

# Application form

### Financial adviser details

Company name

Friends Provident International  
agency number

### Contact details for acknowledgement/queries on the application.

Contact name

Phone number

Email address

### Policy number

Policy number (if known)

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

### Please tick to confirm you have included with this application:

Verification of client identity\*

☐

Verification of client address\*

☐

Source of wealth (including supporting documents, where required\*)

☐

\* suitably certified as being a true copy

Details of information required for source of wealth can be found on pages 7, 8 and 9.

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

Please complete all sections.

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

- the Summit product guide

Specimen policy conditions and key information documents (KID) are available from Friends Provident International on request.

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

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

Additional information/Special instructions

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

To be completed by each investor who is the current legal owner of the premiums(s). Please refer to 'What you need to provide' for requirements to support Verification of identity and address on page 19. If the proposed policyholder(s) is/are trustee(s) of an existing trust, please use the trustee application form.

## Your details

If necessary, please supply any additional information on a separate sheet of paper.

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.

## Section 1: Details of Applicant(s) (continued)

### Your details (continued)

	First (or only) applicant	Second applicant
11 Email address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12 How long have you lived at this address?	<input type="text"/>	<input type="text"/>
13 Correspondence address (if different to residential address)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
14 Correspondence address phone number	<input type="text"/>	<input type="text"/>
15 You will receive all correspondence and statements relating to your policy, unless you indicate otherwise below. Copies will also be sent your financial adviser.  Alternatively, please tick here if you would prefer us to send all correspondence and statements relating to your policy to your financial adviser only.		<input type="checkbox"/>
16 In which countries do you have nationality/citizenship status? If you have more than one nationality/citizenship status please set out all countries of which you are a national/citizen, as well as the relevant tax identification number(s) where applicable.	Country (i) <input type="text"/>	Country (i) <input type="text"/>
17 Occupation (If retired, please state former occupation)	<input type="text"/>	<input type="text"/>
18 Nature of business	<input type="text"/>	<input type="text"/>
19 Are you to be a policyholder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
20 Are you to be a life assured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
21 Are you in good health? If <b>No</b> , please give details on a separate piece of paper, but please first refer to our Data Protection section below.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

## Section 2: Investment details

### Total premium

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

Amount

### Number of policy segments

Please indicate number of policy segments required (maximum 25, minimum 5)  **If this box is left blank, then 5 policies will be issued. The number of policies cannot be altered once the policy has been issued.**

### Plan currency

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

US dollars (USD) ☐ Sterling (GBP) ☐ Euro (EUR) ☐ Hong Kong dollars (HKD) ☐

### Optional withdrawals

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

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

I wish to receive a total yearly amount of:

US dollars (USD) ☐ Sterling (GBP) ☐ Euro (EUR) ☐ Hong Kong dollars (HKD) ☐

or  % of my initial investment

Payable (tick one box only) Monthly ☐ Quaterly ☐ Half-yearly ☐ Yearly ☐

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

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

Sort code (if applicable)  -  -

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account name

Bank name

Bank address

## Section 2: Investment 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 complete '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 encashment	<input type="text"/>	<input type="text"/>

#### Sale of shares or other investments/ liquidation of investment portfolio

<input type="checkbox"/>	Description of shares/units/ deposits (i.e. name/where held)	<input type="text"/>	
		<input type="text"/>	
	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"/>	
		<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: Investment details (continued)

### Source of wealth (continued)

#### Inheritance

☐

Name of deceased

Date of death

Relationship to applicant

Date received

Total amount

Currency  Amount

Solicitor's name

Solicitor's firm's name

Solicitor's address

  
  


#### Divorce settlement

☐

Date funds received

Total amount received

Currency  Amount

Name of divorced partner

#### Company profits

☐

Company name

Company address

  
  


Nature of company

Amount of annual profit

Currency  Amount

#### Asset (share) exchange

☐

Origin and means of wealth

  
  
  


Length of time the assets have been held

Years  Months

#### Gift

☐

Date funds received

Length of time the assets have been held

Years  Months

Total amount

Currency  Amount

Relationship to applicant

Donor's source of wealth

  
  


Please provide all of the following:

- Letter from donor explaining the reason for the gift and the source of donor's wealth
- Certified identification documents for donor

## Section 2: Investment details (continued)

### Source of wealth (continued)

#### Employer paying premium

Please provide the following:

- Employer letter

☐

Country of incorporation

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 2: Investment details (continued)

### Choice of funds

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

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

Fund code	Fund	% of premium
<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"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
		<b>Total 100%</b>

### Payment methods

#### Option 1

**Use this option if you are paying by personal cheque or if you wish Friends Provident International to collect the premium from your bank on your behalf.** Please tick the appropriate box and follow the instructions carefully.

**By personal cheque**

☐

Please make cheques payable to **Friends Provident International Limited**.

**By electronic transfer**

☐

Please complete the appropriate **Bank instruction letter** found on page 17 return it to Friends Provident International with this application form.

#### Option 2

**Use this option if you are making your own arrangements for payment by Banker's Draft or Electronic Transfer.** Please tick the appropriate boxes and complete the **Source of payment** section below.

**By banker's draft**

☐

US dollars (USD) draft drawn on a bank in New York

☐

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

Sterling (GBP) draft drawn on a bank in the United Kingdom

☐

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

☐

Hong Kong dollars (HKD) draft drawn on a bank in Hong Kong

☐

**By electronic transfer**

☐

I have arranged for the premium to be made by electronic transfer and I have forwarded a certified copy of the bank application form to Friends Provident International.

Pre-allocated plan number, if known

Section 2: Investment details (continued)

Payment methods (continued)

Source of payment

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

Sort code (if applicable)	<div><div></div><div></div></div> – <div><div></div><div></div></div> – <div><div></div><div></div></div>
SWIFT/BIC code (if applicable)	<div></div>
IBAN (if applicable)	<div></div>
Account number	<div></div>
Account currency	<div></div>
Account name	<div></div>
Bank name	<div></div>
Bank address	<div></div> <div></div>

## Section 3: Declarations

- 1 A specimen policy document and/or copy of this completed form are available on request. These are important and valuable documents and it is likely that you will need to refer to them in the future. You are advised to keep them together with the Policy Document and any further correspondence relating to your policy in a safe place.
- 2 Insurance is a contract of utmost good faith and you are to disclose in this application form, fully and faithfully, all facts which you know or ought reasonably to know. **If a material fact is not disclosed in this application, or you misrepresent any material fact, any policy issued may be void and all or part of any claim may not be paid.** A fact or circumstance is “material” if it would influence the judgement of a prudent insurer in determining the premium or determining whether the insurer will accept your application and, if so, the terms upon which it is accepted. If you are in doubt as to whether a fact is material, you are advised to disclose it. Please check to ensure that you are fully satisfied with the information declared in this application. By signing this application form, you confirm that the information which has been entered in this application is complete and accurate and that such information was entered by you or by a third party with your knowledge and approval.
- 3 You are advised to satisfy yourself/selves that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the policy.
- 4 You should seek guidance from your financial adviser as to the suitability of the policy to your own particular circumstances. Summit should be regarded as a medium to long-term investment.
- 5 Each policy is governed by and shall be construed in accordance with the laws of the Isle of Man
- 6 A politically exposed person is a person who is or has been entrusted with prominent public functions. This includes: head of state, head of government, minister or deputy or assistant minister, senior government official, member of parliament, senior politician, important political party official, senior judicial official, member of a court of auditors or the board of a central bank, ambassador, chargé d'affaires or other high-ranking officer in a diplomatic service, high-ranking officer in an armed force, senior member of an administrative, management or supervisory body of a state-owned enterprise, senior member of management of, or a member of, the governing body of an international entity or organization or honorary consul. A politically exposed person is also a family member or a close associate of such a person. This applies to the applicant, policyholder, life assured, payer of the payment, beneficiary or any other party connected to this application.  
Please refer to the Isle of Man Anti-Money-Laundering and Countering the Financing of Terrorism Code 2015 for the full definition of a “politically exposed person”, and in particular, further elaboration on whether a person is a “family member” or a “close associate”.
- 7 Underlying fund prospectuses are available from us on request.
- 8 **Liquidity information**  
Funds may have restriction on their ability to pay redemptions due to the type of underlying investment they hold. This could limit your ability to raise cash from a fund in the future.  
Investing in funds should be considered a long-term investment. You in conjunction with your financial adviser, should consider the amount you invest via your policy if it is likely that you will need access to your capital quickly in the future.

### Declarations

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

#### 1 Fund acknowledgement

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

## Section 3: Declarations (continued)

### Declarations (continued)

#### 2 General declarations

This application was signed in  (country)

and the advice was given in  (country)

I further declare that all the information provided in this application form, including this declaration, has been entered by myself or with my knowledge and that the signature placed on the application is my signature. I also declare that all information provided herewith are complete and true to the best of my knowledge and belief. I agree that they shall form the basis of the policy under the laws of the Isle of Man.

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

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

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

I am aware that tax evasion is a criminal offence and I will not use this policy to evade tax. I understand that Friends Provident International has statutory obligations to report suspicions of criminal wrongdoing including tax evasion to law enforcement agencies or other relevant authorities in the locations where it operates. I am responsible for my own tax affairs and I hereby declare that I understand my personal tax obligations and responsibilities and I have complied with all legal requirements to make declarations to tax authorities and pay the tax that I owe. As appropriate and necessary I have taken, or will take, legal advice in relation to my tax affairs and in particular, my tax obligations as they apply to this application.

#### 3 Data protection

Please read this privacy notice carefully. Please be aware that this is a short version of our privacy policy and you should visit [www.fpinternational.com/legal/privacy-and-cookies](http://www.fpinternational.com/legal/privacy-and-cookies) to view the full policy.

Friends Provident International Limited ("FPIL") is the controller of your personal data processed in connection with this application and product. The data which we process is that which you provide in this form such as your names, contact details and information about medical history. As well as obtaining data directly from yourself, we may obtain additional information from your doctor(s) as further described in this application form.

We use your information to process and underwrite your application, administer your policy and handle any claims, to help detect and prevent fraudulent activity, and for customer profiling and marketing. We only retain your data for as long as is necessary for the maintenance of your contract, or for legal or regulatory requirements.

We may share your data with third parties who provide services to us, some of whom may be located outside of the Isle of Man, European Economic Area (EEA), or country in which your data was collected. In these cases we make sure that your data is protected to the same standards as in the Isle of Man, EEA, or country of data collection. We may also share your data with law enforcement and regulatory bodies, other insurers, your insurance intermediary and their service providers.

Data protection laws require us to tell you what legal basis we use for processing your personal data. In general, the processing is necessary to perform a contract with you, or to take steps requested by you before entering into this contract.

We will not normally carry out any direct marketing campaigns but if we do, we will always contact you first and give you the opportunity to opt in to direct marketing before any communications of this nature take place.

We may process data about you which the law considers to be sensitive, in particular health information. In this case, we base our processing on your freely given, informed, specific consent or that the processing is necessary for the establishment, exercise or defence of legal claims. We may also process this type of data about other people you wish to insure such as family members. Please tell these people to read this privacy notice and our privacy policy so that they understand how FPIL may use their personal data.

##### By proceeding with this application:

- You understand that we will use information about you, including information about health, for the above purposes.
- You are confirming that any other person (eg a family member or other individual covered by your insurance policy, or whose information is relevant to use providing this policy coverage) whose information you are providing understands and has no concerns about their information being used in this way.

NOTE: If you have any concerns about use of information for these purposes, you should not proceed with this application as we may be unable to provide you with a policy. You can also contact us at any time if you would like to ask us to cease using your information, but this may result in your policy being cancelled.

You have various rights in relation to your personal data including accessing your data, and in some limited circumstances objecting to processing or having your data erased.

You can find out more information about how to exercise these rights and details of who to contact with queries on our privacy practices by viewing our full privacy policy available on our website [www.fpinternational.com/legal/privacy-and-cookies](http://www.fpinternational.com/legal/privacy-and-cookies) or it can be provided upon request from our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA.

Section 3: Declarations (continued)

Declarations (continued)

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

4 Fees and commissions

I am aware that certain investments suggested by the adviser from time to time may contain fees which exist partly to meet promotion and distribution expenses of the investment, including commission paid to my adviser. I understand that full details of any commissions paid in respect of certain investments held within the Summit policy are available on request from my adviser.

I acknowledge that the above fees and commissions are in addition to Friends Provident International's Summit policy charges and any annual fee taken on my Summit policy by my adviser.

5 Premium Tax/Withholding Tax

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

6 Cancellation

You will be able to cancel your investment up to 30 days from the day you receive the cancellation notice. You will receive a refund of the payment less a deduction for shortfall to reflect any fall in the markets in the interim and, where applicable, less any initial fee which was facilitated by us to your financial adviser. A cancellation notice that provides you with more detail, including when the cancellation period begins and ends and how to exercise it will be issued by post to you when the policy documents are produced.

A separate cooling off period will apply to any subsequent premium(s) in relation to that new premium only.

7 Financial adviser

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

	First (or only) applicant	Second applicant
Signature(s) of applicant(s)	<div></div>	<div></div>
Date	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>

Section 4: Appointment of third party as payee

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

To: Friends Provident International

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

		Share of benefit (must total 100%)
Surname of the payee(s)	<input type="text"/>	<input type="text"/> %
First name	<input type="text"/>	
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship (if any)	<input type="text"/> Nationality <input type="text"/>	
Address	<input type="text"/> <input type="text"/> <input type="text"/>	
Surname of the payee(s)	<input type="text"/>	<input type="text"/> %
First name	<input type="text"/>	
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship (if any)	<input type="text"/> Nationality <input type="text"/>	
Address	<input type="text"/> <input type="text"/> <input type="text"/>	
Surname of the payee(s)	<input type="text"/>	<input type="text"/> %
First name	<input type="text"/>	
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship (if any)	<input type="text"/> Nationality <input type="text"/>	
Address	<input type="text"/> <input type="text"/> <input type="text"/>	

## Section 4: Appointment of third party as payee (continued)

		<b>Share of benefit (must total 100%)</b>
Surname of the payee(s)	<input type="text"/>	<input type="text" value=""/>
First name	<input type="text"/>	
Date of birth (DD/MM/YYYY)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
Relationship (if any)	<input type="text"/>	Nationality <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	

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

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

Name of contact	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>

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

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

I also understand that the appointment of payee(s) made on this form shall be revoked by any surrender, assignment or disposal of the policy and also by my death if at my death I am survived by other persons named as the life assured on the schedule to the policy.

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

### All policyholders must sign

### First (or only) applicant

### Second applicant

**Signed**



**Date**













**Signed**



**Date**

## Bank instruction letter

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

This form should be returned with your Application Form.

Please use BLOCK CAPITALS.



Name and full postal address of your bank

To: The Manager

(Bank)

Bank address

	(postcode, if applicable)

Account number

\_\_\_\_\_

Account currency (must be completed if the account is multi-currency)

\_\_\_\_\_

Account holder's name

\_\_\_\_\_

Sort code (if applicable)

$$\boxed{\phantom{00}} - \boxed{\phantom{00}} - \boxed{\phantom{00}}$$

SWIFT/BIC code (if applicable)

\_\_\_\_\_

IBAN (if applicable)

\_\_\_\_\_

## Section A – Electronic transfers

Dear Sir,

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

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

7

US dollar, sterling, euro and Hong Kong dollar transfer - Account No. 9545-40038485

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

GBP  USD  EUR  HKD   (figures)

GBP  USD  EUR  HKD   (words)

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

Yours faithfully,

Signature(s) of applicant(s)

--	--

Date \_\_\_\_\_

My address


## Section B (to be completed by Friends Provident International)

This reference number must be quoted by the bank on all advices.

[illegible]



## Verification of identity, address and source of wealth accumulation

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

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

### Step 1

#### Verify the identity of each applicant

The required documents to verify identity are:

- a passport; or
- a government-issued identity card (carrying a photograph of the individual).

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

- 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 applicant.

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

### Step 2

#### Verify the address of each applicant

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

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

- a 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.**
- a current driving licence with photograph;
- a tax assessment document;
- an extract from the official Registrar of Electors
- a bank account statement  
**Please note, statements of credit cards and non-bank cards, such as store cards, are not acceptable.**
- a State Pension, benefit or other government-produced document showing benefit entitlements;
- a letter from the applicant's employer, confirming their residential address and the policyholder's position within the company. Where the applicant has accompanied a partner or spouse on a work assignment or contract, and they are also an applicant, an employer may confirm the address of a non-employee where a relationship is detailed. If the applicant (or spouse) is the owner/part owner of the company a letter from the company will not be accepted;
- proof of ownership or rental of the residential address;
- a mortgage statement.

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

### Step 3

## 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 Financial Services 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, licensed lawyer or solicitor.**

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

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

### Translation of documents not written in English

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

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

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

**Signed** (the signature of the certifier)  
**Name** (the printed name of the certifier)  
**Position or capacity** (the position or capacity of the certifier)  
**Date** (the date of certification)

## Step 4

### Background

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

### Information to be provided

On pages 7, 8 and 9 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 payment 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.

## Important information

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

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

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

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

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

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

Each Policy is governed by and shall be construed in accordance with the laws of the Isle of Man. However, this will not preclude the right to bring legal action in a Hong Kong court.

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