Friends Provident International

Optional Management Authority

for use with policies held in Maltese trusts only.

This form should not be used if you have an International Portfolio Bond, Managed Portfolio Account, Professional Portfolio, Succession Planning Bond, Reserve or Reserve Advance. If your plan is one of the above, please complete an Appointment of Investment Adviser form.

Please complete this form in English, using block capitals and black ink. 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

Part 1: For completion by the Trustees as plan holder(s).

Full name(s) of plan holders (Trustees) ('the Plan Holder(s)').	
Email address	
Name of plan e.g. Premier Advance	
Plan numbers or application dated ('the plan')	
Name of investment adviser ('the adviser')	
Agent Number	

Declaration

I/We declare that I/we wish to appoint the adviser to be the investment adviser of the underlying assets held within the plan. I/We request Friends Provident International Limited to enter into any formal agreements required by the adviser to facilitate this appointment.

Authority granted

I/We grant the adviser authority to act in the following capacity **(please read the three options carefully before indicating the authority you wish to grant your adviser)**.

Please tick one box only.

Option 1: ☐ **Advisory basis only, my/our signed consent required:** I/We declare that the adviser will discuss any proposed alterations to the composition of the underlying funds held within the plan, and Friends Provident International Limited will only act upon investment instructions that I/we, as plan holder(s), have signed. **Friends Provident International Limited should not action any instructions that have not been signed by me/us.**

Option 2: ☐ **Advisory basis only, without signed consent:** I/We declare that the adviser will discuss any proposed alterations to the composition of the underlying funds held within the plan with me/us, and obtain my/our agreement before any changes are made. **I/We authorise my/our adviser to submit written instructions to Friends Provident International Limited on my/our behalf, without the need to obtain my/our signature(s) on these instructions**.

Option 3: ☐ **Delegated investment management:** I/We declare that I/we have delegated investment decisions to the adviser, who has complete discretionary authority, without consulting me/us first, to make all investment decisions to buy or sell assets, hold cash or other investments, within the boundaries of the investment restrictions detailed below. **I/We authorise Friends Provident International Limited to act upon the investment instructions of the adviser as if the adviser was the plan holder**.

I/We agree that Friends Provident International Limited shall not be responsible for any loss or liability to the plan, as a result of the actions, or failure to take action, on the adviser's part, which gives rise to any loss in value to the plan howsoever arising.

I/We and my/our estates undertake to indemnify Friends Provident International Limited, against all claims and actions against Friends Provident International Limited, in respect of any loss and all costs and expenses arising from the activities of the adviser (including, but not limited to, the cost of defending in any court of Law such claim, demand or action against Friends Provident International Limited and the cost of recovering the investments held by the adviser).

Part 1: For completion by the Plan holder(s) (Trustees) (continued)

Remuneration Please tick one box only.

☐ I/We have agreed with the adviser that a fee will not be paid.

☐ **Annually:** I/We have agreed to pay the adviser a fee at the rate of **0.50%** ☐ **0.75%** ☐ **1.00%** ☐ per annum of the bid value of the plan† on each anniversary of the commencement of the plan. I/We wish to make a series of withdrawals from the plan in order to pay the fees and request Friends Provident International Limited to effect these withdrawals by cancelling units allocated to the plan and subsequently to pay the fee to the adviser as my/our agent.

☐ **Quarterly:** I/We have agreed to pay the adviser a fee at the rate of **0.15%** ☐ **0.20%** ☐ **0.25%** ☐ per quarter of the bid value of the plan† on each quarterly anniversary of the commencement of the plan. I/We wish to make a series of withdrawals from the plan in order to pay the fees and request Friends Provident International Limited to effect these withdrawals by cancelling units allocated to the plan and subsequently to pay the fee to the adviser as my/our agent.

† For regular premium contracts, the value of any initial units will not be included in the bid value of the plan for the calculation and payment of the fee. Therefore, unless a single premium has been paid, both annual and quarterly payments will commence on the second anniversary of the commencement of the plan with the exception of Premier Wealth Capital Redemption and Ultra Wealth Capital Redemption plans with an initial unit period of 24 months. For these plans quarterly payments will commence on the first quarter after completion of the initial unit period and annual payments will commence on the third plan anniversary.

Please note: The tax treatment of withdrawals from your plan will be determined by your country of residence. If you are resident in the UK, please note that a fee paid to a third party from your plan is treated as a withdrawal and may, in certain circumstances, be taxable. For further information on tax considerations, please refer to your financial adviser.

Payment can only be made if there are sufficient accumulation units available. If there are insufficient accumulation units to pay the fee we will remove the Optional Management Authority (OMA) fee from our records and it will be your responsibility to request reinstatement should accumulation units become available. The OMA authority granted will remain in place.

I/We authorise Friends Provident International Limited to act upon this authority until I/we revoke the authority in writing.

Signature(s) of plan holder(s) (Trustees)

Date

Part 2: For completion by the adviser (i.e. the investment adviser firm)

I understand that its Principal Regulator requires FPIL to complete an identification check on the Investment Adviser firm and I must provide the following certified documents, if not previously provided, before this Optional Management Authority form can be accepted:

- A suitably certified copy of the Certificate of Incorporation or equivalent document
- A list of all directors and verification of the identity† of at least two directors, one of whom must be an executive director.
- Verification of the identity† of all shareholders holding 20 per cent or more of the issued share capital of the firm.

(Please refer to 'Identification Requirements – Notes' below)

I/we confirm that I/we will comply with all legal and regulatory requirements of the country where I am/we are licensed to provide financial advice. I/we confirm that I will notify you of any changes to my authorisation including any disciplinary action taken against me/us.

I/we confirm that I/we will comply with the requirements of the MFSA Pension Rules for Personal Retirement Schemes Issued in Terms of the Retirement Pensions Act, 2011 and that I am/we are:

Please tick the appropriate box:

☐ an entity licensed to carry out investment management services to Schemes under the Act; or

☐ an entity already licensed under the Investment Services Act, 1994 as a Category 2 or 3 Investment Services License Holder subject to an abridged application process; or

☐ an investment manager established in another Member State or EEA State and duly authorised for this activity in accordance with Directives 2009/65/EC, 2014/65/EU, 2013/36/EU, 2009/138/EC or 2011/61/EU, as amended from time to time, and carrying out its activities pursuant to the respective Directives, as applicable; or

☐ in the case of an entity established in a non-Member State or non-EEA State which the MFSA consider to be subject to an equivalent level of regulatory supervision in the jurisdiction where its operation take place, for it to undertake investment management activities.

Part 2: For completion by the adviser (i.e. the investment adviser firm) (continued)

Signature of Adviser	Signature
	Date
Name of Adviser	
For and on behalf of (Name and address of firm)	

Identification Requirements – Notes

These notes apply only if the section above has been completed

The principal requirement is to look behind the corporate entity to identify those who have ultimate control over the business and the company's assets. Where the shareholder is a holding company, trust or nominee, then FPIL is required to look behind this to the ultimate beneficial owner and verification of identity of the ultimate beneficial owner must be obtained, together with evidence demonstrating beneficial ownership.

†Verification of identity: this is deemed to comprise:

- Primary Identity document – certified copy of a passport or Government-issued Identity Card
- Verification of residential address – certified copy of one of the following documents:
  - A utility, rates or council tax bill. Mobile telephone bills are not acceptable as evidence of address
  - An entry in a local telephone directory
  - An extract from the official register of electors
  - A current driving licence
  - A tax assessment document
  - An account statement from a bank. Bank credit card and non-bank cards, such as store cards, are not acceptable.
  - Proof of ownership or rental of the residential address
  - A mortgage statement.

Investment Adviser contact details

Telephone/Fax number	/
Email address	

Declaration

I/we have read and understand the conditions outlined above and agree to act in accordance with them. I/we confirm that I/we have the authorisation necessary to act as adviser and will comply with the rules of the appropriate regulator. I/we undertake to inform Friends Provident International Limited and the plan holder(s) if, at any time, I/we cease to be so authorised or if any disciplinary action is taken against me/us.

Regulator			
Country		Reference number	
Full name of adviser firm			

Full name of individual who will act on behalf of firm		
Address of firm		
Telephone number/Fax number		
Email address		
Signature of adviser (for and on behalf of the adviser)		Date
Adviser's reference number		

Please return the original document, even if you have faxed or emailed a copy initially. If the original copy has not been returned after 8 weeks we may revoke this authority.

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