

Application form

Trustee

Financial adviser and policy details

Company name

Friends Provident International
agency number

Contact details for acknowledgement/queries on the application.

Contact name

Phone number

Email address

Policy number (if known)

Please contact us to obtain a
pre-allocated policy number if desired.

Please ensure that all relevant certified documentation is enclosed with this application

For each trust

Copy of 'Appointment of Trustees' document (usually the trust deed or declaration).

☐

For each individual trustee

Verification of identity.

☐

Verification of address such as utility bill (or suitable alternative).

☐

For corporate trustees

Copy of certificate of incorporation.

☐

Copy of latest audited accounts.

☐

Copy of share register.

☐

Copy of signatory list and signing powers.

☐

Evidence of the registered office address (if this is not the address on the application, we require evidence that the address is being used and confirmation of why there is a difference).

☐

Please supply ID for all directors, one of which must be an executive director

Director 1: Verification of identity.

☐

Director 1: Verification of address.

☐

Director 2: Verification of identity.

☐

Director 2: Verification of address.

☐

Verification of identity and address for any shareholder owning 25% or more of the shares.

☐

Source of wealth supporting documentation (where required).

☐

Please tick to confirm you have filled in all of the following sections and provided the relevant information

Section 1: Setting up the policy.

☐

Section 2: Policy details, including payment method and source of wealth information.

☐

Section 3: Declarations.

☐

Receipt and explanation given of the information contained in the brochure and other relevant materials.

☐

This application form should only be completed where the applicants are trustees of an existing trust.

This form should be read in conjunction with the following documents:

- Ultra Advance brochure
- Ultra Advance product guide
- Fund prices leaflet.

Specimen policy conditions are available from us on request.

If you are a corporate trustee, please complete Section 1, Part A. If not, please complete Section 1, Part B. Please complete all other details in Section 1.

Please provide all relevant information and documentation so that we can process your application as soon as possible. If you do not provide all relevant information, it may cause a delay in the processing of your application. Further information may be required during the validation process (i.e. questions arising from the information provided).

Please complete this form in English, using block capitals. If you make a mistake, please cross it out and correct it, initialling any amendments. Please do not use correction fluid or any other method for deleting incorrect information.

Your reason for investing through Ultra Advance

Retirement funding

Education funding

Medium to long-term savings*

For a special event (please detail)

☐

☐

☐

☐

* If no reason has been ticked, we will assume Ultra Advance is required for medium to long-term savings.

Additional information/Special instructions

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

To be completed if the applicant is a corporate trustee.

Please refer to 'What you need to provide' for requirements to support verification of identity and address on page 27.

Please write in ink and use block capitals.

Section 1: Setting up the policy

Part A: Corporate trustees

Company name	<input type="text"/>
Registered address	<input type="text"/> <input type="text"/>
Country of registration	<input type="text"/>
Registration number	<input type="text"/>
Regulated by	<input type="text"/>
Authorisation number	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email address (mandatory)	<input type="text"/>
Correspondence address (if different from above)	<input type="text"/> <input type="text"/>
Contact name	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Position or occupation (if retired, please state former occupation)	<input type="text"/>

You will receive your policy documents and all correspondence relating to your policy, unless you indicate otherwise below. Copies will also be sent to your financial adviser.

Alternatively, please tick here if you would prefer us to send your policy documents and all correspondence relating to your policy to your financial adviser only.

☐

Section 1: Setting up the policy (continued)

Part A: Director(s) details

(If there are more than four directors, please provide details on a separate sheet.)

	First director	Second director
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/Passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Nationality	<input type="text"/>	<input type="text"/>
10 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	Third director	Fourth director
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/Passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Nationality	<input type="text"/>	<input type="text"/>
10 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

To be completed if the applicant(s) is/are a non-corporate trustee(s).

Please refer to 'What you need to provide' for requirements to support verification of identity and address on page 27.

Please write in ink and use block capitals.

Section 1: Setting up the policy (continued)

Part B: Trustee for correspondence

1	Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
2	Surname (as shown on ID card/passport)	<input type="text"/>				
3	First name(s) (as shown on ID card/passport)	<input type="text"/>				
4	ID card/Passport number	<input type="text"/>				
5	Country of issue	<input type="text"/>				
6	Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Residential address	<input type="text"/>				
8	Email address (mandatory)	<input type="text"/>				
9	Home telephone number	<input type="text"/>				
10	Work telephone number	<input type="text"/>				
11	Mobile number	<input type="text"/>				
12	Fax number	<input type="text"/>				
13	Please list all countries in which you are tax resident. Please provide your tax identification number for each country. Please continue on a separate piece of paper, if necessary.	Country 1	<input type="text"/>			
Tax identification number		<input type="text"/>				
Country 2		<input type="text"/>				
Tax identification number		<input type="text"/>				
<p>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. Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.</p>						
14	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. Please continue on a separate piece of paper, if necessary.	Country 1	<input type="text"/>			
Tax identification number		<input type="text"/>				
Country 2		<input type="text"/>				
Tax identification number		<input type="text"/>				
<p>Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.</p>						

Section 1: Setting up the policy (continued)

Part B: Trustee for correspondence (continued)

- 15 Position or occupation (if retired, please state former occupation)

Part B: Other trustees

(If there are more than four trustees, please provide details on a separate sheet.)

	Second trustee	Third trustee
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/Passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10 Please list all countries in which you are tax resident. Please provide your tax identification number for each country. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>

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. Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.

Section 1: Setting up the policy (continued)

Part B: Other trustees (continued)

	Second trustee	Third trustee
11 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. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>
12 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>
	Fourth trustee	Fifth trustee
1 Title	Mr <input type="text"/> Mrs <input type="text"/> Miss <input type="text"/> Ms <input type="text"/> Other <input type="text"/>	Mr <input type="text"/> Mrs <input type="text"/> Miss <input type="text"/> Ms <input type="text"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/Passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10 Please list all countries in which you are tax resident. Please provide your tax identification number for each country. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>

Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.

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. Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.

Section 1: Setting up the policy (continued)

Part B: Other trustees (continued)

	Fourth trustee	Fifth trustee
11 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. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>
	Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.	
12 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

Part C: Lives assured (continued)

(If more than four lives assured are required, please complete the 'Supplementary form for additional lives assured'.)

	First life assured	Second life assured
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/Passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Nationality	<input type="text"/>	<input type="text"/>
10 Relationship to trust	<input type="text"/>	<input type="text"/>

Section 1: Setting up the policy (continued)

Part C: Lives assured (continued)

	Third life assured	Fourth life assured
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/Passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Nationality	<input type="text"/>	<input type="text"/>
10 Relationship to trust	<input type="text"/>	<input type="text"/>

Part D: Politically exposed persons

If you, the trustee, or any party connected to this application, could be defined as a politically exposed person (PEP) (for examples, refer to page 21 for guidance), please provide details.

Name	<input type="text"/>
Connection to policy	<input type="text"/>
Position held as a PEP	<input type="text"/>
In what country was/is the position held?	<input type="text"/>

Section 1: Setting up the policy (continued)

Part E: Entity tax compliance questionnaire

Please answer **all** questions.

1 Is the applicant a US specified person? Yes ☐ No ☐ If Yes, please state the tax identification number below.

2 Is the applicant UK resident? Yes ☐ No ☐ If Yes, please state the tax identification number below.

If you have answered No to either of the above, please state the countries where the trust is resident for tax purposes.

Country 1

Tax identification number

Country 2

Tax identification number

3 Is the applicant a Financial Institution issued with a GIIN?

Yes ☐ No ☐

If Yes, please indicate GIIN number

If a GIIN is yet to be issued, please notify us when received.

4 Is the applicant a Financial Institution without a GIIN?

Yes ☐ No ☐

If Yes, please state the reason. If you have answered Yes, you may wish to contact us prior to submitting this application.

5 Is the applicant a trustee of a UK pension scheme registered under Part 4 of the Finance Act 2004?

Yes ☐ No ☐

6 Is the applicant exempt from FATCA/ UK IGA reporting?

Yes ☐ No ☐

If Yes, please state the reasons.

7 Is the applicant a trustee documented trust?

Yes ☐ No ☐

If Yes, please indicate the sponsoring entity's GIIN number.

8 Is the applicant an actively trading non-financial institution (including trading companies)?

Yes ☐ No ☐

9 Is the applicant a non-trading entity (including family trusts where a professional trustee is not being used, and investment holding companies)?

Yes ☐ No ☐

If Yes, complete Part F for all Controlling persons.

Please note that you do not need to provide information for those who have already been included in Section 1, Part B.

Please contact us if you believe that none of the above are applicable to the Entity.

Section 1: Setting up the policy (continued)

Part F: Controlling persons details

For a Trust, this includes Settlor, Trustee, Protector (if any), beneficiaries of absolute trusts with 25% or more entitlement and any other person who can exercise overall control over the Trust.

	Controlling person 1	Controlling person 2
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Name (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 ID card/Passport number	<input type="text"/>	<input type="text"/>
4 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6 Please list all countries in which you are tax resident. Please provide your tax identification number for each country. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>
	<p>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. Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.</p>	
7 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. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>
	<p>Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.</p>	
8 What makes this individual a controlling person?	<input type="text"/>	<input type="text"/>
9 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

Section 1: Setting up the policy (continued)

Part F: Controlling persons details (continued)

	Controlling person 3	Controlling person 4
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Name (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 ID card/Passport number	<input type="text"/>	<input type="text"/>
4 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6 Please list all countries in which you are tax resident. Please provide your tax identification number for each country. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>
	<p>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. Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.</p>	
7 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. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>
	<p>Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.</p>	
8 What makes this individual a controlling person?	<input type="text"/>	<input type="text"/>
9 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

Section 2: Policy details

Total premium

Monthly premiums	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> HKD <input type="text"/>	Minimum USD 1,500 (or GBP 1,000, EUR 1,500, HKD 12,000)
	Amount <input type="text"/>	
Quarterly premiums	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> HKD <input type="text"/>	Minimum USD 4,500 (or GBP 3,000, EUR 4,500, HKD 36,000)
	Amount <input type="text"/>	
Half-yearly premiums	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> HKD <input type="text"/>	Minimum USD 9,000 (or GBP 6,000, EUR 9,000, HKD 72,000)
	Amount <input type="text"/>	
Yearly premiums	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> HKD <input type="text"/>	Minimum USD 18,000 (or GBP 12,000, EUR 18,000, HKD 144,000)
	Amount <input type="text"/>	

The plan will be issued as 10 individual policies. If you wish your plan to be issued as one single policy, tick here. ☐

Payment methods

Please tick the appropriate box and follow the instructions carefully. **Please note that cash is not an acceptable payment method.**

By standing order/bank transfer

☐

I have arranged for the premium to be paid by debit of funds from my personal bank account and have forwarded a certified copy of the bank instruction to Friends Provident International Limited.

Bank details

Sort code (if applicable)

 - -

Note: We must have either a sort code or SWIFT/BIC code.

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account currency

(Must be completed if the account is multi-currency.)

Account name

Bank name

Bank address

We have arranged to transfer the amount of

USD GBP EUR HKD (figures) (words)

Payable (tick one box only)

Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Commencing

on the day of (month) (year)

until this order is cancelled in writing. I have charged the amount of the payment together with any bank and agent bank's charges to my account.

Section 2: Policy details (continued)

Payment methods (continued)

For applicants with bank accounts in the Far East

Bank	Hong Kong & Shanghai Banking Corporation Limited
Address	Main Office, 1 Queen's Road, Central, Hong Kong
Account name	Friends Provident International Limited
Account number: USD policies	511-667685-201
Account number: GBP policies	511-667685-202
Account number: EUR policies	511-667685-220
Account number: HKD policies	511-667685-001
SWIFT Code	HSBCHKHH

Pre-allocated policy number

This reference must be quoted by the bank on all payments.

For applicants with bank accounts not in the Far East (USD, GBP, EUR policies only)

Bank	HSBC, London
Address	8 Canada Square, London E14 5HQ
Account name	Friends Provident International Limited
SWIFT/BIC	MIDLGB22
GBP	GB86MIDL40193822566621
EUR	GB95MIDL40051558980092
USD	GB42MIDL40051558980076

Pre-allocated policy number

This reference must be quoted by the bank on all payments.

We accept payment by

USD	Telegraphic Transfer (TT)
GBP	CHAPS/BACS/Faster Payment (from UK/Channel Island or Isle of Man banks) or Telegraphic Transfer (TT – from other regions)
EUR	SEPA (from Eurozone banks) or Telegraphic Transfer (TT)
HKD	ACH or Telegraphic Transfer (TT)

Friends Provident International Limited's full postal address is: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA.

By credit card

☐

If you are returning this application form by post or fax, please complete the 'Direct charge authority' on page 25. If you intend applying electronically, please submit credit card details via our secure website.

By cheque/banker's draft (for half-yearly and yearly premiums only, that are paid in USD, GBP, EUR or HKD)

☐

USD drawn on a bank in New York

☐

GBP drawn on a bank in the United Kingdom

☐

EUR drawn on a bank in the European Economic and Monetary Union (EMU)

☐

HKD drawn on a bank in Hong Kong

☐

Important note: A certified copy of the bank acknowledgement letter must be sent to us with every draft.

Please make cheques/banker's drafts payable to 'Friends Provident International Limited (ref: policy number)'.

These should be sent directly to: Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA.

HKD drafts should be sent directly to: Friends Provident International Limited, Suites 1203-1211, Two Pacific Place, 88 Queensway, Hong Kong.

Section 2: Policy details (continued)

Source of payment

For all methods of payment excluding credit card.

We confirm the premium is to be paid for by debit of funds from my personal /company bank account. The details of this account are as follows.

Sort code (if applicable)

 - -

SWIFT/BIC code (if applicable)

Note: We must have either a sort code or SWIFT/BIC code.

IBAN (if applicable)

Account number

Account currency

(Must be completed if the account is multi-currency.)

Account name

Bank name

Bank address

Payment term

Please indicate payment term (in figures)

The payment term must not be less than 5 years or more than 25 years from inception of the policy.

The maximum age of the youngest life assured at the end of the chosen payment term is 75. Please be aware that you should only invest in this product if you intend to pay the premium for the whole of your chosen payment term.

Currency

The currency of your policy will be the currency in which you pay your premiums. If you wish to receive valuations of your policy in a different currency from the policy currency, please tick the appropriate box. **If no selection is made, valuations will be produced in the policy currency.**

US dollars
(USD) ☐

Sterling
(GBP) ☐

Euro
(EUR) ☐

HK dollars
(HKD) ☐

Section 2: Policy details (continued)

Choice of mirror funds

Please indicate the funds in which you wish your policy to invest, up to a maximum of 10, showing the percentage of each investible premium you wish to be invested in each fund. Please note we can only accept whole percentages.

Failure to include all relevant information accurately may delay the processing of your application.

Fund code	Mirror fund	% of premium
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
Please use whole percentages only and make sure that the total is 100%.		Total 100%

Lifestyling investment strategy

Do you wish to include a lifestyling investment strategy?

Yes ☐ No ☐

If **Yes**, which lifestyling investment strategy do you wish to select?

Cautious (10 years) Balanced (5 years) Speculative (3 years)

Please note the maximum 10 fund limit includes any lifestyling investment strategy selected by you.

Section 2: Policy details (continued)

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)

If self-employed or a company share owner, please refer to 'Company profits' following.

<input type="checkbox"/>	Current annual salary	Currency <input type="text"/>	Amount <input type="text"/>
	Employer's name	<input type="text"/>	
	Employer's address	<input type="text"/>	
		<input type="text"/>	
	Nature of business	<input type="text"/>	

Maturity or surrender of life policy

<input type="checkbox"/>	Amount received	Currency <input type="text"/>	Amount <input type="text"/>
	Policy provider	<input type="text"/>	
	Policy number/reference	<input type="text"/>	
	Date of maturity or surrender	<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"/>	
	Name of seller	<input type="text"/>	
	Length of time held	Years <input type="text"/>	Months <input type="text"/>
	Sale amount	Currency <input type="text"/>	Amount <input type="text"/>
	Date funds received	<input type="text"/>	<input type="text"/>

Sale of property

<input type="checkbox"/>	Sold property address	<input type="text"/>	
		<input type="text"/>	
	Date of sale	<input type="text"/>	<input type="text"/>
	Total sale amount	Currency <input type="text"/>	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"/>
	Total sale amount	Currency <input type="text"/>	Amount <input type="text"/>
	Client's share	<input type="text"/> %	

Section 2: Policy details (continued)

Source of wealth (continued)

Inheritance

<input type="checkbox"/>	Name of deceased	<input type="text"/>
	Date of death	<input type="text"/> <input type="text"/> <input type="text"/>
	Relationship to applicant	<input type="text"/>
	Date received	<input type="text"/> <input type="text"/> <input type="text"/>
	Total amount	Currency <input type="text"/> Amount <input type="text"/>
	Solicitor's name	<input type="text"/>
	Solicitor's firm's name	<input type="text"/>
	Solicitor's address	<input type="text"/> <input type="text"/> <input type="text"/>

Divorce settlement

<input type="checkbox"/>	Date funds received	<input type="text"/> <input type="text"/> <input type="text"/>
	Total amount received	Currency <input type="text"/> Amount <input type="text"/>
	Name of divorced partner	<input type="text"/>

Company profits

<input type="checkbox"/>	Company name	<input type="text"/>
	Company address	<input type="text"/> <input type="text"/> <input type="text"/>
	Nature of company	<input type="text"/>
	Amount of annual profit	Currency <input type="text"/> Amount <input type="text"/>

Asset exchange

If the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets.

<input type="checkbox"/>	Origin and means of wealth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--------------------------	----------------------------	--

Length of time the assets have been held

Years Months

Gift

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

<input type="checkbox"/>	Date funds received	<input type="text"/> <input type="text"/> <input type="text"/>
	Total amount	Currency <input type="text"/> Amount <input type="text"/>
	Relationship to applicant	<input type="text"/>
	Donor's source of wealth	<input type="text"/> <input type="text"/> <input type="text"/>

Section 2: Policy details (continued)

Source of wealth (continued)

Employer paying premium

☐

Country of incorporation

Please provide the following:

- Employer letter

Incorporation number

Retirement income

☐

Retirement date

Previous occupation

Name of last (final) employer

Address of last (final) employer

Pension income source

Fixed deposit – savings

☐

Name of institution where savings held

Date account established

Details of how savings acquired

Dividend Payment

☐

Date of receipt of dividend

Total amount received

Currency Amount

Name of Company paying dividend

Length of time the shares have been held in the Company

Years Months

Other source of wealth

Please provide as much detail as possible.

☐

Section 3: Declarations

- 1 A specimen policy document and/or copy of this completed form are available on request.
- 2 You are advised to satisfy yourself 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. Ultra Advance 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 prerequisite 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 us 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 us on request.
- 7 A politically exposed person is a person appointed by a foreign government or an international organisation to a high profile position, who has held that position within the last 2 years. It is also a family member or a close business associate of such a person. This includes: heads of state; Government ministers; senior government officials; senior judges or military officers; senior executives of publicly owned companies; important political representatives, such as an ambassador. This applies to the applicant, policyholder, life assured, premium payer, beneficiary and any other party connected to the application.

8 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, instead of using one of our mirror funds, you may have to declare that:

- You have read and understood the information supplied 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.

9 Liquidity information

Some of our mirror funds may have restrictions on their ability to pay redemptions due to the type of underlying investments 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 we need to assess 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

- a) We understand that we may choose the investments to which our policy is to be linked.
- b) We acknowledge that it is our responsibility to ensure that the asset is suitable, considering our investment objectives and attitude to risk.
- c) We confirm that we understand certain funds 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. We understand the risks associated with investing in these funds.
- d) If we choose to invest into mirror funds which in turn invest into specialist funds aimed at professional investors, we acknowledge that it is our responsibility to obtain, read and understand the underlying fund's prospectus.
- e) We acknowledge that Friends Provident International is not responsible for the investment performance or any loss suffered or reduction in the value of our policy, arising from our chosen investment. Friends Provident International does not have any responsibility for the management of the assets within our policy and Friends Provident International does not approve any asset as a suitable investment.
- f) We acknowledge that the purchase of our investments may be delayed if Friends Provident International requires a signed declaration in respect of our chosen investments.
- g) We 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.

Section 3: Declarations (continued)

Declarations (continued)

2 General declarations

We, the current trustees of the trust created on the day of (month) (year)

(name of the trust)

Please include a certified copy of the 'Trust settlement/declaration of trust'.

(by the settlor)

Full name

Address

Date of birth

or date of death (if applicable)

confirm the following to Friends Provident International:

- a) That we have the necessary powers of investment to invest in policies of life assurance.
- b) That the trustees detailed in Section 1 of this application form are the current trustees of the trust.
- c) The principal beneficiary/ies is/are:

Full name

Address

Date of birth

Full name

Address

Date of birth

(If there are more than two beneficiaries, please provide details on a separate sheet.)

- d) The nature and purpose of the trust is:

- e) That without prejudice to the generality of this clause, all trustees (or in the case of a corporate trustee, the required number of authorised signatories) must sign all types of instructions (for example, instructions to change underlying investments, make cash withdrawals, totally surrendering the policy).

- f) That we will advise Friends Provident International in writing immediately of any changes in the trustees.

- g) The protector (if applicable) of the trust is:

Full name

Address

Date of birth

Section 3: Declarations (continued)

Declarations (continued)

- h) This application was signed in (country)
- and the advice was received by the trustees in (country)
- and the decision to purchase the Friends Provident International policy was taken in (country)

We further declare that all the information provided in this application form, including this declaration, are complete and true to the best of our knowledge and belief. We agree that they shall form the basis of the policy.

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

We further declare that we 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.

We 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.

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

3 Premium tax/Withholding tax

We acknowledge that in the event of any premium tax or withholding tax being levied in our country of residence it will be our responsibility to increase the premium by an appropriate amount or to settle the policy directly with the relevant tax authorities.

4 Data protection

We understand and 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 transferred between its offices and other members of the Friends Life group of companies wherever they are situated. We understand that Friends Provident International and other members of the Friends Life group will:

- a) use the personal information to set up and administer the policy;
- b) 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;
- c) communicate with us, our financial adviser and fund adviser whether directly or indirectly for any purpose;
- d) 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; and
- e) transfer information to relevant regulatory bodies or authorities, for example the Insurance and Pensions Authority, and tax authorities to enable them to carry out their regulatory and statutory functions; and
- f) 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, we confirm the above declarations and understand and consent to this use of our personal data as set out above.

We 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.

We **do not** wish to be contacted by:

First Trustee	Post	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>
Second Trustee	Post	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>
Third Trustee	Post	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>
Fourth Trustee	Post	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>

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.

Section 3: Declarations (continued)

Declarations (continued)

5 We acknowledge that Friends Provident International and our 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 our behalf. This agreement categorically states that the financial adviser acts as our agent, and not the agent of Friends Provident International. We acknowledge that our 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. We acknowledge and authorise our financial adviser to be remunerated for its services by brokerage commission from Friends Provident International.

	Trustee	Trustee
Signature(s) of trustee(s)	<div></div>	<div></div>
Name (block capitals)	<div></div>	<div></div>
Position	<div></div>	<div></div>
Date	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
This application was signed in	<div>(country)</div>	<div>(country)</div>
	Trustee	Trustee
Signature(s) of trustee(s)	<div></div>	<div></div>
Name (block capitals)	<div></div>	<div></div>
Position	<div></div>	<div></div>
Date	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
This application was signed in	<div>(country)</div>	<div>(country)</div>

Direct charge authority

Please do not complete this page if you intend scanning and emailing this form back to us.
We can only accept this form via post or fax. Details can be accepted electronically via our secure website.
Please use block capitals.

I authorise you to debit my	Mastercard <input type="checkbox"/>	VISA credit card ¹ <input type="checkbox"/>
Name of issuing company or bank	<input type="text"/>	
Country of issue	<input type="text"/>	
Credit card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Credit card expiry date ²	<input type="text"/> <input type="text"/> (month) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (year)	
Name on credit card	<input type="text"/>	
with the sum of ³	<input type="text"/> (figures)	
	<input type="text"/> (words)	
Currency	USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> HKD <input type="checkbox"/>	
in respect of premiums for my policy number	<input type="text"/>	
Commencing on the	<input type="text"/> (day) of <input type="text"/> (month) <input type="text"/> (year)	
Payable on the same day until further notice or cancelled in writing	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly <input type="checkbox"/>	
Name of credit card holder	<input type="text"/>	
Address of credit card holder (as held by the card provider)	<input type="text"/> <input type="text"/>	
Telephone number (daytime)	<input type="text"/>	
Email address	<input type="text"/>	
Signature	<input type="text"/>	
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
This application was signed in	<input type="text"/> (country)	<input type="text"/> (country)

Important notes

- 1 Please note that some credit cards cannot be used outside their country of issue and therefore we strongly recommend that you contact your card issuer to ensure your card can be used in this instance.
- 2 When your current credit card expires or is replaced, we will require you to complete a new 'Direct charge authority' form. Alternatively, you can update your credit card details online on our website.
- 3 When your credit card payment is first set-up certain checks will be administered, including a pre-authorisation check. A nominal amount may show on your account, but the pre-authorisation is not a charge and no money will be deducted from your account.
 - a) Where premiums are paid by credit card there will be a handling charge of between 1% and 1.95% (depending on residency) of each premium paid. The handling charge will be collected in addition to the total premium amount meaning we will collect the total premium amount plus the handling charge from your credit card. The handling charge will be used to cover the charges imposed by the credit card issuing company.
 - b) The premium collection date is on average six days prior to the due date on the policy. This may vary slightly to take into account seasonal and bank holidays.
 - c) If you amend your premium, a new 'Direct charge authority' form will need to be completed and returned to us.
 - d) If a payment is declined, we will automatically inform your financial adviser by fax and request a duplicate payment the following month. This will apply to consecutive months if the policy remains in arrears. No more than two premiums should be collected each month until the premiums are up to date.
 - e) Please note that debit cards cannot be accepted for premium payments.
 - f) Please note we cannot accept this form via email.

Verification of identity and address

We have a legal obligation to verify the identity and residential address of each person who will apply for one of our products. We also have a regulatory obligation to obtain details of how the applicant(s) 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 the trust

The required documents to verify identity are:

- Copy of 'Appointment of trustees' document (usually the trust deed or declaration).
- Verification of identity for each trustee (please refer to **Step 2**).
- Verification of address for each trustee (please refer to **Step 3**).

These documents must be certified (please refer to **Step 4**).

For corporate trustees, please refer to the checklist on page 2 for the additional documentation required.

Step 2

Verify the identity of each trustee

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:

- A driving licence with photograph.
- An annual tax assessment issued by the tax authorities.
- A government-issued document containing a unique reference number which is specific to each trustee.

These documents must be certified (please refer to **Step 4**).

Step 3

Verify the address of each trustee

We will also require an original or certified copy of a document, to verify each applicant's residential address (please refer to **Step 4**). 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 three 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 licence 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.
- A letter from the trustee's employer, confirming their residential address and position within the company. Where the trustee has accompanied a partner or spouse on a work assignment or contract, and they are also an trustee, an employer may confirm the address of a non-employee where a relationship is detailed. If the trustee(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 4**).

Step 4

Authentication of documents by a suitable certifier (for each applicant)

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 or 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, licenced 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 translate the relevant part(s) into English
- The certifier should also write a statement onto the document to the effect that:
'I certify that the English translation provided is a true translation of the relevant part(s) of this document....'

Signed: (the signature of the certifier)

Name: (the printed name of the certifier)

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

Date: (the date of certification)

Step 5

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 as insurance premiums. 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.

Information to be provided

On pages 18, 19 and 20 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.

Product information

The information given in this document is based on our understanding of current laws and Isle of Man 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 changes or legislative changes.

A copy of the Ultra Advance policy document and provisions may be obtained from us on request.

Insurance policies may not be suitable for everyone. Investment involves risk and each class of investment will involve its own individual level of risk. We recommend that you read the Ultra Advance product brochure, product guide and policy conditions carefully and discuss fully both the suitability of Ultra Advance and the specific risks associated with individual investments with your financial adviser before making any investment decisions.

Ultra Advance is intended for medium to long-term investment and is not therefore designed for early surrender. If you do surrender your policy early, a surrender charge may be applied. The earlier you terminate your policy, the more you may lose.

Mirror funds

All mirror fund performance is quoted net of annual charges. However, mirror fund performance should not be viewed as an indication of future performance – the value of your investment cannot be guaranteed and you may get back less than you paid in.

Mirror fund prices may go up and down depending upon the underlying investment performance or, where investments held within a mirror fund are not denominated in the currency of that mirror fund, simply because of movements in currency exchange rates.

Policyholder protection

To ensure the protection of policyholders' interests, the Isle of Man Insurance and Pensions Authority has put in place a number of statutory measures:

- **Ring-fencing of assets** – the Insurance Act 2008 requires insurers to keep premiums received in a special 'long-term business fund', which can only be used to meet the claims and long-term liabilities of policyholders. It also requires the insurer to hold funds in excess of its long-term liabilities, and submit independently audited annual solvency reports to the regulator.
- **A policyholder compensation fund** – in the event that the above measures fail, and we are unable to meet our liabilities, all policyholders will benefit from the protection of the Life Assurance (Compensation of Policyholders) Regulations 1991 of the Isle of Man, wherever their place of residence. The regulations ensure that in the unlikely event that we become insolvent, a levy would be made against all other Isle of Man resident life assurance companies so that up to 90% of our liabilities to eligible policyholders would be met (without any upper monetary limit).

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.

In the event that you have a complaint that we are unable to settle, your complaint can be referred to the Financial Services Ombudsman Scheme (FSOS) for the Isle of Man. You can contact the FSOS at Government Buildings, Lord Street, Douglas, Isle of Man IM1 1LE.

Each policy is governed by and shall be construed in accordance with the laws of the Isle of Man.

Please note that some telephone communications are monitored and may be randomly interrupted.

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