

Application form

Financial adviser and plan details

| | |
|---|----------------------|
| Company name | <input type="text"/> |
| Friends Provident International agency number | <input type="text"/> |
| Adviser name | <input type="text"/> |
| Phone number | <input type="text"/> |
| Email address | <input type="text"/> |
| Plan number (if known) | <input type="text"/> |

Please contact us to obtain a pre-allocated plan number, if desired.

Please tick to confirm you have included with this application

| | |
|--|--------------------------|
| Verification of client identity*. | <input type="checkbox"/> |
| Verification of client address such as utility bill (or suitable alternative)*. | <input type="checkbox"/> |
| Source of wealth supporting documentation (where required)*. | <input type="checkbox"/> |

Details of information required for source of wealth can be found on pages 12, 13 and 14.
* Suitably certified as being a true copy.

Please tick to confirm you have filled in all of the following sections

| | |
|--|--------------------------|
| Section 1: Setting up Premier Advance UAE. | <input type="checkbox"/> |
| Section 2: Investment details, including payment method and source of wealth information. | <input type="checkbox"/> |
| Section 3: Declarations. | <input type="checkbox"/> |

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

- Premier Advance brochure
- Premier Advance UAE product guide
- Fund Prices leaflet.

Specimen policy conditions are available from us on request.

If the proposed policyholder is/are trustee(s) of an existing trust, please use the Premier Advance trustee application form, which is available from your financial adviser.

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 any mistakes, 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 is available. In a UAE court of law, the Arabic version shall prevail.

Your reason for investing into Premier Advance UAE

Retirement funding

Education funding

Medium to long-term savings*

* If no reason has been ticked, we will assume Premier Advance UAE is required for medium to long-term savings.

For a special event (please detail)

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 proposed policyholder and proposed life assured. 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 23.

Please write in ink and use block capitals.

Section 1: Setting up Premier Advance UAE

Your details

| | First (or only) applicant | Second applicant |
|--|--|--|
| 1 Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/> | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/> |
| 2 Surname | <input type="text"/> | <input type="text"/> |
| 3 First name(s) | <input type="text"/> | <input type="text"/> |
| 4 Marital status | <input type="text"/> | <input type="text"/> |
| 5 Date of birth (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 6 Please tell us where you were born | Town <input type="text"/> | Town <input type="text"/> |
| | Country <input type="text"/> | Country <input type="text"/> |
| 7 Nationality | <input type="text"/> | <input type="text"/> |
| 8 Please list all countries in which you are tax resident. Please provide your tax identification number for each country. 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 1 <input type="text"/> | Country 1 <input type="text"/> |
| | Tax identification number <input type="text"/> | Tax identification number <input type="text"/> |
| | Country 2 <input type="text"/> | Country 2 <input type="text"/> |
| | Tax identification number <input type="text"/> | Tax identification number <input type="text"/> |
| <p>If necessary, please supply any additional information on a separate sheet of paper.</p> <p>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. Not entering a tax identification number may hold up the issue of your plan. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.</p> | | |
| 9 Country of residence | <input type="text"/> | <input type="text"/> |
| 10 Residential address | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| 11 How long have you lived at this address? | <input type="text"/> | <input type="text"/> |
| 12 Correspondence address (if different to residential address) | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| 13 You will receive all correspondence relating to your plan, unless you indicate otherwise below. Copies will also be sent to your financial adviser. Alternatively, please tick here if you would prefer us to send all correspondence relating to your plan to your financial adviser only. | | <input type="checkbox"/> |

Section 1: Setting up Premier Advance UAE (continued)

Your details (continued)

| | | | |
|----|--|--|--|
| 14 | Please list all contact details below | First (or only) applicant | Second applicant |
| | Home telephone number | <input type="text"/> | <input type="text"/> |
| | Office telephone number | <input type="text"/> | <input type="text"/> |
| | Mobile number | <input type="text"/> | <input type="text"/> |
| | Email address (mandatory) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 15 | Position or occupation (if retired, please state former occupation) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 16 | Nature of business | <input type="text"/> | <input type="text"/> |
| 17 | Status of business (please tick appropriate box) | PLC <input type="checkbox"/> Limited company <input type="checkbox"/> Unlimited company <input type="checkbox"/> Partnership <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="text"/> | PLC <input type="checkbox"/> Limited company <input type="checkbox"/> Unlimited company <input type="checkbox"/> Partnership <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="text"/> |
| 18 | If you are self-employed or a shareholder of a company, please give the percentage of share ownership | <input type="text"/> % | <input type="text"/> % |
| 19 | Are you to be a policyholder? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 20 | Are you to be a life assured? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 21 | Are you in good health? If No , please give details on a separate piece of paper, but please first refer to our Data Protection section on pages 16 and 17. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If the applicants are not to be the lives assured, the supplementary application form 'Additional lives assured/policyholders' must be completed. There must be at least one life assured for each plan.

Please complete the rest of this Section if you are either a resident of the United Arab Emirates (UAE) or, if you are not a UAE resident but you are signing this application form in the UAE. This information is mandatory and your application cannot be processed without it.

| | | | |
|----|---|--|--|
| 22 | Please state your net annual income for the last 3 years | First (or only) applicant | Second applicant |
| | Year 1 | USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/> | USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/> |
| | Year 2 | USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/> | USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/> |
| | Year 3 | USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/> | USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/> |

Section 1: Setting up Premier Advance UAE (continued)

Your details (continued)

| | First (or only) applicant | Second applicant |
|--|--|--|
| 23 Please give details of assets held | | |
| Total cash in bank | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> |
| Total value of shares and equities | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> |
| Total property value | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> |
| Total of all other investments | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> |
| 24 Please give details of liabilities held | | |
| Total of outstanding loans to be paid (issued by banks) | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> |
| Total of outstanding balance to be paid on other loans | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> |
| Total of outstanding balance to be paid on credit cards | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> Amount <input style="width: 150px;" type="text"/> |
| 25 Please give details of banks where you hold accounts | Please detail below the names of the bank(s) and branch address(es), where you hold accounts. Please continue on a separate sheet if necessary. | |
| Bank name(s) | a) <input style="width: 150px;" type="text"/> | a) <input style="width: 150px;" type="text"/> |
| | b) <input style="width: 150px;" type="text"/> | b) <input style="width: 150px;" type="text"/> |
| Bank branch address(es) | a) <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> | a) <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> |
| | b) <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> | b) <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> |

Section 1: Setting up Premier Advance UAE (continued)

Your details (continued)

| | First (or only) applicant | Second applicant |
|---|---|---|
| 26 Please give details of other insurance policies held | Please continue on a separate sheet if necessary. | |
| Policy number | <input type="text"/> | <input type="text"/> |
| Provider | <input type="text"/> | <input type="text"/> |
| Premium currency | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> |
| Premium amount per year | <input type="text"/> | <input type="text"/> |
| Status (paying, surrendered, paid up) | <input type="text"/> | <input type="text"/> |
| Policy number | <input type="text"/> | <input type="text"/> |
| Provider | <input type="text"/> | <input type="text"/> |
| Premium currency | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> |
| Premium amount per year | <input type="text"/> | <input type="text"/> |
| Status (paying, surrendered, paid up) | <input type="text"/> | <input type="text"/> |

Section 2: Investment details

Total payment

| | | |
|----------------------|---|---|
| Monthly payments | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> | Minimum USD 300 (or GBP 200, EUR 300, AED 1,098) |
| | Amount <input type="text"/> | |
| Quarterly payments | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> | Minimum USD 900 (or GBP 600, EUR 900, AED 3,294) |
| | Amount <input type="text"/> | |
| Half-yearly payments | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> | Minimum USD 1,800 (or GBP 1,200, EUR 1,800, AED 6,588) |
| | Amount <input type="text"/> | |
| Yearly payments | USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> AED <input type="checkbox"/> | Minimum USD 3,600 (or GBP 2,400, EUR 3,600, AED 13,176) |
| | Amount <input type="text"/> | |

The plan will be issued as 10 individual policy segments. If you wish your plan to be issued as one single policy, tick here.

Payment methods

Please tick the appropriate box and follow the instructions carefully. **Please note that cash is not an acceptable payment method.**

By standing order/bank transfer

I have arranged for the payment to be made by debit of funds from my personal bank account and have forwarded a certified copy of the bank instruction to Friends Provident International Limited.

Bank details

| | | |
|--------------------------------|--|---|
| Sort code (if applicable) | <input type="text"/> - <input type="text"/> - <input type="text"/> | Note: We must have either a sort code or SWIFT/BIC code. |
| SWIFT/BIC code (if applicable) | <input type="text"/> | |
| IBAN (if applicable) | <input type="text"/> | |
| Account number | <input type="text"/> | |
| Account currency | <input type="text"/> | (Must be completed if the account is multi-currency.) |
| Account name | <input type="text"/> | |
| Bank name | <input type="text"/> | |
| Bank address | <input type="text"/> | |

I have arranged to transfer the amount of

USD GBP EUR AED

(figures)

(words)

Payable (tick one box only)

Monthly Quarterly Half-yearly Yearly

Commencing

on the day of (month) (year)

until this order is cancelled in writing. I have charged the amount of the payment together with any bank and agent bank's charges to my account.

Section 2: Investment details (continued)

Payment methods (continued)

For applicants with bank accounts in the Middle East (AED, USD or GBP plan only)

| | |
|--------------------------|---|
| Bank | HSBC Bank Middle East Limited |
| Address | PO Box 66, Dubai, United Arab Emirates |
| Account name | Friends Provident International Limited |
| Account number AED plans | 025-171067-437 IBAN AED plans: AE610200000025171067437 |
| Account number USD plans | 025-171067-211 IBAN USD plans: AE520200000025171067211 |
| Account number GBP plans | 025-171067-212 IBAN GBP plans: AE250200000025171067212 |

Pre-allocated plan number

This reference must be quoted by the bank on all payments.

For applicants with bank accounts not in the Middle East (USD, GBP or EUR plans only)

| | |
|--------------------------|---|
| Bank | HSBC |
| Address | 8 Canada Square, London, E14 5HQ |
| Account name | Friends Provident International Limited |
| Account number USD plans | 400515-58980076 IBAN USD plans: GB42MIDL40051558980076 |
| Account number GBP plans | 401938-22566621 IBAN GBP plans: GB86MIDL40193822566621 |
| Account number EUR plans | 400515-58980092 IBAN GBP plans: GB95MIDL40051558980092 |
| SWIFT/BIC | MIDLGB22 |

Pre-allocated plan number

This reference must be quoted by the bank on all payments.

We accept payment by

| | |
|-----|--|
| AED | ACH or Telegraphic Transfer (TT) |
| USD | Telegraphic Transfer (TT) |
| GBP | CHAPS/BACS/Faster Payment (from UK/Channel Island or Isle of Man banks) or Telegraphic Transfer (TT – from other regions) |
| EUR | SEPA (from Eurozone banks) or Telegraphic Transfer (TT) |

Friends Provident International Limited's full postal address is: Friends Provident International Limited, Building 6, Floor 5, Emaar Square, PO Box 215113, Dubai, United Arab Emirates.

By credit card (for USD, GBP or EUR plans only)

If you are returning this application form by post or fax, please complete the 'Direct charge authority' on page 21. If you intend applying electronically, please submit credit card details via our secure website.

By cheque/banker's draft (for an AED or USD plan paid from a UAE bank account and drawn in the UAE)

Please make cheques/banker's draft payable to 'Friends Provident International Limited'. These should be forwarded via your financial adviser, or sent directly to us at the address below. Please ensure all cheques are clearly referenced on the reverse with your plan number.

Section 2: Investment details (continued)

Payment methods (continued)

**By cheque/banker's draft
(for half-yearly and yearly payments
only, that are paid in USD, GBP or EUR)**

USD drawn on a bank in New York

GBP drawn on a bank in the United Kingdom

EUR drawn on a bank in the European Economic and Monetary Union (EMU)

Important note: A certified copy of the bank acknowledgement letter must be sent to us with every draft.

Please make cheques/banker's drafts payable to 'Friends Provident International Limited (ref: plan number)'.

These should be sent directly to: Friends Provident International Limited, Building 6, Floor 5, Emaar Square, PO Box 215113, Dubai, United Arab Emirates.

Source of payment

For all methods of payment excluding credit card.

I confirm the payment is to be made by debit of funds from my personal bank account. The details of this account are as follows.

Sort code (if applicable)

SWIFT/BIC code (if applicable)

Note: We must have either a sort code or SWIFT/BIC code.

IBAN (if applicable)

Account number

Account currency

(Must be completed if the account is multi-currency.)

Account name

Bank name

Bank address

Payment term

Please indicate payment term (in figures)

The payment term must be not less than 5 years or more than 20 years from the start of the plan.

The maximum age of the youngest life assured at the end of the chosen payment term is 75. Please be aware that you should only invest in this product if you intend to pay the contribution for the whole of your chosen payment term.

Valuation currency

The currency of your plan will be the currency in which you make your payments. If you wish to receive valuations of your plan in a different currency from the plan currency, please tick the appropriate box. **If no selection is made, valuations will be produced in the plan currency.**

US dollar (USD) Sterling (GBP) Euro (EUR) Dirhams (AED)

Section 2: Investment details (continued)

Politically exposed persons

If you, the applicant, or any party connected to this application, could be defined as a politically exposed person (PEP) (for examples and guidance, refer to Declarations point 6 on page 15), please provide details.

| | | | | | |
|--|-----------------------------|------------------------------|-------------------------------|-----------------------------|----------------------------|
| 1 Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="text"/> |
| 2 Surname (as shown on ID card/passport) | <input type="text"/> | | | | |
| 3 First name(s) (as shown on ID card/passport) | <input type="text"/> | | | | |
| 4 Connection to plan | <input type="text"/> | | | | |
| 5 Position held as a PEP | <input type="text"/> | | | | |
| 6 In what country is/was the position held? | <input type="text"/> | | | | |

Choice of funds

Please indicate the funds in which you wish your plan to invest, up to a maximum of 10, showing the percentage of your investment you wish to be allocated to each fund. Please use whole percentages only and make sure that the total is 100%.

Failure to include all relevant information accurately may delay the processing of your application.

| Fund code | Fund | % of investment |
|----------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> % |
| | | Total 100% |

Section 2: Investment details (continued)

Source of wealth

Please refer to the source of wealth table which is available on our website or from your financial adviser, for the evidential requirements to support source of wealth.

Income and savings from salary (basic and/or bonus)

If self-employed or a company share owner, please refer to 'Company profits' following.

| | | | | | |
|--------------------------|-----------------------|---|--------------------------|--------|--|
| <input type="checkbox"/> | Current annual salary | Currency | <input type="checkbox"/> | Amount | <input style="width: 100px;" type="text"/> |
| | Employer's name | <input style="width: 100%;" type="text"/> | | | |
| | Employer's address | <input style="width: 100%;" type="text"/> | | | |
| | | <input style="width: 100%;" type="text"/> | | | |
| | Nature of business | <input style="width: 100%;" type="text"/> | | | |

Maturity or surrender of life policy

| | | | | | |
|--------------------------|-------------------------------|---|---|---|--|
| <input type="checkbox"/> | Amount received | Currency | <input type="checkbox"/> | Amount | <input style="width: 100px;" type="text"/> |
| | Policy provider | <input style="width: 100%;" type="text"/> | | | |
| | Policy number/reference | <input style="width: 100%;" type="text"/> | | | |
| | Date of maturity or surrender | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> |

Sale of shares or other investments/ liquidation of investment portfolio

| | | | | | |
|--------------------------|--|---|---|---|--|
| <input type="checkbox"/> | Description of shares/units/ deposits (i.e. name/where held) | <input style="width: 100%;" type="text"/> | | | |
| | Name of seller | <input style="width: 100%;" type="text"/> | | | |
| | Length of time held | Years | <input style="width: 30px;" type="text"/> | Months | <input style="width: 30px;" type="text"/> |
| | Sale amount | Currency | <input type="checkbox"/> | Amount | <input style="width: 100px;" type="text"/> |
| | Date funds received | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> |

Sale of property

| | | | | | |
|--------------------------|-----------------------|---|---|---|--|
| <input type="checkbox"/> | Sold property address | <input style="width: 100%;" type="text"/> | | | |
| | | <input style="width: 100%;" type="text"/> | | | |
| | | <input style="width: 100%;" type="text"/> | | | |
| | Date of sale | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> |
| | Total sale amount | Currency | <input type="checkbox"/> | Amount | <input style="width: 100px;" type="text"/> |

Company sale

| | | | | | |
|--------------------------|--------------------|---|---|---|--|
| <input type="checkbox"/> | Company name | <input style="width: 100%;" type="text"/> | | | |
| | Nature of business | <input style="width: 100%;" type="text"/> | | | |
| | Date of sale | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> |
| | Total sale amount | Currency | <input type="checkbox"/> | Amount | <input style="width: 100px;" type="text"/> |
| | Client's share | <input style="width: 30px;" type="text"/> | % | | |

Section 2: Investment details (continued)

Source of wealth (continued)

Inheritance

| | | |
|--------------------------|---------------------------|--|
| <input type="checkbox"/> | Name of deceased | <input type="text"/> |
| | Date of death | <input type="text"/> <input type="text"/> <input type="text"/> |
| | Relationship to applicant | <input type="text"/> |
| | Date received | <input type="text"/> <input type="text"/> <input type="text"/> |
| | Total amount | Currency <input type="text"/> Amount <input type="text"/> |
| | Solicitor's name | <input type="text"/> |
| | Solicitor's firm's name | <input type="text"/> |
| | Solicitor's address | <input type="text"/> <input type="text"/> <input type="text"/> |

Divorce settlement

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Date funds received | <input type="text"/> <input type="text"/> <input type="text"/> |
| | Total amount received | Currency <input type="text"/> Amount <input type="text"/> |
| | Name of divorced partner | <input type="text"/> |

Company profits

| | | |
|--------------------------|-------------------------|--|
| <input type="checkbox"/> | Company name | <input type="text"/> |
| | Company address | <input type="text"/> <input type="text"/> <input type="text"/> |
| | Nature of company | <input type="text"/> |
| | Amount of annual profit | Currency <input type="text"/> Amount <input type="text"/> |

Asset (share) exchange

Please describe the origin and means of wealth generation used to acquire the assets

If the assets have been held for less than 2 years:

- Please provide evidence of the original source of wealth used to acquire the assets.

Gift

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

| | | |
|--------------------------|---------------------------|--|
| <input type="checkbox"/> | Date funds received | <input type="text"/> <input type="text"/> <input type="text"/> |
| | Total amount | Currency <input type="text"/> Amount <input type="text"/> |
| | Relationship to applicant | <input type="text"/> |
| | Donor's source of wealth | <input type="text"/> <input type="text"/> <input type="text"/> |

Section 2: Investment details (continued)

Source of wealth (continued)

Employer making payment

Please provide the following:

- Employer letter

Country of incorporation

Incorporation number

Retirement income

Retirement date

Previous occupation

Name of last (final) employer

Address of last (final) employer

Pension 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

Currency Amount

Name of Company paying dividend

Length of time the shares have been held in the Company

Years Months

Other source of wealth

Please provide as much detail as possible.

Section 3: Declarations

- 1 You are entitled to request a copy of your application form at any time, however a copy will be sent to the email address provided on the application form once your policy is issued.
- 2 You are advised to satisfy yourself that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the plan.
- 3 You should seek guidance from your financial adviser as to the suitability of the plan to your own particular circumstances. Premier Advance UAE should be regarded as a medium to long-term investment. We are not responsible for providing any advice as to the suitability of any asset for your investment objectives and risk profile.
- 4 Each plan is governed by and shall be construed in accordance with the laws of the United Arab Emirates.
- 5 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 organisation 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 refer to the Isle of Man Anti-Money-Laundering and Countering the Financing of Terrorism Code 2015 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".

- 6 Underlying fund prospectuses are available from us on request.

7 Liquidity information

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 a fund in the future.

Investing in funds should be considered a medium to long-term investment. You, in conjunction with your financial adviser, should consider the amount you invest via your plan if it is likely that you will need access to your capital quickly in the future.

Attention is drawn to the following declarations. If the application form requests information which we need to assess before acceptance, then you must disclose all facts which are material. Such facts are those which a financial institution would regard as likely to influence the assessment and acceptance of an application. 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 provided with the wrong terms, a request being rejected or reduced, or the plan being invalid.

1 Fund acknowledgement

- a) I understand that I may choose the investments to which my plan is to be linked.
- b) I acknowledge that it is my responsibility to ensure that the asset is suitable, considering my investment objectives and attitude to risk.
- c) I confirm that I 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. I understand the risks associated with investing in these funds and understand that we may be investing into funds not aimed at the general public and agree to investments in such funds.
- d) When investing into mirror funds, I acknowledge that it is my responsibility to obtain, read and understand the underlying fund's prospectus.
- e) I acknowledge that Friends Provident International is not responsible for the investment performance or any loss suffered or reduction in the value of my plan, arising from my chosen investment. Friends Provident International does not have any responsibility for the management of the assets within my plan and Friends Provident International does not approve any asset as a suitable investment.
- f) I acknowledge that the purchase of my investments may be delayed if Friends Provident International requires a signed declaration in respect of my chosen investments.
- g) I 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 contracts.
- h) I acknowledge that Friends Provident International has not provided any advice as to the suitability of any asset for my investment objectives and attitude to risk.
- i) I acknowledge that Friends Provident International may from time to time provide me with investment literature which explains the investment options available to me. I acknowledge that the provision of such investment literature is by way of information only and is not provided by way of investment advice.

Declarations (continued)

2 General declarations

I declare that this application was signed in

 (country)

and the advice was received in

 (country)

I further declare that all the information provided in this application form, including this declaration, has been entered by myself or with my knowledge and that the signature placed on the application is my signature. I also declare that all information provided herewith are complete and true to the best of my knowledge and belief. I agree that they shall form the basis of the plan.

I have received, read and have been given an explanation of all the printed materials relevant to this application and the plan and I have been acquainted with the management charges made by Friends Provident International.

I understand that I may choose the investments to which my Premier Advance UAE policies are to be linked. Consequently, Friends Provident International shall not be responsible for the investment performance or for any loss or liability arising from my choice of investment, however arising.

I further declare that I understand and agree that the plan shall not become effective until it is issued with the first payment made in full and all requirements have been met.

I understand that this application can only be accepted by employees of Friends Provident International situated at the company's head office in the Isle of Man and that no other employees or third parties have the necessary authority to create a binding contract.

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

I 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. I 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 is legally obliged to collect it. I am aware that Friends Provident International is required to request my tax residency, tax identification number (where applicable) and nationality and will record this information.

I understand that the information that will be reported to the Isle of Man Government is:

- My name, address, jurisdiction of tax residence, tax identification number and date of birth.
- My Friends Provident International plan number.
- The balance or value of my account at the end of the calendar year or at the date the plan was cashed in.
- The sum of any withdrawals taken within the relevant reporting year.

3 Premium Tax/Withholding Tax

I acknowledge that in the event of any premium tax or withholding tax being levied in my country of residence it will be my responsibility to increase the payment by an appropriate amount or to settle the liability directly with the relevant tax authorities.

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.

Declarations (continued)

4 Data protection (continued)

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, specific 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 FPIL 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.jsp 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, I consent to this use of my personal data.

5 Cancellation

You will be able to cancel your investment up to 30 days from the day you receive the cancellation notice. You will receive a refund of the premium less a deduction for shortfall to reflect any fall in the markets in the interim and, where applicable, less any initial fee which was facilitated by us to your financial adviser. A cancellation notice that provides you with more detail, including when the cancellation period begins and ends and how to exercise it will be issued by post to you when the policy documents are produced.

6 Financial adviser

I acknowledge that Friends Provident International and my financial adviser have entered into an agreement ('terms of business') which sets out the basis upon which Friends Provident International is prepared to accept applications submitted by the financial adviser on my behalf. This agreement categorically states that the financial adviser acts as my agent, and not the agent of Friends Provident International. I acknowledge that my financial adviser, or any other, has no authority to act as the agent of Friends Provident International or to state, suggest or imply that it has such authority. I acknowledge and authorise my financial adviser to be remunerated for its services by brokerage commission from Friends Provident International.

7 Fees and commissions

I am aware that certain investments suggested by the adviser from time to time may contain fees which exist partly to meet promotion and distribution expenses of the investment, including commission paid to my adviser. I understand that full details of any commissions paid in respect of certain investments held within the Premier Advance UAE policy are available on request from my/our adviser.

I acknowledge that the above fees and commissions are in addition to Friends Provident International's Premier Advance UAE policy charges and any annual fee taken on my Premier Advance UAE policy by my adviser.

Please be aware that you should only invest in this product if you intend to pay the contribution for the whole of your chosen payment term.

| | First (or only) applicant | Second applicant |
|------------------------------|--|--|
| Signature(s) of applicant(s) | <input type="text"/> | <input type="text"/> |
| Date | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |

Appointment of third party as payee

In all cases, applicants should seek financial and legal advice regarding the implications of a particular arrangement or course of action. This is to ensure that use of this nomination is suitable for your personal circumstances taking account of the tax and legal provisions relevant to your jurisdiction of domicile and residence. Depending on your financial objectives, alternative arrangements, such as trusts, may be more suitable and we recommend you obtain appropriate advice.

To: Friends Provident International

Subject to any future revocation or appointment, I hereby appoint the following person/persons as payee(s) in the share/shares indicated below.

| | | Proportion of benefit (must total 100%) |
|-------------------------|--|---|
| Surname of the payee(s) | <input type="text"/> | <input type="text"/> % |
| First name | <input type="text"/> | |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Relationship (if any) | <input type="text"/> Nationality <input type="text"/> | |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Surname of the payee(s) | <input type="text"/> | <input type="text"/> % |
| First name | <input type="text"/> | |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Relationship (if any) | <input type="text"/> Nationality <input type="text"/> | |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Surname of the payee(s) | <input type="text"/> | <input type="text"/> % |
| First name | <input type="text"/> | |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Relationship (if any) | <input type="text"/> Nationality <input type="text"/> | |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Surname of the payee(s) | <input type="text"/> | <input type="text"/> % |
| First name | <input type="text"/> | |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Relationship (if any) | <input type="text"/> Nationality <input type="text"/> | |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> | |

Section 4: Appointment of third party as payee (continued)

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

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(s)* for the purposes of locating the payee(s).

| | |
|------------------|----------------------|
| Name of contact | <input type="text"/> |
| Address | <input type="text"/> |
| | <input type="text"/> |
| | <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 confirm that I have taken legal advice before signing this form or I have elected not to do so.

I also understand that the appointment of payee(s) made on this form shall be revoked by any surrender, assignment or disposal of the plan and also by my death if at my death I am survived by other persons named as the life assured on the policy schedule.

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

All policyholders must sign.

Signed

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Name (block capitals)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Date

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Signed

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Name (block capitals)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Date

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Direct charge authority

Please do not complete this page if you intend emailing (or scanning and emailing) this form back to us. We can only accept this form via post or fax. Details can be accepted electronically via our secure website. Credit card payments can only be accepted in USD, GBP or EUR. Please use block capitals.

I authorise you to debit my Mastercard VISA credit card ¹

Name of issuing company or bank

Country of issue

Credit card number

Credit card expiry date ² (month) (year)

Name on credit card

with the sum of ³ (figures)
 (words)

Currency USD GBP EUR

in respect of payments for my plan number

Commencing on the (day) of (month) (year)

Payable on the same day until further notice or cancelled in writing Monthly Quarterly Half-yearly Yearly

Name of credit card holder

Address of credit card holder (as held by the card provider)

Telephone number (daytime)

Email address

Signature

Date

Important notes

- 1 Please note that some credit cards cannot be used outside their country of issue and therefore we strongly recommend that you contact your card issuer to ensure your card can be used in this instance.
 - 2 When your current credit card expires or is replaced, we will require you to complete a new 'Direct charge authority' form. Alternatively, you can update your credit card details online on our website.
 - 3 When your credit card payment is first set up certain checks will be administered, including a pre-authorisation check. A nominal amount may show on your account, but the pre-authorisation is not a charge and no money will be deducted from your account.
- The payment collection date is on average six days prior to the due date on the plan. This may vary slightly to take into account seasonal and bank holidays.
 - If you amend your payment, a new 'Direct charge authority' form will need to be completed and returned to us.
 - If a payment is declined, we will automatically inform you and request a duplicate payment the following month. This will apply to consecutive months if the plan remains in arrears. No more than two payments should be collected each month until the payments are up to date.
 - Please note that debit cards cannot be accepted for payments.
 - Please note we cannot accept this form via email.

What you need to provide

Verification of identity and address

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. 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.

From 1 July 2014, we are required by law to ask where you are tax resident and obtain your tax identification number(s). It is possible to be tax resident in more than one country and you should seek professional advice if you are not sure where you are tax resident.

Step 1

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 government issued 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 current driving licence with photograph;
- an annual tax assessment issued by the tax authorities; or
- a government-issued document containing a unique reference number which is specific to each applicant.

These documents must be certified (please refer to **Step 3**).

Step 2

Verify the address of each applicant

We will also require an original or certified copy of a document, to verify each applicant's residential address (please refer to **Step 3**). 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 3 months, unless the document used to verify address is only issued on an annual basis.

- Utility bill, (water, gas, electricity, landline telephone connection) rates invoice, council tax notification
Please note, mobile telephone bills, cable TV bills and internet service provider's bills are not acceptable as evidence of address.
- Current driving licence with photograph
- Tax assessment document
- Extract from the official Registrar of Electors
- Bank account statement
Please note, statements of credit cards and non-bank cards, such as store cards, are not acceptable.
- State pension, benefit or other government-produced document showing benefit entitlements
- A letter from the employer of the individual confirming the residential address and the policyholder's position within the company – if the client 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
- Mortgage statement.

These documents must be certified (please refer to Step 3).

Step 3

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 Insurance Authority of the UAE 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)

Improper certification could lead to delays.

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.

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 translate the relevant part(s) into English
- The certifier should also write a statement onto the document to the effect that:
'I certify that the English translation provided is a true translation of the relevant part(s) of this document...'

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 4

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.

Information to be provided

On pages 12, 13 and 14 of this application form, you should clearly explain how you have acquired the wealth that you will use to make payments.

Supporting documentation to evidence Source of wealth

Friends Provident International uses both the premium size 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 the company's website. It is available in PDF format on our website.

You will need to combine the payment levels indicated in the premium 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 financial adviser, who has recommended this product to you, will be able to help and advise you with this.

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

Any references to 'we', 'us' and 'our', refer to Friends Provident International. Friends Provident International is a business name for Friends Provident International Limited.

Product information

The information given in this document is based on our understanding of current law and taxation practice as at April 2020, 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. We do not condone tax evasion and our products and services may not be used for evading your tax liabilities.

You are entitled to request a copy of your application form at any time, however a copy will be sent to the email address provided on the application form once your policy is issued.

Insurance plans may not be suitable for everyone. Investment involves risk and each class of investment will involve its own individual level of risk. We recommend that you read the Premier Advance UAE product brochure, Premier Advance UAE product guide and policy conditions carefully and discuss fully both the suitability of Premier Advance UAE and the specific risks associated with individual investments with your financial adviser before making any investment decisions.

Premier Advance UAE is intended for medium to long-term investment and is not therefore designed for early cash-in. If you do cash-in your plan early, a cash-in charge may be applied. The earlier you terminate your plan, the more you may lose.

Funds

All fund performance is quoted net of annual charges. However, fund performance should not be viewed as an indication of future performance – the value of your investment cannot be guaranteed and you may get back less than you paid in.

Fund prices may go up and down depending upon the underlying investment performance or, where investments held within a fund are not denominated in the currency of that fund, simply because of movements in currency exchange rates.

Policyholder protection

To ensure the protection of policyholders' interests there are a number of measures in place that apply to business written by Isle of Man authorised insurers:

- **Ring-fencing of assets** – the Insurance Act 2008 requires insurers to keep payments received in a special 'long-term business fund', which (subject to certain very limited exceptions) can only be used to meet the claims and long-term liabilities of policyholders. It also requires the insurer to hold funds in excess of its long-term liabilities, and submit independently audited annual solvency reports to the regulator.
- **A policyholder compensation fund** – in the event that the above measures fail, and we are unable to meet our liabilities, all policyholders will benefit from the protection of the Life Assurance (Compensation of Policyholders) Regulations 1991 of the Isle of Man, wherever their place of residence. The regulations provide that in the unlikely event that we become insolvent, a levy would be made against all other Isle of Man resident life assurance companies so that up to 90% of our liabilities to policyholders would be met (without any upper monetary limit).

Investors should be aware that specific investor protection and compensation schemes that may exist in relation to collective investments and deposits 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 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.

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

Please note that some telephone communications are monitored.

Copyright © 2020 Friends Provident International Limited. All rights reserved.

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 is a registered trademark and trading name of Friends Provident International Limited.

XUA16/A 04.20 (12927)