

Application Form

Regular payment increase/Additional single payment

Failure to disclose relevant information may delay the processing of your application

Please complete this Application Form in English

Financial adviser details

- 1 Company name
- 2 Friends Provident International agency number

Contact details for acknowledgment/queries on the application

- 3 Title Mr Mrs Miss Ms
- 4 Surname
- 5 Forename(s)
- 6 Telephone number
- 7 Email address

Details of Policyholder(s)

- 1 Plan name
- 2 Policy number
- | | First (or only) Policyholder | Second Policyholder |
|---|--|--|
| 3 Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> |
| 4 Surname (as shown on passport/ID card) | <input type="text"/> | <input type="text"/> |
| 5 Forename(s) (as shown on passport/ID card) | <input type="text"/> | <input type="text"/> |
| 6 Country of residence for tax purposes | <input type="text"/> | <input type="text"/> |
| 7 Tax Identification Number (TIN)?
If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Registration Number). | <input type="text"/> | <input type="text"/> |
| 8 Are you a Specified US Person? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Specified US Person means a US citizen or tax resident individual who has a US residential/correspondence address or who either holds a US Passport, a US Green Card or who was born in the US and has not yet renounced their US citizenship. More information on US FATCA can be found at: www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA.

If you choose Yes to being a Specified US Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

If you choose No but you have a US residential/correspondence address, hold a US Passport, a US Green Card or you were born in the US, you will need to provide us with documentary evidence that you are in the process of or have renounced your US Citizenship. FPI can accept a certified copy of your DS-4083 form (also known as CLN – Certificate of Loss of Nationality) and/or a certified copy of your passport for the country in which you have obtained new citizenship.

Details of Policyholder(s) (continued)

- 9 Do you want to update your contact/ address details as part of this application?
- First (or only) Policyholder**
Second Policyholder
- Yes
No
Yes
No

For of residential address, please also enclose a clear certified copy of the address proof dated no more than 6 months old.

Please provide new details

Payment

Currency

Current regular payment amount

Currency

New regular payment amount

Currency

Additional single payment amount

Effective date (MM/YYYY)

Minimum premium increase				
Policy currency	Monthly	Quarterly	Half-Yearly	Yearly
USD	50	150	300	600
GBP	33	100	200	400
EUR	50	150	300	600
HKD	400	1,200	2,400	4,800

Important notes

1. Please see your product brochure and policy/contract conditions for the minimum increase payment amounts and currency options.
2. The frequency of payment must match the original payment frequency.
3. Please leave at least one month between the date of notification and the effective date to allow new payment arrangements to be processed.
4. Regular payment increases can only take effect on the next regular payment due date. For example if you pay annually on the date of your next annual payment.

Payment methods

If you are increasing a regular payment please cancel the existing payment arrangement and set up a replacement payment method for the total amount. Blank payment forms are available to download at www.fpinternational.com/knowledge/document-library/

Source of funds (continued)

Other unearned income

7 Amount received (include currency)	<input type="text"/>	<input type="text"/>
8 Received from	<input type="text"/>	<input type="text"/>
9 Date received (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

If you intend to fund your plan from another source, please indicate which one from the list below for each policyholder and provide the relevant information in the additional information box.

Source of funds

Policyholder 1 Policyholder 2 Information required

Savings	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Bank where savings held How and over how long were savings accumulated?
Property of sale	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Address of property How long held Date of sale
Sale of assets	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Asset type How long held Date of sale
Company profits	<input type="checkbox"/>	<input type="checkbox"/>	Profits this year* Profits last year* Company name and industry
Company sale	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Company name and industry Date of sale
Maturing investment	<input type="checkbox"/>	<input type="checkbox"/>	Amount* From which company Date of sale
Lottery / betting / casino	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Source of win Date received
Compensation payment	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Reason for payment Date received
Gift or inheritance	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Relationship to benefactor Reason for gift Date received
Other	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Reason for payment Date received

*Please include currency

Friends Provident reserves the right to request further documentary evidence of source of funds should it be considered necessary.

Additional information

Declaration of trust

I/We declare that this Application was signed in (country)

and the advice was given in (country)

I/We further declare that all the information provided in this form, including this Declaration, are complete and true to the best of my/our knowledge and belief.

First (or only) Policyholder

Second Policyholder

Signature(s)

Date (DD/MM/YYYY)

Further information

The information given in this document is based on Friends Provident International Limited's understanding of current law and taxation practice which may change in the future. No liability can be accepted for any personal tax consequences of this scheme or for the effect of future tax changes or legislative changes.

Investment involves risk. 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. We recommend that you discuss specific risks associated with individual investments with your financial adviser before making investment decisions.

All policyholders/contractholders 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 contracts.

Complaints we cannot settle can be referred to the Financial Services Ombudsman Scheme for the Isle of Man.

Some telephone communications with the Company are recorded and may be randomly monitored or interrupted.

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 to view the full policy or this can be provided on request from our Data Protection Officer.

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