Friends Provident International

Business Financial Underwriting Questionnaire

Help us to assess your application by providing all the financial evidence required to support applications for large sums assured by Friends Provident International Limited (Friends Provident International). This evidence allows our underwriters to evaluate whether the type and amount of cover that has been requested is appropriate and adequate for your needs.

Please provide us with as much information as possible at the proposal stage. This will allow us to process your application as soon as possible and will help to avoid delay. We will treat your replies in the strictest confidence and will form part of your application for insurance.

Please answer the questions by giving us all the information we ask for. All the questions we ask are relevant and important and so please take reasonable care to answer as accurately and completely as possible and to the best of your knowledge. Please understand and accept that if they are not, we may have the legal right to cancel any policy issued and we may invalidate a claim.

Please understand that these are Friends Provident International's minimum requirements and we reserve the right to ask for additional information if deemed necessary.

We need to know where the policy is to be owned by a business, so please ensure the questionnaire is completed and signed by an authorised official of the business, other than the life to be assured (e.g. a director or the company secretary).

We do not condone tax evasion and our products and services may not be used for evading your tax liabilities.

If you would like full details of the terms and conditions of all Friends Provident International's policies, you can request them from a Friends Provident International office, or from your financial adviser.

The currency quoted in this form is US Dollars (USD). When completing an application in other currencies, please make this clear on the questionnaire and use the following conversion rates:

Financial evidence limits conversion rates			
US Dollars	**GBP Sterling**	**UAE Dirhams**	**Euros**
500,000	285,000	1,840,000	421,800
1,000,000	565,000	3,680,000	836,000
2,000,000	1,125,000	7,360,000	1,665,000
5,000,000	2,850,000	18,400,000	4,218,000

Financial evidence requirements

- These are Friends Provident International's minimum requirements and we reserve the right to ask for additional information if deemed necessary.
- The sums assured below relate to total cover in the market.
- Financial evidence will generally not be requested unless total cover in the market exceeds USD1,000,000 Life Cover or USD500,000 Critical Illness Cover.

Keyperson

- For keyperson cover, the sums assured below relate to total keyperson cover in the market on all key people in the business:

Life Cover	Critical Illness	Evidence requirements
Up to USD1,000,000	Up to USD500,000	• Annual earned income • Details of existing cover completed on application form.
USD1,000,001 to USD2,000,000	-	• 'Business Financial Underwriting Questionnaire' (sections A, B and C).
Over USD2,000,000	Over USD500,000	• 'Business Financial Underwriting Questionnaire' (sections A, B and C). • Copy of the last 2 years' reports and accounts. • In the case of a new business, copy of the business plan to include projections. • Independent evidence of earned income (e.g. latest tax statement, statement from employer or last 3 months' pay slips).

Commercial loan

Life Cover	Critical Illness	Evidence requirements
Up to USD1,000,000	Up to USD500,000	• Annual earned income • Details of existing cover • Loan details completed on application form.
USD1,000,001 to USD2,000,000	-	• 'Business Financial Underwriting Questionnaire' (sections A, B and D).
Over USD2,000,000	Over USD500,000	• 'Business Financial Underwriting Questionnaire' (sections A, B and D). • Copy of the last 2 years' reports and accounts. • In the case of a new business, copy of the business plan to include projections. • Copy of the loan offer letter. • Independent evidence of earned income (e.g. latest tax statement, statement from employer or last 3 months' pay slips).

Share purchase or partnership agreement

- F or share purchase or partnership agreement cover, the sums assured below relate to total share purchase or partnership agreement cover in the market on all shareholders/partners:

Life Cover	Critical Illness	Evidence requirements
Up to USD1,000,000	Up to USD500,000	• Annual earned income • Details of existing cover completed on application form.
USD1,000,001 to USD2,000,000	-	• 'Business Financial Underwriting Questionnaire' (sections A, B and E).
Over USD2,000,000	Over USD500,000	• 'Business Financial Underwriting Questionnaire' (sections A, B and E). • Copy of the last 2 years' reports and accounts. • In the case of a new business, copy of the business plan to include projections. • Copy of the share purchase agreement. • Independent evidence of earned income (e.g. latest tax statement, statement from employer or last 3 months' pay slips). • Proof of ownership of company/share of partnership.

Where the policy is to be owned by a business, the questionnaire should be completed and signed by an authorised official of the business other than the life to be assured (e.g. a director or the company secretary).

If you need more space to write your answers, please use the section headed 'Additional information' on the back page of this questionnaire.

Please complete sections A and B and then section C, D or E as appropriate.

Section A

To be completed in all cases.

1) Application number (if known):

2) Name of life to be assured:

3) Date of birth of life to be assured: ___ ___ _____

4) Name of company or business:

5) Nature of business:

6) Number of employees:

7) Date business established: ___ ___ _____

8) Date life to be assured joined the business: ___ ___ _____

9) Position held by life to be assured:

10) What share of the business/partnership is held by the life to be assured? %

11) Please provide details of turnover, gross profit and net profit before tax for the last 3 years. If the business is only recently established, please provide projections:

Year	Turnover	Gross profit	Net profit before tax
	USD	USD	USD
	USD	USD	USD
	USD	USD	USD

12) If a gross or net loss has been reported in the last 3 years, please provide a brief explanation for this:

13) Where the total sum assured exceeds USD2,000,000 Life Cover or USD500,000 Critical Illness Cover, or there has been a gross or net loss reported in the last three years, please provide:

- **A copy of the last 2 years' reports and accounts or in the case of a new business, a copy of the business plan to include projections.**

Section B

To be completed in all cases unless you have already provided this information on the application form, in which case, please move on to the next applicable section.

1) What is the reason for the policy type and level of cover chosen?

2) Please provide details of any existing Life and/or Critical Illness Cover the life to be assured has in force along with any simultaneous applications which are currently being made and which the life to be assured intends to proceed with:

Company	Type of cover (Life or Critical Illness)	Sum assured (including currency)	Date effected or date to be effected	Reason for cover

3) What is the annual earned income of the life to be assured? USD

Section C

Keyperson

To be completed for all keyperson cover applications.

1) What special knowledge or qualities does the life to be assured have, and why is the business so dependent on them?

2) What proportion of the profits of the business are expected to be attributable to this keyperson?

3) Does the business have any existing keyperson insurance in force either on the life to be assured or any other key personnel or does it intend to effect any such policies? Yes ☐ No ☐

If 'Yes', please provide details:

Keyperson's name	Keyperson's position in the business	Type of cover (Life or Critical Illness)	Sum assured (including currency)	Reason for cover

4) Where the total sum assured for keyperson exceeds USD2,000,000 Life Cover or USD500,000 Critical Illness Cover please provide:

- **A copy of the life to be assured's CV or service contract.**

Section D

Commercial loan

To be completed for all loan cover applications.

Please provide details of the lender, name(s) of the borrower(s), amount and term of the loan, interest rate payable and repayment method:

1) a The lender:

b The name(s) of the borrower(s):

c The amount of the loan: USD

d The term of the loan (If the term of the policy differs from the term of the loan, please give reason):

e The interest rate payable:

f The method of repayment (e.g. interest only, capital & interest):

2) What is the reason for the loan?

3) What is the reason for the choice of the life to be assured to be covered under this policy?

4) Is the loan conditional upon the issue of this policy? Yes ☐ No ☐

5) Are any other loans in existence? Yes ☐ No ☐

If 'Yes', please provide details:

6) Where the total sum assured exceeds USD2,000,000 Life Cover or USD500,000 Critical Illness Cover please provide:
   - **A copy of the loan offer letter.**

Section E

Share purchase or partnership agreement

To be completed for all share purchase or partnership cover applications.

1) What is the current value of the business? USD

2) Who performed this valuation and what is their professional status?

3) How many partners/shareholders are there in the business?

4) Are policies being effected on the lives of other partners/shareholders? Yes ☐ No ☐

If 'Yes', please provide details:
If 'No', please provide reason:

5) Is there a 'double option' agreement in place or is it intended to complete such an agreement? Yes ☐ No ☐
If 'No', please give details of any obligation which exists which gives rise to the need for this policy:

1) Where the total sum assured for all applicants for share purchase or partnership cover exceeds USD2,000,000 Life Cover or USD500,000 Critical Illness Cover, please provide:
   - **A copy of the share purchase agreement.**
   - **Proof of ownership of company/share of partnership.**

Additional information

Data protection

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services Friends Provident International Limited (FPI) can provide to you or may stop FPI from being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.fpinternational.com/legal/privacy-and-cookies.

Any data you provide to FPI may be shared, if allowed by law, with other companies both inside and outside of FPI and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and FPI may be required to provide it to its regulator, its government or anyone else required by law.

FPI will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. FPI will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information FPI holds about you free of charge by writing to our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA, or by emailing DPO@fpiom.com. We can reserve the right not to send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at https://www.fpinternational.com/legal/privacy-and-cookies or can be obtained by requesting a copy from our Data Protection Officer.

Declaration

I declare that the answers I have given are, to the best of my knowledge and belief, true and I have not withheld any fact.

I agree that this questionnaire will form part of my application for insurance to Friends Provident International and that failure to disclose a fact or the giving of false information may invalidate any future claim.

Signature:
This should be signed by the applicant or where the policy is to be owned by a business, an authorised official of the business other than the life to be assured (e.g. a director or the company secretary).

Date

Status in the business:
(Also print name and include company stamp if available.)

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. **IFGL (DIFC) Limited:** Registered Office: PO Box 450591, Unit 16 - 35, Level 16, Central Park Towers, DIFC, Dubai, United Arab Emirates. Regulated by the Dubai Financial Services Authority.