

Assignment of a Life Policy

To change the legal ownership of a life assurance policy

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.

To: Friends Provident International Limited (Friends Provident International)

I, the undersigned ('Assignor(s)'), do HEREBY ASSIGN unto the person(s) ('Assignee(s)'), whose name(s) and address(es) are set out below, or to his/her executors, administrators and assign, as the case may be, the policy(ies) of assurance issued by Friends Provident International, particulars of which are given below and all sums thereby assured or payable thereunder, to hold unto the Assignee(s) absolutely. If the policy has an existing fund adviser, optional management authority, regular withdrawal or beneficiary appointed we will require a new form completing if the agreement is to continue.

Current policyholder details (Assignor)

	Current policyholder 1 (Assignor)	Current policyholder 2 (Assignor)
Full name of current policyholder(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Policy number(s) (all relevant policy numbers must be listed)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

New/continuing policyholder details (Assignee)

	New policyholder 1 (Assignee)	New policyholder 2 (Assignee)
1 Name of new/continuing policyholder(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2 If assigning segments please state the segment numbers	<input type="text"/>	<input type="text"/>
3 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4 Email address (mandatory)	<input type="text"/>	<input type="text"/>
5 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"/>

Please note that where an existing policyholder is going to remain a policyholder after assignment, their name should be inserted as an assignor and assignee.

New/continuing policyholder details (Assignee) (continued)

	New policyholder 1 (Assignee)	New policyholder 2 (Assignee)
6 Contact telephone number	<input type="text"/>	<input type="text"/>
7 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

In witness whereof I/we have executed this document as a deed this day of year

Please note we will be unable to proceed with the assignment if this document is not dated.

Signed as a deed and delivered by Assignor(s). All current policyholder(s) must sign.

	Current policyholder 1 (Assignor)	Current policyholder 2 (Assignor)
Signature(s) of Assignor(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

In the presence of:

	Signature of Witness for Assignor 1	Signature of Witness for Assignor 2
	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Occupation/Capacity of witness	<input type="text"/>	<input type="text"/>

Please note that the witness must not be related to the Assignor(s) or the Assignee(s) and all signatures must be witnessed.

New/continuing policyholder details (Assignee) (continued)

	New policyholder 1 (Assignee)	New policyholder 2 (Assignee)
Signature(s) of Assignee(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
In the presence of:	Signature of Witness for Assignee 1	Signature of Witness for Assignee 2
	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Occupation/Capacity of witness	<input type="text"/>	<input type="text"/>

Please note that the witness must not be related to the Assignor(s) or the Assignee(s) and all signatures must be witnessed.

This Deed of Assignment shall be governed by and construed in accordance with the law of England and Wales.

- 1 This deed is suggested for guidance and consideration only, and in consultation with your financial adviser.
- 2 The assignment does not include any guarantee of the Assignor’s title to the policy.
- 3 The life/lives assured cannot be changed when the policy is any term assurance policy or other policy with additional death, critical illness or disability benefits.
- 4 The assignment of a life policy could have tax consequences.
- 5 Changing, removing or adding a life assured to the policy is a fundamental reconstruction of the policy and will trigger a chargeable event for UK tax purposes. There are also implications for those who may become UK resident in the future. Please discuss this with your financial adviser. If you wish to proceed with an amendment to the existing lives assured, please inform us in writing.

All assignees including any who will remain policyholders after the assignment, must complete this section.

Assignors who will no longer be policyholders post assignment need not complete this.

Assignor declaration

Please give an explanation for the assignment.

Relationship between Assignor and Assignee

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Has the policy been assigned in exchange for money, or in exchange for something of monetary value?

Yes No

If 'Yes', please confirm the amount or value received (further information may be required)

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When the assignee is an entity, the supplementary form 'Declaration for a Legal Entity' for tax reporting purposes, must be completed and returned with this form. A copy of the form can be obtained from your financial adviser.

Assignee name

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Please list all countries in which you are tax resident. Please provide your tax identification number for each country.

Country 1

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Country 1

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Tax identification number

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Tax identification number

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Country 2

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Country 2

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Tax identification number

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Tax identification number

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Country 3

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Country 3

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Tax identification number

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Tax identification number

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If you are a US citizen or hold a US passport or green card, you will be considered tax resident in the US even if you live outside the US.

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. If you have left any of the tax identification number boxes above blank, please give your reason in the Additional information box below.

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 1

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Country 1

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Tax identification number

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Tax identification number

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Country 2

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Country 2

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Tax identification number

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Tax identification number

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If you have left any of the tax identification number boxes above blank, please give your reason in the Additional information box below.

Additional information/Special instructions

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

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Politically exposed person information

Individual

Has the Assignee(s) or any close relative of either person ever held a senior position in government, a political party, the supreme court, court of auditors, the diplomatic service, a military or government-owned corporation (i.e. is politically exposed)?

Yes No

If 'Yes', who is politically exposed?

The Assignee A close relative

Trust

Do the Settlor(s) or any Trustees, Beneficiaries or close relative meet the criteria of a politically exposed person?

Yes No

If 'Yes', who is politically exposed?

Settlor Trustee

Beneficiary A close relative

Company

Do the Shareholder(s) or any Directors or close relative meet the criteria of a politically exposed person?

Yes No

If 'Yes', who is politically exposed?

Shareholder Director

A close relative

If the politically exposed person is not the policyholder, please confirm the full name of the person who is.

In what country was/is the position held?

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If there is more than one politically exposed person, please complete an additional form, a copy of which can be obtained from your financial adviser.

For the Assignee

Source of wealth for the purchase of the policy and regular premium payments

Do not complete if no monetary exchange has occurred for a single premium policy.

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="checkbox"/>	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"/>	

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="checkbox"/>	Amount <input type="text"/>
	Date funds received	<input type="text"/>	<input type="text"/>

Other source of wealth

Please provide as much detail as possible.

<input type="checkbox"/>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

If required, we will contact you for supporting supplementary evidence of source of wealth (see Important Notes).

Source of payment (for regular premiums only)

Future method of payment to be:

Credit Card	<input type="checkbox"/>	Direct Charge Authority form completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bank Standing Order	<input type="checkbox"/>	Bank Standing Order form completed or forwarded certified copy of standing order instruction given to your bank	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Your financial adviser can provide a copy of the above forms.

I understand that the Isle of Man Government has and will be entering into a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other territories. I understand that there is a requirement to collect information about customers' tax residence and nationality as part of Isle of Man legislation and that as a financial services company Friends Provident International is legally obliged to collect it. I am aware that Friends Provident International is required to request my tax residency, tax identification number (where applicable) and nationality and will record this information.

I understand that the information that will be reported to the Isle of Man Government is:

- My name, address, jurisdiction of tax residence, tax identification number and date of birth.
- My Friends Provident International policy number.
- The balance or value of my account at the end of the calendar year or at the date the policy was cashed in.
- The sum of any withdrawals taken within the relevant reporting year.

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.jsp 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.jsp 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.

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

Signature(s) of **Assignee(s)**

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Name (block capitals)

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Date

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Assignee ID requirements

- Original certified copy of the Assignee's/Assignees' passport(s)
- Original certified copy of evidence of the Assignee's/Assignees' residential address

All certified copies must be submitted in original paper form, we are unable to accept evidence by email or fax.

All documentation provided must be certified as a true copy of the original by either:

- 1 A Notary Public, solicitor or lawyer; or
- 2 Your financial adviser (if he/she is authorised to do so).

For requirements to assign to a company or trust, please refer to Friends Provident International.

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Friends Provident International Limited: Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Telephone: +44 (0)1624 821212 | Fax: +44 (0)1624 824405 | Website: www.fpinternational.com. 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. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. **Singapore branch:** 4 Shenton Way, #11-04/06 SGX Centre 2, Singapore 068807. Telephone: +65 6320 1088 | Fax: +65 6327 4020 | Website: www.fpinternational.sg. 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:** 803, 8/F., One Kowloon, No.1 Wang Yuen Street, Kowloon Bay, Hong Kong. Telephone: +852 2524 2027 | Fax: +852 2868 4983 | Website: www.fpinternational.com.hk. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. **Dubai branch:** PO Box 215113, Emaar Square, Building 6, Floor 5, Dubai, United Arab Emirates. Telephone: +9714 436 2800 | Fax: +9714 438 0144 | Website: www.fpinternational.ae. Registered in the United Arab Emirates with the UAE Insurance Authority 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.