Friends Provident International

Request for payment by withdrawal or surrender

WHO IS THIS FORM FOR

This form is for policyholders who wish to request a payment by a withdrawal or surrender.

Depending on how long you have held your policy and the terms on which it was set up, there may be a surrender penalty where one or more policy segments are cashed in. If you are requesting a withdrawal from your policy early withdrawal penalties may apply. Please consult your policy literature before requesting a withdrawal.

Please note withdrawals are not permitted where you have submitted a request to surrender your policy in full.

COMPLETING THIS FORM

In order to help us process your request as quickly as possible, please ensure this form is completed in full, and all documents listed in the checklist on page 2 are provided. We need you to provide this important information to help us fulfil out regulatory obligations to ensure our records are up to date.

Please note that failure to provide this information may result in your request being delayed and assets or funds held in your policy may not be sold and payment may not be released until all of our requirements have been met.

By completing this form you are requesting a payment from your policy. We recommend that you speak to your financial adviser before doing this, so that they can make you aware of any tax charges that may apply.

If you need help completing this form or require further information please contact our Customer Services Team on +44 (0) 1624 821212 or alternatively you can email us at **customerservices@fpiom.com**

We will only accept a scanned copy of this instruction if it has been signed by all individual owners, trustees or authorised signatories. Please note we do not require the original copy, however we do reserve the right to ask for the original documents if we deem this appropriate. Please retain the originals in your records.

Please complete this form in BLOCK capitals throughout.

Please make sure you read the important notes section of this form.

WHEN YOU HAVE COMPLETED THIS FORM

Please send the completed form to **customerservices@fpiom.com** or alternatively you can post this to:

Customer Services
Friends Provident International
Royal Court
Castletown
Isle of Man
IM9 1RA
British Isles

We will notify you once payment has been made.

CHECKLIST

This is the key information we need to fulfil your request. Please tick each box to confirm you have supplied this information when completing the form:

- ☐ I have provided the policy number
- ☐ Where my country of residence and country of beneficiary bank does not match I have given a clear explanation
- ☐ I have provided certified verification of address and proof of identity
- ☐ I have provided my tax information and where applicable I have provided details of other countries I am resident in for tax in the Additional Information section
- ☐ I have selected the desired currency in which to be paid for the withdrawal
- ☐ Where payment is being made to bank account I have not previously told you about, I have provided a copy of the bank statement
- ☐ Where applicable, I have checked my cash account and I have sufficient cash available for the withdrawal. Where I don't have sufficient cash to pay the withdrawal I have completed the Sale of Assets section.
- ☐ I have ensured the form is not in an editable format when submitting and I have not pasted on any signatures
- ☐ All policyholders have read and signed the declaration
- ☐ I have either hand signed the form or completed it using an acceptable digital format which includes the audit report

We can accept the following digital signatures:

- DocuSign
- AdobeSign
- Pandadoc
- Sign Now
- Zoho Sign

Please ensure the relevant audit report is included when sending the form in.

We take the security of your policy very seriously. Therefore, from time to time we may contact you by telephone to verify your identity. Without completing this short call, we may not be able to action your request.

- ☐ I understand a member of Friends Provident International may contact me to verify my identity

Policyholder/beneficial owner details

Policy number

	Policyholder 1	Policyholder 2 (if applicable)
First name(s)		
Last name(s)		
Alias (if applicable)		

Contact details

Please note if your contact details do not match with those held on our records, this may delay the payment whilst we verify them. If your residential address has changed, it may speed up the processing of your request if you can provide certified verification of your new address.

Residential address

Address line 1		
Address line 2		
Address line 3		
City		
Postcode		
Country		
International dialing code		
Telephone number		
Email address		

Employment details

Occupation (previous occupation if retired or unemployed)		
Employment status	☐ Employed ☐ Self employed ☐ Retired ☐ Unemployed ☐ Homemaker	☐ Employed ☐ Self employed ☐ Retired ☐ Unemployed ☐ Homemaker
Date of retirement/ unemployment/ became homemaker		
Name of employer		
Employer address		

Trust details (if applicable)

Trust name

Address line 1

Address line 2

Address line 3

City

Post code

Country

International dialing code

Telephone number

Email address

Company details (if applicable)

Company name

Address line 1

Address line 2

Address line 3

City

Post code

Country

Company tax reference number

Company FATCA GIIN

International dialing code

Telephone number

Email address

SURRENDER REQUEST

☐ Full surrender of policy ☐ Full surrender of individual policy segments

If you are surrendering policy segments, please tell us how many to surrender ☐

Financial circumstances can change over the years, and we want to ensure that you understand all the options available to you, to give you the best opportunity to do what's right for you when looking to reach your long-term savings goals. Early encashment can incur high penalties. If you would like to discuss alternative options that may be available, please contact our Customer Services Team.

☐ I am aware of any penalties that will be taken on my policy and I would like to proceed with the surrender.

MAXIMUM WITHDRAWAL WITHOUT PENALTY REQUEST

☐ The maximum withdrawal without triggering a surrender penalty.

WITHDRAWAL REQUEST (TO BE COMPLETED FOR ONE OFF REQUESTS AND REGULAR WITHDRAWALS)

Requested withdrawal amount ☐

Withdrawal frequency ☐ One-off

☐ If the requested withdrawal amount is not available then please proceed with withdrawing the maximum amount available

For regular withdrawals

Frequency: ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Date the regular withdrawal is due to commence (see important notes) ☐

Would you like to cancel all existing regular withdrawals? ☐ Yes ☐ No

REQUIRED CURRENCY OF WITHDRAWAL/SURRENDER

Please note that for certain products, withdrawals/surrenders can only be paid in the original plan currency. Selecting a different currency will result in a currency conversion and you may receive less than the equivalent amount in your desired currency .

Currency (see important notes) ☐

Please use currency ISO standard format. For example for US Dollars please enter USD.

REASON FOR WITHDRAWAL/SURRENDER

We are dedicated to improving our customer experience and as such, please tell us your reason(s) for your request.

☐ House purchase	☐ Poor investment returns	☐ Unable to pay further premiums
☐ School fees	☐ High product charges	☐ Moving to another provider
☐ Medical emergency	☐ Poor customer service	☐ Payment terms completed (Matured)
☐ End of charging period	☐ Urgent money requirements	☐ Mis-sold product
☐ Change of investment strategy	☐ Tax reasons	☐ Financial concerns

☐ Other (please specify) ☐

PAYMENT INSTRUCTIONS – BANK CHARGES WILL BE INCURRED BY YOU

Payment method ☐ BACS (GBP account in the UK only)

☐ Telegraphic Transfer (TT)

Bank name

Bank address line 1

Bank address line 2

Bank address line 3

City

Post code

Country

Account holder's name

Account currency (if applicable)

Please use currency ISO standard format. For example for US Dollars please enter USD.

Account number or IBAN

Swift/BIC Code

Bank Sort Code (BACS payments only) - -

Please confirm your connection to the country where your bank account is held if this differs to your residency

ROUTING/INTERMEDIARY/CORRESPONDING BANK DETAILS (IF APPLICABLE)

Routing bank name

Routing bank account number

Routing bank Swift code

Branch Code
(Hong Kong payments)

ABA number (US Payments)

SALE OF ASSETS (WITHDRAWALS ONLY)

Please list any holdings and the amount, currency or unit amount / percentage you wish to sell in order to fund your withdrawal.

Cash Amount	Unit Amount	Percentage (%)	ISIN/SEDOL/ Full Ticker for exchange traded assets	Investment Name	Settlement Currency

ADDITIONAL INFORMATION

IMPORTANT NOTES

Surrender

An early encashment charge or surrender fee may apply. We recommend you obtain a surrender quotation and speak to your financial adviser before completing this form.

Withdrawals

Any withdrawals taken from your policy will be subject to the minimum withdrawal amounts as detailed in your policy literature. The withdrawal amount may need to be reduced if it will take your policy below the minimum allowable policy value.

If you are requesting a regular withdrawal from a portfolio bond we can only make payments on 1st or 14th of the month.

Required currency of withdrawal/surrender

For regular premium products all payments will be made in the currency of your policy/plan.

For single premium products all payments will be made in the currency you selected in the Required currency of withdrawal/ surrender section.

Tax

We recommend that you speak to your financial adviser or tax professional about your tax situation before taking action on your policy.

UK residents may be subject to a tax charge if withdrawals are in excess of the 5% cumulative withdrawals available (of initial and any additional investments) in a given policy year.

Please detail any additional countries and associated tax identification number in which you are tax resident in the Additional Information section.

General

Depending on the investment(s) to which the value of your policy is linked, some investment managers may have terms and conditions that prevents us from realising a cash value in a timely fashion and this could delay your payment.

Where applicable, please ensure that the authorised signatory list(s) that we hold for this policy are up-to-date before submitting a payment request. Where authorised signatories have changed and we are unable to match those on this from with our records this will delay the payment.

We may also require further information from you for the purposes of Anti-Money laundering.

Completion of this form

Any incomplete instructions will result in a delay in processing your instruction and we will not be liable for any direct, indirect, special or consequential loss or damages arising from such delay.

Specified US Person

Specified US Person means a US citizen or tax resident individual who has a US residential/correspondence address or who either holds a US Passport, a US Green Card or who was born in the US and has not yet renounced their US citizenship. More information on US FATCA can be found at: www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA

If you choose Yes to being a Specified US Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

If you choose No but you have a US residential/correspondence address, hold a US Passport, a US Green Card or you were born in the US, you will need to provide us with documentary evidence that you are in the process of or have renounced your US Citizenship. Friends Provident International can accept a certified copy of your DS-4083 form (also known as CLN – Certificate of Loss of Nationality) and/or a certified copy of your passport from the country in which you have obtained new citizenship.

DECLARATION

I/We hereby confirm that I/We have read and agreed with the Important Notes and all notes specified in the relevant sections above. I/We warrant to Friends Provident International Limited that no proceedings in bankruptcy or insolvency have been instituted or are pending against me/us.

I/We request that Friends Provident International Limited makes a payment by withdrawal from the policy listed above in accordance with the Policy conditions. I/We acknowledge that a payment made by Friends Provident International Limited in accordance with the information contained in this form will discharge Friends Provident International Limited's liability in relation to that payment where it has relied on the veracity of the information contained therein.

I/We request that Friends Provident International Limited surrenders the policy listed above in accordance with the Policy conditions. I/We acknowledge that a payment made by Friends Provident International Limited in accordance with the information contained in this form will discharge Friends Provident International Limited's liability in full in relation to the policy.

☐ All policyholders have signed the declaration and read the Friends Provident International Limited privacy policy.

	Policyholder/Trustee/Authorised Signatory 1	**Policyholder/Trustee/Authorised Signatory 2**
Signature		
Date signed		
Full name		
Country of tax residence		
Tax Identification Number (TIN)		
Second country of tax residence (if applicable)		
Second Tax Identification Number (TIN) (if applicable)		
Are you a Specified US Person?	☐ Yes ☐ No	☐ Yes ☐ No

	Trustee/Authorised Signatory 3	**Trustee/Authorised Signatory 4**
Signature		
Date signed		
Full name		
Country of tax residence		
Tax Identification Number (TIN)		
Second country of tax residence (if applicable)		
Second Tax Identification Number (TIN) (if applicable)		
Are you a Specified US Person?	☐ Yes ☐ No	☐ Yes ☐ No

DATA PROTECTION/PERSONAL DATA (PRIVACY) ORDINANCE ('PDPO') PERSONAL INFORMATION COLLECTION STATEMENT ('PICS')

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy – please visit www.fpinternational.com/legal/privacy-and-cookies to view the full policy, or this can be provided on request from our Data Protection Officer.

Friends Provident International Limited: Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Isle of Man incorporated company number 11494C. Authorised and regulated by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. **Singapore branch:** 182 Cecil Street, Level 17 Frasers Tower, Singapore 069547. Registered in Singapore No. T06FC6835J. Licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme. **Hong Kong branch:** A122, 16/F, Tower 5, The Gateway, Harbour City, Tsim Sha Tsui, Kowloon, Hong Kong. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. **Dubai branch:** PO Box 215113, Unit 706, One Za'abeel - The Offices, Za'abeel Palace Street, Za'abeel First, Dubai, UAE. Registered in the United Arab Emirates (UAE) with the Central Bank of the UAE as an insurance company. Registration date, 18 April 2007 (Registration No. 76). Registered with the Ministry of Economy as a foreign company to conduct life assurance and funds accumulation operations (Registration No. 2013). Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.

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