

# Appointment of third party as payee

**Important – You should take legal advice before signing this form.**

**\* Delete as appropriate**

Name of policyholder  
(If held in joint names, insert names of  
all joint policyholders)


Name of policy

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Policy number

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**To: Friends Provident International Limited**

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

Full name and address of the Payee(s)

Share of benefit (%)


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

This nomination shall not take effect until this request is received and validated by Friends Provident International Limited during the life time of both the Life Assured(s) and Policyholder(s) of the above policy.

**Not to be used for Capital Redemption Policies**

In the event that at the time of any payment you are unable to contact the Payee(s), you should make enquiries of the following person/persons\* for the purposes of locating the Payee(s):

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

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

I/We\* confirm that I/we\* have taken legal advice before signing this form or I/we\* have elected not to do so.

I/We\* understand that this appointment revokes any previous appointment of Payee(s). I/We\* also understand that the appointment of Payee(s) made on this form shall be revoked by any surrender assignment or disposal of the Policy and also by my death/the death of the survivor of us\* if at my death/the death of the survivor of us\* I am/we are\* survived by other persons named as Life Assured on the Schedule to the Policy.

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

### Data privacy

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy – please visit [www.fpinternational.com/legal/privacy-and-cookies.jsp](http://www.fpinternational.com/legal/privacy-and-cookies.jsp) to view the full policy or this can be provided on request from our Data Protection Officer.

### Signed (All joint policyholders must sign)

Signature(s)	<input type="text"/>	<input type="text"/>
Name (please print)	<input type="text"/>	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Signature(s)	<input type="text"/>	<input type="text"/>
Name (please print)	<input type="text"/>	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Accepted by Friends Provident International Limited on	<input type="text"/>	<input type="text"/>

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