Transfer — Account No. 511-667685-202
<input type="checkbox"/>	Euro Transfer — Account No. 511-667685-220
<input type="checkbox"/>	HK Dollar Transfer — Account No. 511-667685-001

The reference number below (see Section B) must be quoted by the Bank on all advices.

USD/GBP/EUR/HKD* (figures)	USD/GBP/EUR/HKD* (words)
----------------------------	--------------------------

Please charge the amount of the payment **together with any bank and agent bank’s charges** to my account.

Yours faithfully,
Signature(s)

Signature	Signature
Date	Date

My Address	<input type="text"/>
------------	----------------------

Section B (to be completed by Friends Provident International)

This Reference Number must be quoted by the Bank on all advices

<input type="text"/>





17

What YOU need to provide

Verification of identity, address and source of wealth accumulation

We have a legal obligation to verify the identity and residential address of each person who applies for one of our products. We also have a regulatory obligation to obtain details of how the applicant(s) has/have acquired the monies/assets that they will invest with us.

There are good reasons for doing this. Criminals and terrorists often try to launder money by using false or stolen identities in order to open accounts or place investments with financial institutions such as Friends Provident International. By providing the information and documents requested, you are not only helping us to comply with stringent money laundering legislation, but you are helping to protect your own identity.

Step 1

Verify the identity of each Applicant

The required documents to verify identity are:

- A Passport; or
- A Government-issued Identity Card (carrying a photograph of the individual).

Where it is not possible to obtain either a Passport or a National Identity Card, two other formal government-issued documents carrying appropriate personal details, which show verifiable reference numbers, may be accepted. Examples would include:

- Driving License with photograph
- Annual Tax Assessment issued by the Tax Authorities
- A Government-issued document containing a unique reference number which is specific to each Applicant.

These documents must be certified (please refer to **STEP 3**).

Step 2

Verify the address of each Applicant

We will also require an original or certified copy of a document, to verify each Applicant's residential address (please refer to **STEP 3**). A list of the documents that are acceptable for this purpose is provided below.

The document must be issued in the name of the Applicant and show the residential address that appears on the application form. In all cases the documents seen should be the most recent available, and no older than 3 months, unless the document used to verify address is only issued on an annual basis.

- Utility Bill, (water, Gas, electricity, landline telephone connection) Rates Invoice, council tax notification
Please note, mobile telephone bills, cable TV bills and Internet service provider's bills are not acceptable as evidence of address
- Current driving license with photograph
- Tax assessment document
- Extract from the official Registrar of Electors
- Bank Account statement
Please note, statements of credit cards and non-bank cards, such as store cards, are not acceptable
- State pension, benefit or other government-produced document showing benefit entitlements
- Letter from the Applicant's employer, confirming their residential address and the policyholder's position within the company. Where the Applicant has accompanied a partner or spouse on a work assignment or contract, and they are also an Applicant, an employer may confirm the address of a non-employee where a relationship is detailed. If the applicant (or spouse) is the owner/part owner of the company a letter from the company will not be accepted
- Proof of ownership or rental of the residential address
- Mortgage statement.

These documents must be certified (please refer to **STEP 3**).

What YOU need to provide

Background

Incorrect certification of documents is one of the main reasons for delays in processing applications. The Isle of Man Insurance and Pensions Authority, our principal regulator, is very specific about how documents are to be certified, and who can perform this function.

Certification of copy documents

The certifier must state on the document:

'I certify that this is a complete and accurate copy of the original documentation that I have seen...'

Signed: (the signature of the certifier)

Name: (the printed name of the certifier)

Position/Capacity: (the position or capacity of the certifier)

Date: (the date of certification)

Improper certification could lead to delays.

If the document is more than one page, the certifier can either:

- certify each page individually or,
- certify the top page and add a statement detailing the number of pages of the original documentation seen.

Who can certify a copy of an original document?

The adviser you have appointed

Who has recommended this product to you

A notary public, licensed lawyer or solicitor

A notary public is a public officer appointed under authority of state law with power to administer oaths, certify affidavits, take acknowledgements and take depositions or testimony.

An authorised representative of an embassy or consulate of the country that issued the identification documents.

Translation of documents not written in English

Where a document submitted for address verification is not written in English, we require the certifier to explain on the document:

- What the document is
- Indicate where the applicant's name and address is printed
- The certifier should also write a statement onto the document to the effect that:

'I certify that the address stated on this document is a true translation of the English address written on the application form...'

Signed: (the signature of the certifier)

Name: (the printed name of the certifier)

Position/Capacity: (the position or capacity of the certifier)

Date: (the date of certification)

Background

Isle of Man authorised life companies are required by the Insurance and Pensions Authority to make enquiries as to how a client applying for one of our products has acquired the monies that will be invested. This Source of wealth information is an integral part of the overall 'Know Your Client' (KYC) requirements that we must perform. It is also a legal, as well as a regulatory requirement, to perform a risk-based assessment of the applicant and conduct enhanced due diligence where higher risk circumstances are identified. This means that in certain circumstances independent evidence will be required to support the explanation of the client's Source of wealth. Incorrect certification of documents is one of the main reasons for delays in processing applications. The Isle of Man Insurance and Pensions Authority, our principal regulator, is very specific about how documents are to be certified, and who can perform this function.

Information to be provided

On pages 6, 7 and 8 of this application form, you should clearly explain how you have acquired the wealth that you will use to pay premiums.

Supporting documentation to evidence Source of wealth

Friends Provident International uses both the premium size and your residential location to identify when applications require documentary evidence. Evidence will be required where the premium is on or above the limits.

Premium levels and country risk ratings are subject to alteration and for that reason you will need to refer to the premium limits table published on the company's website. It is available in PDF format on our website.

You will need to combine the premium levels indicated in the premium limits table with the risk rating of your country of residence (or country where wealth is generated), to determine whether evidential support should be submitted with this application. We need documentary evidence each time a premium moves the total cumulative premium on, or higher, than the premium limits allocated to the particular country risk. Your financial adviser, who has recommended this product to you, will be able to help and advise you with this.

Important note to the introducing intermediary: ALL COPIES of original documentation must be properly certified by you, the introducing intermediary, in the same manner as you would certify client identity documentation and residential address proof.

Trust applications

Where the payment is made by the trustees, the same source of wealth information as above should be provided for the settlor and settled monies.

Please provide any additional information here:

Please provide any additional information here:

Please provide any additional information here:

Important Information

The information given in this document is based on Friends Provident International's understanding of current Isle of Man law and taxation practice, which may change in the future. No liability can be accepted for any personal tax consequences of this scheme or for the effect of future tax or legislative changes.

Investment involves risk. Past performance should not be viewed as a reliable guide of future performance. Fund prices may go up and down depending on underlying investment performance, and the value of your investment cannot be guaranteed. Investments held within a fund may not be denominated in the currency of that fund and the value of those assets can go up and down simply because of movements in currency exchange rates. All fund performance is quoted net of annual charges.

All policyholders are protected by the Life Assurance (Compensation of Policyholders) Regulation 1991 of the Isle of Man, wherever their place of residence.

Investors should be aware that specific investor protection and compensation schemes that may exist in relation to collective investments and deposits accounts are unlikely to apply in the event of failure of such an investment held within insurance contracts.

Complaints we cannot settle can be referred to the Financial Services Ombudsman Scheme for the Isle of Man.

Some telephone communications with the Company are recorded and may be randomly monitored or interrupted.

Each Policy is governed by and shall be construed in accordance with the laws of the Isle of Man. However, this will not preclude the right to bring legal action in a Hong Kong court. If you effect a policy whilst resident in the United Arab Emirates, all disputes regarding the policy shall be subject to the non-exclusive jurisdiction of the courts of the United Arab Emirates.

Copyright © 2014 Friends Provident International.
All rights reserved.

Friends Provident International Limited

Registered & Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA
Telephone: +44(0) 1624 821212 Fax: +44(0) 1624 824405
Website: www.fpinternational.com

Incorporated company limited by shares
Registered in the Isle of Man No. 11494
Authorised by the Isle of Man Insurance & Pensions Authority
Provider of life assurance and investment products

Authorised by the Office of the Commissioner of Insurance to conduct long-term insurance business in Hong Kong

Registered in the United Arab Emirates as an insurance company (Registration No.76)
and as a foreign company (Registration No. 2013)

Authorised by the United Arab Emirates Insurance Authority to conduct life insurance and savings business

Registered in Singapore No. F06835G

Registered by the Monetary Authority of Singapore to conduct life insurance business in Singapore

