Friends Provident International

Application form

Additional lives assured/applicants

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

To be completed if more than two applicants are to be included or if the lives assured are different to the applicants.

If the applicant is an entity, full details must be given in the relevant application form, a copy of which can be obtained from

If the applicant is a policyholder, the supplementary form 'Declaration for an Individual' must be completed and returned with this form, a copy of which can be obtained from your financial adviser.

Applicant(s) details

Name of first applicant

Name of second applicant

With reference to my proposal dated (DD/MM/YYYY)

for a (type of plan)

Policy number (if known)

I hereby request Friends Provident International Limited to include the following as additional applicant(s) lives assured:

		Additional applicant/life assured	Additional applicant/life assured
1	Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐	Mr ☐ Mrs ☐ Miss ☐ Ms ☐
		Other	Other
2	Surname (as shown on ID card/passport)		
3	Forename(s) (as shown on ID card/passport)		
4	ID card/passport number		
5	Country of issue		
6	Marital status		
7	Date of birth (DD/MM/YYYY)		
8	Please tell us where you were born	Town	Town
		Country	Country

Applicant(s) details (continued)

	Additional applicant/life assured	Additional applicant/life assured
9 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 of tax residence** Country 1 Tax identification number Country 2 Tax identification number	Country 1 Tax identification number Country 2 Tax identification number
	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.	
10 Country of Residence		
11 Residential Address		
12 How long have you lived at this address?		
13 Correspondence address (if different to residential address)		
14 Correspondence address phone number		
15 Please list all contact details below		
Home telephone number		
Office telephone number		
Mobile number		
Email address (mandatory)		
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. Please continue on a separate piece of paper, if necessary.	**Country of tax residence** Country 1 Tax identification number Country 2 Tax identification number	Country 1 Tax identification number Country 2 Tax identification number
	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.	
17 Position or occupation (if retired, please state former occupation)		
18 Nature of business		

Applicant(s) details (continued)

	Additional applicant/life assured	Additional applicant/life assured
19 If retired, please give retirement date		
20 Are you to be a policyholder?	Yes ☐ No ☐	Yes ☐ No ☐
21 Are you to be a life assured?	Yes ☐ No ☐	Yes ☐ No ☐
22 Are you in good health? If No, please give details on a separate piece of paper, but please first refer to our Data Privacy section on page 6.	Yes ☐ No ☐	Yes ☐ No ☐

Additional information

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

Applicant(s) details (continued)

	Additional applicant/life assured	Additional applicant/life assured
1 Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐	Mr ☐ Mrs ☐ Miss ☐ Ms ☐
	Other	Other
2 Surname (as shown on ID card/passport)		
3 Forename(s) (as shown on ID card/passport)		
4 ID card/passport number		
5 Country of issue		
6 Marital status		
7 Date of birth (DD/MM/YYYY)		
8 Please tell us where you were born	Town	Town
	Country	Country
9 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 of tax residence**	
	Country 1	Country 1
	Tax identification number	Tax identification number
	Country 2	Country 2
	Tax identification number	Tax identification number
10 Country of Residence		
11 Residential Address		
12 How long have you lived at this address?		
13 Correspondence address (if different to residential address)		
14 Correspondence address phone number		
15 Please list all contact details below		
Home telephone number		
Office telephone number		
Mobile number		
Email address (mandatory)		

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.

Applicant(s) details (continued)

	Additional applicant/life assured	Additional applicant/life assured
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. Please continue on a separate piece of paper, if necessary.	**Country of tax residence** Country 1 Tax identification number Country 2 Tax identification number	Country 1 Tax identification number Country 2 Tax identification number

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.

17 Position or occupation (if retired, please state former occupation)		
18 Nature of business		
19 If retired, please give retirement date		
20 Are you to be a policyholder?	Yes No	Yes No
21 Are you to be a life assured?	Yes No	Yes No
22 Are you in good health? If No, please give details on a separate piece of paper, but please first refer to our Data Protection section on page 6.	Yes No	Yes No

I confirm that I have read this additional lives assured/applicant form in conjunction with the original application form number **and understand all the important declarations pertaining to it.**

First applicant (from application form)

Signature(s) of applicant(s)

Name (block capitals)

Date

Second applicant (from application form)

Signature(s) of applicant(s)

Name (block capitals)

Date

Additional applicant's name

Signature(s) of applicant(s)

Name (block capitals)

Date

Additional applicant's name

Signature(s) of applicant(s)

Name (block capitals)

Date

Additional applicant's name

Signature(s) of applicant(s)

Name (block capitals)

Date

Additional applicant's name

Signature(s) of applicant(s)

Name (block capitals)

Date

Data privacy

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.jsp** 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.