

# Corporate Application form

Do not use if you are applying as a Trustee of a trust. Please use our Trustee Application form instead.

UAE licensed financial adviser and policy details				
Company name				
Friends Provident International Limited agency number				
Contact details for acknowledgement/queri	es on the application.			
Contact name				
Phone number				
Email address				
Policy number (if known)	Please contact us to obtain a pre-allocated policy number if re	quired.		
Please tick to confirm you have include	led with this application			
Personal charging structure illustration				
Copy of certificate of incorporation*				
Copy of share register*				
Copy of latest annual report and accounts	r			
Copy of signatory list and signing powers*	Copy of signatory list and signing powers*			
Evidence of the registered office address (if this is not the address on the application, we require evidence that the address is being used and confirmation of why there is a difference)*				
Verification of identity and address for any shareholder owning 25% or more of the shares*				
Copy of director list*				
Verification of identity and address of an Executive Director*				
Verification of identity and address of a No	n-Executive Director*			
Memorandum of Association and Articles of Association*				
Source of funds-original or certified copy of the payment remittance*				
Source of wealth supporting documentation (where required)**				
*Suitably certified as being a true copy				
Where a shareholder is a company, trust or nominee, then we are required to look behind this structure to obtain a certified copy of the identification documents relating to the ultimate beneficial owner.				
** Details of information required for source				
Reserve + is available only for non-UK residents.				

Throughout this document, purple text denotes policy exclusions.

# Please complete all details in Section 1.

This form should be read in conjunction with the following documents:

- Reserve + Brochure
- Reserve + Product guide
- Reserve + Personal illustration
- Reserve + Charging structures

Specimen Policy conditions are available from us on request. Please provide all relevant information and documentation so that we can process your application as soon as possible. If you do not provide all relevant information, it may cause a delay in the processing of your application. Further information may be required during the validation process (i.e. questions arising from the information provided).

**Please complete this form in English, using BLOCK CAPITALS**. 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.

An Arabic version of this document will be made available upon request.

Reserve + is available only for non-UK residents.

## Your bond structure

Whole of life

#### Your investment structure

For explanation on your investment structure, please refer to page 21.

#### **Investor status**

Friends Provident International Limited (FPIL) is required to obtain a declaration from you to confirm your investor status, which defines the assets in which you may invest.

Your Investor status is used by us to understand the types of asset you wish to invest in. You should let us know whether you wish to hold Retail or Non-Retail assets. If you do not tell us we will assume you are a retail investor and wish to hold retail assets only.

To assist with customer classification, Friends Provident International Limited's definitions of a Retail and Non-Retail investor can be found below:

#### **Retail Investor**

A Retail investor is any investor other than a Non-Retail Investor (see below).

## Non-Retail Investor

- 1 A government, governmental institution or authority, or companies fully owned by any of the aforementioned.
- 2 International bodies and organisations.
- **3** A person or entity licensed to engage in a commercial business, provided that one of the purposes of its business is managing investments, including:
  - a) A person, body corporate, partnership, trust or other unincorporated association whose ordinary business or professional activity includes acquiring, underwriting, managing, holding or disposing of investments, whether as principal or agent or giving advice about investments;
  - b) Any director or partner of, or consultant to, a person referred to in paragraph (a);
  - c) A functionary to a professional investment vehicle or an associate of a functionary to a professional investment vehicle;
  - d) An employee, director or shareholder of, or consultant to, a person in (c) who is acquiring the investment as part of his remuneration or an incentive arrangement or by way of co-investment;
  - e) A trustee of a family trust settled by, or for the benefit of, one or more persons referred to in paragraphs (c) or (d);
  - f) A trustee or operator of any employment benefit or executive incentive scheme or trust established for the benefit of persons referred to in paragraphs (c) or (d) or their dependents;
  - g) A government, local authority, public authority or supra-national body.
- 4 A natural person who declares that their annual income is not less than £250,000, or their net equity with the exception of their main home, exceeds £1,000,000.

It is your responsibility to obtain and read the prospectus and/or offering documents of any assets that you wish to hold in Reserve +. This will help you decide whether the asset is suitable for you.

Retail		Non-Retail	
	I I		

If you have ticked the box above to indicate you are a Non-Retail Investor, and you have chosen to invest in what FPIL considers to be Non-Retail assets, there may be a requirement for you to complete and sign an additional – asset specific – declaration(s). If this is required, the relevant declaration(s) will be provided by our Technical Investments Team at the time the trade is placed.

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 amount to be invested. Name(s) to be stated as they appear on either your ID card or passport, as applicable.

Please refer to 'What you need to provide' for requirements to support verification of identity and address on page 32.

Please write in ink and use BLOCK CAPITALS.

# Section 1: Setting up Reserve +

Company	
Company name	
Registered address	
Country of registration	
Registration number	
Telephone number	
Email address (mandatory)	
send these documents to you, unless you in valuation statements and contract notes dis Alternatively, please tick here if you would your policy to you.	prefer us to send your policy documents and all correspondence relating to
Tax compliance – please answer ALL	questions
1 Is the applicant a US specified person?	Yes State tax identification number  No
2 Is the applicant UK resident?	Yes State tax identification number  No
If you have answered No to either of the above, please state the country in which the applicants are resident for tax purposes. If the entity is resident in more than two countries, please provide details in the additional information section on page 4.	Country  Tax identification number  Not entering a tax identification number may delay 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 4.  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.
<ul><li>3 Is the applicant a financial institution issued with a GIIN?</li><li>If a GIIN is yet to be issued, please notify us when received.</li></ul>	Yes Insert GIIN No

	Tax compliance – please answer ALL questions (continued)		
4	Is the applicant a financial institution without a GIIN? If you have answered Yes, you may wish to contact us prior to submitting this application.	Yes State reason No	
5	Is the applicant exempt from FATCA/CRS reporting?	Yes State reason No	
6	Is the applicant an actively trading non-financial institution? This includes trading companies.	Yes No	
7	Is the applicant a non-trading entity? This includes investment holding companies.	Yes If Yes, complete pages 6, 7 and 8 (Controlling persons) for all controlling persons.  No	
	ease contact us if you believe that none of th  Controlling persons	ne above are applicable to the Entity.	
Tł	nis includes shareholders with a share of 2	25% or more and any other person who can exercise overall control over the entity.	
1	T:41-	First controlling person  Second controlling person  Man	
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	Date of birth (DD/MM/YYYY)		
6	Nationality		
7	Residential address		
8	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.  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. You must include your US tax identification number in this section.	Country  Tax identification number  Country  Country  Tax identification number  Country  Tax identification number  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 4. 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 any delay with the processing of your application.

	Controlling persons (continued)		
9	What makes this individual a controlling person?		
1	Title	Third controlling person  Mr Mrs Miss Ms	Fourth controlling person  Mr Mrs Miss Ms
2	Surname (as shown on ID card/passport)	Other	Other
3	Forename(s) (as shown on ID card/passport)		
4	ID card/Passport number		
5	Date of birth (DD/MM/YYYY)		
6	Nationality		
7	Residential address		
8	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.  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. You must include your US tax identification number in this section.	Tax identification number  Country  Tax identification number  Tax identification number  Not entering a tax identification number mathave left any of the tax identification number reason in the additional information box on a tax resident, your tax identification number strongly recommend you seek professional with the processing of your application.	er boxes above blank, please give your page 4. If you are unsure of your status as er, or you have any other tax queries, we
9	What makes this individual a controlling person?		

Reserve + is available to those aged 18 and over. For lives assured, the minimum age is two years old and at least one life assured must be 80 or younger at inception.

	Directors' details		
		First Director	Second Director
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	Date of birth (DD/MM/YYYY)		
5	Residential address		
6	Nationality		
		Third Director	Fourth Director
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	Date of birth (DD/MM/YYYY)		
5	Residential address		
6	Nationality		
lf	nore than four directors, please provide det	ails on a separate sheet.	
	Lives assured details		
		First Life Assured	Second 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	Date of birth (DD/MM/YYYY)		
5	Nationality		
6	Country of residence		

7 Residential address	
8 Relationship to Company	
9 Are you in good health? If <b>No</b> , please give details on a separate piece of paper. Please first refer to our Data Protection section on page 20.	No
Third Life Assured Fourth Life Assured	
1 Title Mr Mrs Miss Ms Mr Mrs Miss Miss	Ms
Other Other	
2 Surname (as shown on ID card/passport)	
3 Forename(s) (as shown on ID card/ passport)	
4 Date of birth (DD/MM/YYYY)	
5 Nationality	
6 Country of residence	
7 Residential address	
8 Relationship to Company	
9 Are you in good health? If <b>No</b> , please give details on a separate piece of paper. Please first refer to our Data Protection section on page 20.	No
If more than four lives assured are required, please complete the supplementary form for Additional Lives Assured.	
Total premium	
We wish to pay Sterling (GBP) US dollars (USD) EURO (EUR) Australian dollars (AUD) Amount	
Minimum payment:         Non Discretionary:         GBP 25,000         USD 37,500         EUR 37,500         AUD 75,000           Discretionary:         GBP 75,000         USD 112,500         EUR 112,500         AUD 225,000           Part Discretionary:         GBP 150,000         USD 225,000         EUR 225,000         AUD 450,000           Additional premium:         GBP 5,000         USD 7,500         EUR 7,500         AUD 15,000	
Note: When investing monies, please indicate your chosen investments in <b>Investment instructions</b> on page 15.	
Number of policy segments	
Please specify how many individual policies you wish your Reserve + policy to be issued in.  The minimum number of individual policies is 1 and the maximum is 100.  If box is left blank, then 100 policies will be issued	

Policy currency	
Please select the currency in which you wish y valued, and total payment figure calculated).	our Reserve + policy to be denominated (this will be the currency in which your policy is
Sterling (GBP)	US dollars (USD) Euro (EUR) Australian dollars (AUD)
Politically exposed persons	
If you, the applicant(s), or any party connected refer to page 17 for guidance), please provide de	with this application, could be defined as a politically exposed person (PEP) (for examples, etails:
	Mr Mrs Miss Ms Other
2 Surname (as shown on ID card/passport)	
3 First name(s) (as shown on ID card/passport)	
4 Connection to policy	
5 Position held as a PEP	
6 In what country is/was the position held?	
Optional withdrawals	
dealing instruction which can be downloaded withdrawal payments. Withdrawal instructions	er available cash in the General Transaction Account (GTA) or by the provision of a d from our website. Failure to ensure available funds could result in delays with regular st or 14th of the month — please indicate the date you prefer in the appropriate box below.
We wish to receive GBP EUR	USD Other Amount
•	Monthly Quarterly Half-yearly Yearly
Commencing (tick the date which applies)	1st 14th of (month) (year)
Sort code (if applicable)	
SWIFT/BIC code (if applicable)	
IBAN (if applicable)	
Account number	
Account name	
Bank name	
Bank address	

# Source of wealth

Please refer to the source of wealth table, which is available on our website or from your UAE licensed financial adviser, for the evidential requirements to support this section. Company profits Company name (please provide a certified copy of the latest annual report and accounts) Company address Please state the reason why the company is paying the premium, and provide confirmation of the company's shareholders and directors. Nature of company Amount of annual profit Currency Amount Income and savings from salary Current annual salary Currency Amount (basic and/or bonus) If self-employed or a company share Employer's name owner, please complete 'Company profits' section above. Employer's address Nature of business Maturity or surrender of life policy Amount received Currency Amount Policy provider Policy number/reference Date of maturity or surrender Sale of shares or other investments/ Description of shares/units/ liquidation of investment portfolio deposits (i.e. name/where held) Name of seller Length of time held Years Months Sale amount Currency Amount Date funds received Sale of property Property address Date of sale Total sale amount Currency Amount Company sale Company name Nature of business Date of sale Total sale amount Currency Amount % Applicant's share

Inheritance    Name of deceased	Source of wealth (continued)		
Relationship to applicant(s)  Date received  Total amount  Solicitor's name  Solicitor's firm's name  Solicitor's address  Divorce settlement  Date funds received  Total amount received  Total amount received  Name of divorced partner  Asset (share) exchange  If the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets.  Length of time the assets have been held  Gift  Date funds received  Origin and means of wealth  Length of time the assets have been held  Flease provide all of the following:  Letter from donor explaining the reason for the gift and the source of donor's wealth  Currency  Amount  Currency  Amount  Currency  Amount  Currency  Amount  Currency  Amount  Currency  Amount  Employer paying premium  Employer paying premium  Currency  Country of incorporation  Incorporation number	Inheritance	Name of deceased	
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 Total amount received Name of divorced partner  Name of divorced partner  Origin and means of wealth Total amount received Name of divorced partner  Length of time the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets.  Length of time the assets have been held  Flease 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  Certified identification documents for donor wealth  Employer paying premium  Employer name  Country of incorporation Incorporation number		 Date of death	
Total amount  Solicitor's name Solicitor's name Solicitor's name Solicitor's address  Divorce settlement  Date funds received Total amount received Name of divorced partner  Origin and means of wealth Total amount received Name of divorced partner  Origin and means of wealth Used to acquire the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets.  Length of time the assets have been held  Flease 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  Employer paying premium  Employer paying premium  Employer paying premium  Employer name  Country of incorporation Incorporation number		Relationship to applicant(s)	
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Divorce settlement  Date funds received Total amount received Total amount received Name of divorced partner  Origin and means of wealth  Origin and means of wealth  Under the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets.  Length of time the assets have been held  Total amount  Currency  Amount  Total amount Currency  Amount  Total amount Currency  Amount  Currency  Amount  Currency  Amount  Employer paying premium  (If the applicant/premium payer owns or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer  Country of incorporation Incorporation number		Solicitor's firm's name	
Asset (share) exchange  If the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets.  Caift  Date funds received  Length of time the assets have been held  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  Employer paying premium  (If the applicant/premium payer owns or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer on number  Total amount  Currency Amount  Currency Amount  Currency Amount  Courrency Amount  Incorporation opage 11.) Please provide and the provide and the provided and the pr		Solicitor's address	
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Asset (share) exchange  If the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets.  Length of time the assets have been held  Date funds received  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  Employer paying premium  Employer paying premium  Employer company, please complete 'Company profits' section on page 11, Please provide the employer  Incorporation number		Total amount received	Currency Amount
If the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets.  Length of time the assets have been held  Please provide all of the following:  Letter from donor explaining the reason for the gift and the source of donor's wealth  Currency Amount  Relationship to applicant(s)  Donor's source of wealth  Employer paying premium  Employer rame  (If the applicant/premium payer owns or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer  Incorporation number		Name of divorced partner	
Caift   Date funds received   Date funds r	If the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire	Origin and means 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   Employer paying premium  [If the applicant/premium payer owns or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer  Total amount  Currency  Amount  Employer name  Country of incorporation  Incorporation number			Years Months
Letter from donor explaining the reason for the gift and the source of donor's wealth      Certified identification documents for donor      Donor's source of wealth  Employer paying premium  (If the applicant/premium payer owns or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer    Currency   Amount   Currency   Amount	Gift	Date funds received	
reason for the gift and the source of donor's wealth  • Certified identification documents for donor  Employer paying premium  (If the applicant/premium payer owns or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer  Relationship to applicant(s)  Donor's source of wealth  Employer name  Country of incorporation  Incorporation number		Total amount	Currency Amount
Employer paying premium  (If the applicant/premium payer owns or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer  Employer name  Country of incorporation  Incorporation number	reason for the gift and the source	Relationship to applicant(s)	
(If the applicant/premium payer owns or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer		Donor's source of wealth	
(If the applicant/premium payer owns or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer			
or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer  Incorporation number	Employer paying premium	Employer name	
employer is paying the premium.	or part owns the employer company, please complete 'Company profits' section on page 11.) Please provide the employer letter as evidence of authorisation that the		

Source of wealth (continued)		
Retirement income	Retirement date Previous occupation Name of last (final) employer	
	Address of last (final) employer	
	Retirement 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  Name of company paying dividend  Length of time the shares have been held in the company	Currency Amount  Years Months
Other source of wealth Please provide as much detail as possible.		

Payment methods				
If you are paying by p	f you are paying by personal cheque or electronic transfer, please tick the appropriate box and follow the instructions.			
By personal cheque	Pleas	Please make cheques payable to Friends Provident International Limited.		
By electronic transf		se note the bank details listed in the ta own bank to set up an electronic trans		
I have arranged for tl Friends Provident Int	he payment to be made <b>electronicall</b> y	y and I have provided evidence of the		
If remit	ting through a bank account in the l	United Arab Emirates, please note b	ank details listed below	
Policy currency	USD	GBP	EUR/AUD	
Bank	HSBC	HSBC	Isle of Man Bank Limited	
Postal Address	PO Box 66, Dubai, UAE	PO Box 66, Dubai, UAE	East Region, Douglas, Isle of Man	
Account Name	Friends Provident International Limited	Friends Provident International Limited	Friends Provident International Limited	
<b>Account Number</b>	025171067214	025171067213	954540038965	
IBAN	AE680200000025171067214	AE950200000025171067213	GB86RBOS60954540038965	
SWIFT/BIC Code	BBMEAEAD	BBMEAEAD	RBOSIMD2	
Sort Code	N/A	N/A	60-95-45	
If remitting through a bank account in the UK/Channel islands/Isle of Man /Others, please note bank details listed below				
Policy currency	y USD/GBP/EUR/AUD (Multi-currency)			
Bank	Isle of Man E			
Postal Address	East Region, Dou			
Account Name	Friends Provident In			
Account Number	954540	038965		
IBAN	GB86RBOS609	954540038965		
SWIFT/BIC Code	RBOS	SIMD2		
Sort Code	60-9	5-45		
Source of payment  I confirm that the cost of 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 applicab	ole)			
SWIFT/BIC code (if a	applicable)	IBAN (if applicable	e)	
Account number				
Account name				
Bank name				
Bank address				

# **Valuations**

Please register on Friends Provident International Limited's Portal on our website to access your Quarterly Bond Valuations online. In addition, We understand that quarterly valuations will be sent to us by email to the email address provided on page 5, and a copy sent to our UAE licensed financial adviser.

We understand that trade contract notes will also be sent to us by email.

(All emails will be encrypted using WINZIP software and a PDF reader will be required. A password will be sent to you directly to access this file.)

## **Investment instructions**

If you would like us to place the investments within Reserve + and for our appointed custodian to hold custody of them, please state your chosen investments below. If you are using the services of a Discretionary Fund Manager, external custodian or fund platform, please leave blank. If there is insufficient space, please use a separate sheet, signed by all applicants. Charges will be deducted from your General Transaction Account (GTA); therefore, if an overdrawn balance is to be avoided, please ensure sufficient cash is retained in line with your investment strategy.

Currency	Units Shares/ Bonds/Cash amount	SEDOL/ISIN (essential) <sup>†</sup>	Full security/fund name description

rovident inte	entational climited accepts no liability for any errors in the funds selected.
	Please complete this section if you would like an adviser to be the authority on your investments.
	Please complete this section if you would like to appoint a Discretionary Fund Manager for your investments.
	Please complete this section if you wish to transfer an existing asset(s) into your new Reserve +.

<sup>†</sup> If no SEDOL or ISIN is provided, Friends Provident International Limited accepts no liability for any errors in the funds selected.

Please complete the section below if you are United Arab Emirates (UAE) resident or, if you are not UAE-resident, you are signing this application form in the UAE. This information is mandatory and your application cannot be processed without it.

	Financial circumstances				
		First (or only) ap	pplicant	Second applica	nt
1	Please state net annual income for last 3	3 years.			
	Year 1	Currency	Amount	Currency	Amount
	Year 2	Currency	Amount	Currency	Amount
	Year 3	Currency	Amount	Currency	Amount
2	Please state details of assets held.				
	Cash in bank	Currency	Amount	Currency	Amount
	Value of shares and equities	Currency	Amount	Currency	Amount
	Property value	Currency	Amount	Currency	Amount
	Other investments	Currency	Amount	Currency	Amount
3	Please state details of liabilities held.				
	Outstanding loans to be paid issued by banks	Currency	Amount	Currency	Amount
	Outstanding balance to be paid on other loans	Currency	Amount	Currency	Amount
	Outstanding balance to be paid on credit cards	Currency	Amount	Currency	Amount
4	Please detail below the names of the ba (Please continue on a separate sheet, if		address, where you hold acco	unts.	
	Bank name				
	Bank address				
5	Please detail other insurance policies he	eld. (Please contin	ue on a separate sheet, if nec	essary)	
	Policy number				
	Provider				
	Premium amount per year	Currency	Amount	Currency	Amount
	Status (paying, cashed-in, paid up)				

Friends Provident International Limited will require you to declare that you meet the criteria for a professional Non-Retail investor if you or your adviser wish to trade what FPIL considers to be Non-Retail assets in your Reserve +.

#### **Important notes**

- 1 A copy of this application form and the documents submitted with your application will be provided to you with your policy documents. These are important and valuable documents and it is likely that you will need to refer to them in future. You are advised to keep them together with the policy documents and any further correspondence relating to your policy in a safe place.
- 2 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.
- 3 You should seek guidance from your UAE licensed financial adviser as to the suitability of the policy to your own particular circumstances. Reserve + should be regarded as a medium to long-term investment (five years or more).
- 4 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.
- 5 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.
- 6 Each policy is governed by and shall be construed in accordance with the laws of the United Arab Emirates.

## 7 Specialist investment acknowledgement

Reserve + gives you an investment choice from a very wide-ranging menu of investments. Some of the funds which are available to you are classed as Non-Retail funds aimed at professional or experienced investors.

If you were investing in such a fund directly yourself, rather than through your Reserve + policy, you may have to declare that:

- You have read and understood the information supplied to you and understand the nature of any risks involved.
- You have discussed with your independent UAE licensed financial adviser whether such an asset is appropriate to your investment portfolio.
- You are eligible and able to invest into the fund and have the level of investment knowledge and experience required by the fund manager.
- You meet certain minimum financial requirements.

Please note that different jurisdictions may impose different criteria on the generally accepted definition of a Non-Retail investors. Full definitions, restrictions and investor requirements can be found in each fund's prospectus/terms and conditions, which is available from the fund manager or your independent UAE licensed financial adviser. We require that you obtain, read and fully understand a copy of the prospectus/terms and conditions for your chosen investment.

#### 8 Liquidity information

Some funds may have restrictions on their ability to pay redemptions due to the type of underlying investments they hold. This could limit your ability to raise cash from the fund in the future.

Investment into Non-Retail funds should be considered a medium to long-term investment. You, in conjunction with your independent UAE licensed financial adviser, should consider whether Reserve + is a suitable investment vehicle if it is likely that you will need access to your capital quickly in the future.

9 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 visit www.iomfsa.im/media/1590/antimoneylaunderingandterrorist.pdf, Isle of Man's Financial Services Authority's website, 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".

#### **Declarations**

Your attention is drawn to the following declarations. Where we have asked for information that we need to assess before we can accept your application, you must disclose all material facts. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal. 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 quoted the wrong terms, a claim being rejected or reduced, or the Reserve + policy being invalid.

General declarations				
On behalf of			Limited	('the Company')
We, the undersigned, confirm the following:				
1 That				
of				
is/are* the beneficial owner(s) of the Company.				
2 That				
are the Company's appointed auditors, to whom F	riends Provident Ir	nternational Lin ———	nited may refer for confirmation	ı of 1 above.
That at a meeting of the Board of Directors held o	n the	day of	(month)	(year)
at				(place)
it was AGREED and RESOLVED THAT:				
(i) The Company has the capacity to enter into p				
<ul> <li>(ii) All/ Any* of the current Directors and Authoris all types of instructions (including without pre- investments, make cash withdrawals, fully cas</li> </ul>	udice to the gener	rality of the fore	egoing instructions to change u	
<ul><li>(iii) All changes in Directors and Authorised Signa in writing.</li></ul>	tories will be imme	ediately notified	I to Friends Provident Internation	onal Limited
(iv) A certified copy of the Certificate of Incorpora	tion/Trading Certi	ficate to be ser	nt to Friends Provident Internati	ional Limited.
* Delete as appropriate and enter the number of s	ignatories required	d on each instru	iction.	
3 That the company has not been, or is not in the pr	ocess of being dis	solved, struck (	off, wound up or terminated.	
We declare that this application was signed in				(country)
and the advice was received in				(country)

and that, to the best of our knowledge and belief, all the above statements are true. We agree that they, together with any other statements made to Friends Provident International Limited, now or in the future, shall form the basis of the policy under the laws of the Isle of Man.

We have read and understood all the printed materials relevant to this policy and we have acquainted ourselves with the management charges made by Friends Provident International Limited.

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

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

We are aware that tax evasion is a criminal offence and we will not use this policy to evade tax. We understand that Friends Provident International Limited 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. We are responsible for our own tax affairs and we hereby declare that we understand our personal tax obligations and responsibilities and we have complied with all legal requirements to make declarations to tax authorities and pay the tax that we owe. As appropriate and necessary we have taken, or will take, legal advice in relation to our tax affairs and in particular, our tax obligations as they apply to this application.

We 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. We 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 Limited is legally obliged to collect it. We are aware that Friends Provident International Limited is required to request the entity's tax residency and tax identification number/global intermediary identification number (where applicable), and where controlling persons are potentially reportable their tax residency, tax identification number (where applicable) and nationality and will record this information.

#### **Declarations (continued)**

We understand that for reportable controlling persons, the information that will be reported to the Isle of Man Government is:

- The controlling person's name, address, jurisdiction of tax residence, tax identification number and date of birth.
- The Friends Provident International Limited policy number.
- The balance or value of the 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

The terms of the policy and the declarations in this application form that are in purple font describe circumstances in which We will be exempt from liability under the policy or which may lead to nullification or avoidance of the policy or a limitation of your right(s) as policyholder. By signing below you confirm that you have read, understood and accepted the terms and conditions of the policy and the declarations in full and agree not to rely on any law or regulation or other grounds to argue to the contrary.

We further declare that all the information provided in this application form, including this declaration, has been entered by us or with our knowledge and that the signature placed on the application is our respective signatures.

#### 2 Investment declarations

Before you invest in any assets through a Reserve + policy, we want to ensure that you are aware of the nature and possible risks associated with them. Would you therefore please make the following declarations:

- a) We understand that we may choose the investments to which our Reserve + policy is to be linked.
- b) We acknowledge that it is our responsibility to ensure that the asset is suitable, considering our underlying investment objectives and attitude to risk.
- c) We confirm that we understand certain funds 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. We understand the risks associated with investing in these assets.
- d) If We choose to invest in assets aimed at a Non-Retail investor, we acknowledge that it is our responsibility to obtain, read and understand the fund prospectus or equivalent offering documents, as appropriate.
- e) We acknowledge that Friends Provident International Limited is not responsible for the investment performance or any loss suffered or reduction in the value of our Reserve + policy, arising from our chosen investment. Friends Provident International Limited does not have any responsibility for the investment management of the assets within our Reserve + policy and Friends Provident International Limited does not approve any asset as a suitable investment.
- f) We acknowledge that Friends Provident International Limited reserves the right to reject any asset, for example if certain administration criteria are not met.
- g) We acknowledge that the purchase of our investments may be delayed if Friends Provident International Limited requires a signed declaration in respect of our chosen investments.
- h) We acknowledge our investments are processed according to the terms and conditions of the relevant institution that cash is being invested with
- i) We 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 policies.
- j) We have declared our investor status on the application form and understand that if we do not declare this, Friends Provident International Limited will assume we are a retail investor.
- k) We agree that Friends Provident International Limited shall not be responsible for any loss or liability to the Reserve + policy as a result any of the actions or failure to take action on my part relating to investment decisions which gives rise to any loss in value to the Reserve + policy. We promise to repay to or reimburse Friends Provident International Limited in respect of any legal proceedings, claims, costs, expenses (including legal expenses) actions or demand against Friends Provident International Limited arising from a breach of this clause.
- We acknowledge that some of the investments made available by Friends Provident International Limited may be considered by FPIL to be Non-Retail assets as defined under the applicable legislation. We realise that these types of investment are not intended for general sale to retail investors.
- m) We are aware that Friends Provident International Limited will be regarded by the asset manager as the investor for the purposes of investment.
- n) We accept that some investments involve a high level of risk and that it is our responsibility to read the investment documentation, including any risk warnings, provided by the investment manager.
- We have discussed with our independent UAE licensed financial adviser whether such an asset is appropriate to our investment portfolio.
- p) We accept that Friends Provident International Limited requires us to confirm that we have read and understood the investment documentation and risk warnings for any asset we wish to invest in.
- q) For investment into Non-Retail assets, we acknowledge that Friends Provident International Limited will require us to sign an additional declaration confirming that we qualify and meet the required standards to be able to invest.
- r) We are aware that the declaration must be signed before Friends Provident International Limited can place the investment and, in all cases, Friends Provident International Limited has the right to decline the investment without providing a reason.
- s) We acknowledge that in the event of any Premium tax or Withholding tax being levied in my country of residence, it will be our responsibility to increase the payment by an appropriate amount or to settle the liability directly with the relevant tax authorities.

#### **Declarations (continued)**

#### 3 Cancellation

You can cancel your policy within 30 days from the day you receive notice from us of your cancellation rights and all contractual documents. These will be sent to you once your policy has been set up. If you exercise this right to cancel your policy, we will refund your premium (for the avoidance of doubt, calculated taking into account any third party fees incurred by Friends Provident International Limited in respect of the investments, including any external fund manager fees applied to the investments), adjusted only to reflect the amount of any increase or decrease in the value of your policy's investments from any market movements in the interim. If you wish to cancel you should follow the instructions in the notice from us of your cancellation rights. Upon cancellation, the policy will terminate immediately.

A separate cancellation right of 30 days will apply to any subsequent premium(s) in relation to that new premium only.

#### 4 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 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, explicit 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 Friends Provident International Limited 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** 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 we consent to this use of our personal data.

### 5. UAE licensed financial adviser

We acknowledge that Friends Provident International Limited and our UAE licensed financial adviser have entered into an agreement ('terms of business') which sets out the basis upon which Friends Provident International Limited is prepared to accept applications submitted by the UAE licensed financial adviser on our behalf. This agreement categorically states that the UAE licensed financial adviser acts as my agent, and not the agent of Friends Provident International Limited. We acknowledge that our UAE licensed financial adviser, or any other, has no authority to act as the agent of Friends Provident International Limited or to state, suggest or imply that they have such authority.

6. We are aware that Reserve + offers limited protection benefit.

Declarations (continued)		
Signature(s) of director(s)	First applicant (Director)	Second applicant (Director)
Name (block capitals)  Date		
Signature(s) of director(s)	Third applicant (Director)	Fourth applicant (Director)
Name (block capitals)  Date		

# Section 2: Investment restrictions

# **Investment restrictions**

The following lists details the assets permitted within Reserve +. It is important that you do not invest outside of these parameters. Each asset will be vetted on an individual basis against our criteria and we Reserve + the right to refuse any asset. Friends Provident International Limited is the beneficial owner of all of the assets held within the policy, which are held in Friends Provident International Limited's name.

# Reserve + allows you to invest in the following:

- equities and fixed-interest securities (including Corporate/Government/Sukuks) quoted on most recognised stock exchanges
- UK authorised unit trusts or overseas equivalent
- · open-ended investment companies
- UK authorised investments trusts or an overseas equivalent
- UK real estate investment trusts or an overseas equivalent
- · hedge funds, funds of hedge funds and exchange-traded funds
- · structured notes and deposits
- · cash, including bank and building society deposits.

## In normal circumstances Friends Provident International Limited will not accept the following assets:

- shares in any company which is part of the group of companies of which Friends Provident International Limited is a member
- commodities
- real property
- · futures and options
- precious metals
- UK National Savings and investments products
- US mutual funds, unless a fund is discretionary-managed
- Friends Provident International Limited mirror funds.

# Section 3: Appointment of investment adviser

Part A		
Reserve +	policy number (if known)	
Name of investment adviser company ('the adviser')		
Address of	f the adviser	
accordance with the Investment restrictions spe		r to be the investment adviser of the underlying assets held within our Reserve + policy, in pecified on page 21. We request Friends Provident International Limited to enter into any acilitate this appointment.
Authority We grant to	granted the adviser authority to act in the folgranted to your investment adviser):	lowing capacity (please read the three options carefully before indicating the authority
Please tic Option 1:	k one box only.  Advisory basis only,  my signed consent required	We declare that the adviser will discuss any proposed alterations to the composition of our Reserve + policy with us, and Friends Provident International Limited will only act upon investment instructions that we, as Director(s), have signed. Friends Provident International Limited will not action any instructions that have not been signed by us.
Option 2:	Advisory basis only, without signed consent	We declare that the adviser will discuss any proposed alterations to the composition of our Reserve + policy with us, and obtain our agreement before any changes are made. We authorise our adviser to submit written instructions to Friends Provident International Limited on our behalf, without the need to obtain our signature(s) on these instructions.
Option 3:	Delegated investment management	We declare that we have delegated investment decisions to the adviser, who has complete discretionary authority, without consulting 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. We authorise Friends Provident International Limited to act upon the investment instructions of the adviser as if the adviser was the Director(s).
of the acti gives rise: We promis proceeding person ap against Fri	ons, or failure to take action, on the to any loss in value to our Reserve + se to repay to or reimburse Friends Pgs, claims, costs and expenses (inclupointed by the adviser (including, buends Provident International Limited	Limited shall not be responsible for any loss or liability to our Reserve + policy, as a result adviser's part, or the part of any legal or natural person appointed by the adviser, which policy howsoever arising.  Trovident International Limited in respect of all losses, damages, liabilities, actions, ding legal expenses) arising from the activities of the adviser and any legal or natural thot limited to, the cost of defending in any court of law such claim, demand or action and the cost of recovering the investments held by the adviser). We authorise Friends authority until we revoke this authority in writing.
Part B		
Remunera	ation (please tick one box)	
We have a	greed with the adviser that a fee wil	l not be paid.
	rise Friends Provident International to Il from the Reserve + policy of:	o make a USD GBP Other Amount a quarter
or	% per annum of the fund value a	as an ongoing fee, up to a maximum of 1.5%, at the quarterly valuation point.
or		paid as a one-time fee, up to a maximum of 2%, plus % per annum of the fund maximum of 1.5%, at the quarterly valuation point.
We unders		his withdrawal shall be payable by Friends Provident International to the adviser on my

We understand that an amount equivalent to this withdrawal shall be payable by Friends Provident International to the adviser on my behalf.

# Section 3: Appointment of investment adviser (continued)

# Part C

## **Investment restrictions**

We agree to the investment restrictions listed on page 21.

# Part D

## Fees and commissions

We are aware that certain investments the adviser makes from time to time may contain fees which exist partly to meet promotion and distribution expenses of the investment, including commission paid to our adviser. We understand that full details of any commissions paid in respect of certain investments held within the Reserve + policy are available on request from our adviser.

We acknowledge that the above fees and commissions are in addition to Friends Provident International Limited's Reserve + policy charges and any investment adviser fee taken under Part B.

	First applicant (Director)	Second applicant (Director)
Signature(s) of director(s)		
Name (block capitals)		
Position		
Date		
	Third applicant (Director)	Fourth applicant (Director)
Signature(s) of director(s)		
Signature(s) of director(s)		
Signature(s) of director(s)		
Signature(s) of director(s)  Name (block capitals)		

(name of regulatory body)

# Important note

If you are licensed to provide financial services in one of the following jurisdictions, please complete Part E below.

Australia, Canada, Gibraltar, Guernsey, Isle of Man, Jersey, Mauritius, New Zealand, South Africa, Sweden, Taiwan, United Kingdom If you are not licensed in a country or jurisdiction listed above, please complete Part F.

#### **Declaration**

On behalf of the 'investment adviser' named in Section 3, Part A, I have read and understood the Investment options and agree to act in accordance with them. The capacity in which I will act as investment adviser will be (please indicate below by ticking the appropriate box)

appropriate box).	
Please tick one box only.	
Advisory basis only, (the Directors have selected Option 1 in Part A)	I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Director(s). I understand that Friends Provident International Limited can only act upon investment instructions that have been signed by the Director(s).
Advisory basis only, (the Directors have selected Option 2 in Part A)	I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Director(s). I understand that I must obtain the Director/Directors' agreement to any investment advice given and that I may be asked to provide such agreement to Friends Provident International Limited, if requested.
Delegated Investment Management, (the Directors have selected Option 3 in Part A)	I confirm that I hold the appropriate authorisation enabling me to provide investment instructions to Friends Provident International Limited and that I have the agreement of the Director(s) to issue investment instructions on their behalf.

# Section 3: Appointment of investment adviser (continued)

# Part E

I am regulated by

I confirm that I am licensed by a regulatory body located in one of the following jurisdictions:

Australia, Canada, Gibraltar, Guernsey, Isle of Man, Jersey, Mauritius, New Zealand, South Africa, Sweden, Taiwan, United Kingdom and I am required by my regulatory body to comply with legislation in accordance with (or equivalent to) the EU Money Laundering Directives.

in	((	country)	My regulatory licence number is	
	firm that I will comply with all legal and reg firm that I will notify you of any changes to			nancial advice.
Sign	ature of adviser			
Date				
Nam	e of adviser			
For a	nd on behalf of (name of firm)			
Addr	ess of firm			
Telep	phone number			
Fax r	number			
Emai	laddress			

# Section 3: Appointment of investment adviser (continued)

## Part F

# Identification requirements - notes

#### These notes apply only if Part F is completed.

The principal requirement is to look behind the corporate entity to identify those who have ultimate control over the business and company's assets. Where the shareholder is a holding company, trust or nominee, then Friends Provident International Limited 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 the identity: this is deemed to comprise:

- Certified copy of the Certificate of Incorporation.
- A list of all Directors and certified ID & VOA for two, one of which must be an executive, (we will require full name, residential address and date of birth of each director).
- Evidence of the registered office address (if this is not the address on the application we require evidence that the address is being used and confirmation of why there is a difference).
- Confirmation that the company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.
- A list of shareholders and certified ID and address verification for those holding 25% or more of the shares (we will require full name, residential address and date of birth for all shareholders).
- Further details as to additional verification information requirements will be provided by Friends Provident International Limited on a case-by-case basis, if required.

I understand that its principal regulator requires Friends Provident International Limited to complete an identification check on the investment adviser firm and I must provide identification requirements as in the above notes, if not previously provided, before this appointment of investment adviser form can be accepted.

I confirm that I will comply with all legal and regulatory requirements applicable. I confirm that I will notify you of any changes to the company including any disciplinary action taken against me or the company.

Signature of adviser	
Date	
Name of adviser	
For and on behalf of (name of firm)	
Address of firm	
Telephone number	
Fax number	
Email address	

# Section 4: Appointment of Discretionary Fund Manager and custodian

Part A	
Reserve + policy number (if known)	
Name of Discretionary Fund Manager ('the manager')	
Address of the manager	
Name of custodian ('the custodian')	
Address of the custodian	

- 1 We declare that we wish for the underlying assets held within our Reserve + policy to be placed in a discretionary account, which will be managed on a discretionary basis by the Manager. We further declare that we wish for the custodian or any other legal or natural person appointed by the custodian to hold safe custody of these assets.
- 2 We acknowledge that these investments are held in the name of Friends Provident International Limited and therefore it is necessary for Friends Provident International Limited to enter into a formal agreement ('the agreement') appointing the manager and custodian. We acknowledge that Friends Provident International Limited may modify the agreement at its absolute discretion, for example, where the agreement allows for the provision of certain investments, which can not be held within our Reserve + policy.
- 3 We acknowledge that Friends Provident International Limited is only prepared to enter into the agreement as a result of our request to appoint the manager to manage and act as the custodian of the assets.
- 4 We agree that Friends Provident International Limited shall not be responsible for any loss or liability to our Reserve + policy, as a result of the actions, or failure to take action, on the manager's or custodian's part, or on the part of any legal or natural person appointed by the manager or custodian, which gives rise to any loss in value to our Reserve + policy, howsoever arising.
- 5 We and our estates promise to repay to or reimburse Friends Provident International Limited for all losses, damages, liabilities, actions, proceedings, claims, costs and expenses (including legal expenses) arising from the activities of the manager or custodian and any legal or natural person appointed by the manager or custodian, (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). We agree that if Friends Provident International Limited is obliged to pay any money to the manager or custodian under the terms of the agreement, such money shall be deducted from our Reserve + policy.
- 6 We acknowledge that Friends Provident International Limited may terminate the appointment.

Part B		
We acknowledge that the manager will deduct a fee of	GBP EUR USD Other Amount	a quarter
	or % a year	

of the value of the discretionary account at the quarterly valuation point, plus Value Added Tax (VAT). We acknowledge that the provision of discretionary fund management services by UK and non-UK Discretionary Fund Managers is subject to VAT at the applicable UK rate. We agree that if Friends Provident International Limited is obliged to apply VAT for discretionary fund management services, such money shall be deducted from our Friends Provident International Limited policy.

We also acknowledge that other fees, including but not limited to buying and selling, safe custody and delivery charges will be deducted from the discretionary account, in accordance with the manager's and custodian's rates for such charges in force from time to time.

# Section 4: Appointment of Discretionary Fund Manager and custodian (continued)

ı	Pa	rt C							
			to request that Friends Provident Into nary account in accordance with the					anage the assets contained in the	
1			ment criteria (for example, us, balanced, aggressive)						
2			eriteria (for example, low, m, high)						
3	Inv	est	ment restrictions	We agree	e to the inves	stment restrict	ions listed	d on page 21.	
4	Na	ıme	d investor status	Retail		Non-Retail			
			ist with client classification, Friends below:	Provident	International	Limited's defi	nitions of	a Retail and Non-Retail investor can b	е
	Re	tail	Investor:						
	ΑI	Reta	ail Investor is an investor who is not a	Non-Reta	ail Investor.				
	No	n-F	Retail Investor:						
	1	Αg	overnment, governmental institution	s and auth	norities, or th	e companies f	ully owne	d by any of the aforementioned.	
	2	Inte	ernational bodies and organizations.						
	3		erson or entity licensed to engage in estments, including:	a comme	rcial busines	s, provided tha	at one of 1	the purposes of its business is managi	ng
		a)						whose ordinary business or professiona nents, whether as principal or agent o	
		b)	Any director or partner of or consult	tant to a p	erson referre	ed to in paragra	aph (a);		
							-	to a professional investment vehicle;	
		d)	An employee, director or shareholde remuneration or an incentive arrang				who is acc	quiring the investment as part of his	
		e)	A trustee of a family trust settled by	or for the	benefit of or	ne or more per	rsons refe	rred to in paragraphs (c) or (d);	
<ul> <li>f) A trustee or operator of any employment benefit or referred to in paragraphs (c) or (d) or their dependent</li> </ul>			pendents;			·	ersons		
		g)	A government, local authority, public	c authority	or supra-na	tional body in	the Isle o	f Man or elsewhere.	
	4		atural person who declares that thei in home, exceeds £1,000,000.	r annual in	ncome is not	less than £250	0,000, or	their net equity, with the exception of	their
			ition all managers will be issued with y clients depending on their status a	s a Retail o	or Non-Retai		hedule, w	hich will illustrate which asset types c	an be
				Director				Director	
Sig	gna	ture	e(s) of Director(s)						
Na	me	e (bl	ock capitals)						
			•						
	4 -			1		1	1		1

Signature(s) of Director(s)

Name (block capitals)

Date

Director

Signature(s) of Director(s)

Name (block capitals)

Date

# Section 5: Asset exchange scheme

This section must be completed if an existing asset/share portfolio is to be transferred into a new policy. A power of attorney is included to enable the transfer on your behalf if you wish (not suitable for use by directors, certain Jersey-based securities or for US securities).

#### Guidance notes to assist you to complete the form

The authority for asset exchange, which includes a power of attorney, is intended, once signed, to be a legally binding document. Consequently, it is essential that a number of formalities are complied with. We have set out below what we believe to be the matters which will apply to every case. There may however be other issues which apply because of your circumstances or the laws of the country in which you sign the document, and we would therefore suggest that if you have any queries you seek professional advice. The power of attorney included within this form is granted to Friends Provident International Limited

- 1 The document must be signed in ink by every person who is a registered holder of any of the assets listed in point 8 on page 29, in the presence of a witness.
- 2 The witness must sign the document in ink and should give his or her full name, address and occupation.
- **3** Each signature must be witnessed separately. If the same person witnesses more than one signature, the witness must give the details in respect of each signature.
- 4 If there are any alterations or changes to the document, each one should be initialled (in the margin) by all signatories and all witnesses.
- 5 If it is necessary to use any supplementary sheets, these should also be signed by all signatories and witnesses, and dated.

# Authority for asset exchange

- 1 As the registered owner(s) of the assets listed below ('the assets'), we in connection with our application for a Reserve + policy we hereby irrevocably authorise Friends Provident International Limited and Citibank\*\* (as Friends Provident International Limited's appointed nominee/custodian):
  - a) To enter in the schedule printed after this authority the current holdings of assets represented by the certificates listed below.
  - b) To transfer any or all of these funds to the relevant managers on my behalf at its absolute discretion and to account to me for the full value of the transfer.
  - c) To transfer any or all of these securities on my behalf at its absolute discretion.
  - \*\*Citibank may also operate under the name VIDACOS, and/or Fundsettle.
- 2 We understand that the exchange of these assets/shares may result in a capital gains tax liability, depending on our country of residence, and we further understand that no allowance will be made for the discharge of this liability, which we shall have to meet from other sources.
- 3 We understand that any transfers effected under 1 b) or c) above will normally take place as soon as possible following receipt of this completed authority, the relevant share certificates and/or other documents of title and signed application form(s).
- 4 We undertake that we shall account to Friends Provident International Limited for all dividends, interest or other rights or benefits received or receivable by us and to which the purchaser or transferee of the said assets is entitled, and to ensure that such purchaser or transferee shall be entitled to exercise all rights, whether voting or otherwise, in respect of the said assets.
- 5 Power of attorney <sup>1</sup>
  - For the purpose of carrying the foregoing into effect we hereby appoint Friends Provident International Limited and Citibank (as Friends Provident International Limited's appointed nominee/custodian) as our attorney on our behalf to execute or sign any such deed, transfer or other document as may be required for carrying into effect any of the transfers or other matters authorised hereunder in the same manner and as fully and effectively in all respects as we could do if personally present.
  - <sup>†</sup> N.B. This authority is not suitable for use by directors, or for certain Jersey-based securities, or for US Securities. **Please provide a signed cover letter from the directors.**
- 6 We hereby undertake to ratify everything that Friends Provident International Limited shall do or purport to do under the said power and upon request, to sign and return to Friends Provident International Limited forthwith, all documents necessary to effect such transfers. We hereby confirm that we have all the necessary power and authority to transfer the assets and that none of them is subject to any lien, charge or encumbrance or third party rights. We confirm that we are not a director/directors\* (or closely related to a director) of or employed by a company which has issued any of the assets nor of a subsidiary (as defined in Section 1159 of the United Kingdom Companies Act 2006) of such company. We promise to repay to or reimburse Friends Provident International Limited in respect of all losses, damages, liabilities, actions, proceedings, claims, costs and expenses (including legal expenses) arising from or in connection with this authority.
- 7 We understand that for the purpose of the asset exchange scheme we are an execution only customer of Friends Provident International Limited (within the context 'execution only' means that advice is not sought by the investor or given to the investor by Friends Provident International Limited in relation to the transfer of these assets).

# Section 5: Asset exchange scheme (continued)

please continue on a separate sheet of paper, which should also be signed.)

Additional supporting documentation will be required if the asset (or product/wrapper) has been held for less than two years and the total premium exceeds the payment limits for your country of residence. Please refer to the premium limits table published on our website.

Please note that every case is reviewed on a case by case basis, therefore we reserve the right to request additional information or documentation where it is felt that this may be warranted.

**8** Provisional list of assets for exchange (Note: minimum value GBP 5,000 per asset). Please enclose relevant certificates, up to date statements and contact details for all assets shown. (If there is insufficient space,

SEDOL/ISIN (essential)	Full name of asset
	SEDOL/ISIN (essential)

N.B. If you previously enjoyed special concessions in respect of any of the assets intended for exchange and listed above, these will cease when the exchange takes place. Dividends will be requested as cash.

# Section 5: Asset exchange scheme (continued)

## **Important notes**

- 9 We hereby request the transfer of the assets listed above on the terms set out in this asset exchange authority.
  - a) This form must be signed by every person who is a registered holder of any of the assets listed in point 8 on page 29.
  - b) The form must also be signed by a witness.
  - c) List the funds you wish to transfer into your Reserve + policy. Each asset must have a minimum value of GBP 5,000 or the equivalent in other currencies.
  - d) The stock transfer forms may be sent to HMRC Stamp Duty Office. When they are received back from HMRC (this can take several weeks) the following documents are sent to the registrars for re-registration:
    - i) Stock transfer form
    - ii) Certificate
    - iii) Certified true copies of the power of attorney and form of authority for fund transfer.

Confirmation should then be issued by the registrar that the stock is registered into the nominee name of Citibank (as Friends Provident International Limited's appointed nominee/custodian), and sent to us for retention.

#### Signed as a deed and delivered

	Signature		Signature
Signatures			
Date	Dated this day of	20	Dated this day of 20
Full name			
In the presence of			
	Signature		Signature
Signatures of witness			
Date	Dated this day of	20	Dated this day of 20
Full name			
Address			
Occupation/Capacity <sup>†</sup>		_	

<sup>†</sup> If a Jersey stock is included in the schedule, the witness must be one of the following:

- · a notary public
- a judge
- a justice of the peace
- a magistrate
- the mayor or chief officer of any city or municipal corporation
- a commissioner authorised to take oaths or affidavits
- a barrister
- a solicitor of the Senior Courts of England and Wales
- the British Consulate consul or vice-consul (or a person for the time being discharging the duties of any such officer) in any foreign country.

# Section 5: Asset exchange scheme (continued)

The following section is to be completed by the adviser. Failure to do so could result in delays to the transfer process.

10 In order for us to arrange delivery of the holdings in a timely manner, please provide the following:

Up-to-date statement of holdings						
ISIN or applicable identifier code for each holding						
How are the client's holdings currently held?						
In the client's own name						
Through a counterparty/ other service provider						
Contact details						
Registrar – The company responsible for	Registrar – The company responsible for the upkeep of a company's register.					
Name						
Address						
Telephone number						
Email address						
Fund manager – The company respons	Fund manager – The company responsible for the administration of a particular fund.					
Name						
Address						
Telephone number						
Email address						
Counterparty – A service provider, offering investment services.						
Name						
Address						
Telephone number						
Email address						
Re-registration details for the						
necessary parties, for each of the holdings (available from the						
applicable registrar/fund manager/						
counterparty).						

**Please note** – the settlement period of transfers may vary significantly, as once our instruction is in place there is reliance upon third party administrators to complete the process.

Any charges requested by third parties to enact a transfer will be passed on to you.

# What you need to provide

# 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 will apply for one of our products. We also have a regulatory obligation to obtain details of how the applicant(s) 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 Limited. 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 the Company

The required documents to verify identity are:

- Copy of Certificate of Incorporation\*
- Copy of director list (we will require full name, residential address and date of birth of each director)
- · Copy of Share Register\*
- Verification of identity for an Executive Director, a Non-Executive Director and any shareholder holding 25% or more of the shares (please refer to Step 2)\*
- Verification of address for an Executive Director, a Non-Executive Director and any shareholder holding 25% or more of the shares
  (please refer to Step 3)\*
- Evidence of the registered office address (if this is not the address on the application we require evidence that the address is being
  used and confirmation of why there is a difference)\*
- · Confirmation that the company has not been, or is not in the process of being dissolved, struck off, wound up or terminated
- Copy of latest annual report and accounts\*
- Copy of signatory list and signing powers\*
- Memorandum of Association and Articles of Association\*
- Source of wealth supporting documentation (where required)\*
- Source of funds-original or certified copy of the payment remittance\*

#### Step 2

# Verify the identity of each applicant

The required documents to verify identity are:

- · a passport; or
- a government-issued National 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 4).

<sup>\*</sup> These documents must be certified (please refer to Step 4)

#### Step 3

# Verify the address of each applicant

We will also require an original or certified copy of a document, to verify each director's/shareholders's residential address (please refer to **Step 4**). 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. Examples include:

• a utility bill, (water, gas, electricity, landline telephone connection) rates invoice, council tax notification; or

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; or
- a tax assessment document; or
- an extract from the official Registrar of Electors; or
- · 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; or
- 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 policy, 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; or
- · a mortgage statement.

These documents must be certified (please refer to Step 4).

#### Step 4

# 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 UAE Insurance Authority and the Isle of Man Financial Services Authority, are 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)

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?

An adviser who has been appointed by us as a suitable certifier for the financial advisory firm you are dealing with.

#### A notary public, licenced 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. An employee of Friends Provident International Limited.

## Step 4 (continued)

## 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 is 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 5

# Background

The Insurance Authority of the UAE and the Isle of Man Financial Services Authority, through their Anti-Money Laundering Guidance, requires all companies to obtain information and documentary evidence on the Source of wealth of new investors. 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.

## Information to be provided

On pages 11 to 13 of this application form, you should clearly explain how you have acquired the wealth that you will use to make the payment.

## Supporting documentation to evidence source of wealth

We use both the level of payment and your residential location to identify when applications require documentary evidence. Evidence will be required where the payment is on or above the limits.

Payment 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 our website.

You will need to combine the payment levels indicated in the premiums 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 payment moves the total cumulative payment on, or higher, than the premium limits allocated to the particular country risk. Your UAE licensed financial adviser, who has recommended this product to you, will be able to help and advise you with this.

Important note to the introducing UAE licensed intermediary: ALL COPIES of original documentation must be properly certified by you and the introducing UAE licensed 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 directors, the same source of wealth information as above should be provided for the settlor and settled monies.

# **Further information**

Friends Provident International is a business name for Friends Provident International Limited.

The information given in this document is based on the understanding of Friends Provident International Limited of current laws, regulatory requirements and taxation practice in the United Arab Emirates and Isle of Man, as at September 2020, which may change in the future. No liability can be accepted for any personal tax consequences of this policy or for the effect of future tax or legislative changes.

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

Investment involves risk. Past performance should not be viewed as a reliable guide of future performance. Fund prices may go up and down depending upon 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 deposit accounts are unlikely to apply in the event of failure of such an investment held within insurance policies.

Complaints we cannot settle can be referred to the UAE Insurance Authority. You can contact the UAE Insurance Authority at Aldar HQ, Al Raha beach, Abu Dhabi. Alternatively, you may be able to refer your complaint to the Financial Services Ombudsman for the Isle of Man.

Some telephone communications with Friends Provident International Limited are recorded and may be randomly monitored.

Each policy is governed by the laws of the United Arab Emirates and all disputes relating to this policy shall be subject to jurisdiction of the courts of the United Arab Emirates, except as otherwise expressly agreed by the parties in writing.

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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. **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 Limited.