

US national declaration

Please use BLOCK CAPITALS. *Delete as appropriate.		
Declaration		
To be completed by United States nationals a	t the time of making an application to Frien	ds Provident International
Name(s) of Proposed Policyholder(s):		
Policy number (if known):		
Name of the policy for which you are applying, and date of application:	Contract Name	Date
I/We* hereby confirm that I/we* understand the we* understand that the terms of the policy do r Code, and that the policy will not benefit from the	ot comply with the qualifying conditions laid do	own by s7702 and s817 of the Internal Revenue
I/We* further understand that I/we* will not hold us* as a result of my investment in the policy.	Friends Provident International liable for any a	adverse US tax consequences suffered by me/
I/We* are aware that tax evasion is a criminal of	fence and I will not use this policy to evade tax	
I/We* also undertake to pay any annual tax liabi due under the policy and, in the event that Friend permit Friends Provident International to make g	ds Provident International are pursued for any s	such taxes in the United States, I/we* hereby
I/We* understand that if at any time during the t will be unable to accept instructions from me/us reinstate paid-up premiums increase regular premiums accept additional single premiums accept investment switching or detailing instructions	* to:	Jnited States, Friends Provident International
I also understand that continuation of regular premiums in payment will only be accepted from a non-US bank account.		
Signature(s) of Proposed Policyholder(s)	Signature	Signature

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

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