

REQUEST FOR PAYMENT ON DEATH

Not for use with Protection *Plus* Plan

Please read the following important notes before completing this form.

IMPORTANT NOTES

1. Although we will have sold any assets linked to the contract following receipt by us of written notification of death, we will not be in a position to admit the claim and release any proceeds until all of the appropriate documentation has been received. This would include, but is not limited to, the following:
 - a) certified copy of the death certificate,
 - b) return of the original policy documents,
 - c) Manx Grant of Probate, (see checklist below for circumstances in which this is required),
 - d) assignment/reassignment paperwork if the policies are or have been assigned to a third party.
2. Should any life cover have been provided, we reserve the right to ask for additional details regarding the cause of death, before being in a position to admit the claim.
3. Please note that the payment of the death benefit will be delayed until all documentation has been received.
4. Please note that any claim on this contract may have taxation consequences. We therefore suggest that you contact your professional financial adviser to discuss these implications.
5. UK RESIDENTS' REPORTING REQUIREMENTS – Any UK resident policyholder, (or the executors of the policyholder), who is UK resident has an obligation, under the UK self-assessment tax regime, to report to the UK Inland Revenue any chargeable event arising in relation to the contract. Under UK law we have a statutory requirement to supply information to the UK Inland Revenue about UK resident policyholders in certain circumstances.

CHECKLIST

*Delete as applicable

Please ensure the following are included with the claim:

UK DEATH CLAIM – TICK AS APPROPRIATE

- | | |
|--|--------------------------|
| Completed Request for Payment on Death form | <input type="checkbox"/> |
| Certified copy of Death Certificate | <input type="checkbox"/> |
| Policy Documents (or Lost Policy Document Declaration form) | <input type="checkbox"/> |
| Manx Grant of Probate (if policy value greater than £15,000 or where there is added life cover) | <input type="checkbox"/> |
| Certified copy UK Probate (if policy value is less than £15,000) or Letters of Administration and Declaration and Indemnity form | <input type="checkbox"/> |
| Assignment/Reassignment paperwork if the policies are or have been assigned to a third party | <input type="checkbox"/> |

NON-UK DEATH CLAIM – TICK AS APPROPRIATE

- | | |
|---|--------------------------|
| Completed Request for Payment on Death form | <input type="checkbox"/> |
| Certified copy of Death Certificate | <input type="checkbox"/> |
| Policy Documents (or Lost Policy Document Declaration form) | <input type="checkbox"/> |
| Manx Grant of Probate (if policy value greater than £5,000 or where there is added life cover) | <input type="checkbox"/> |
| Certified copy of the Will (if policy value less than £5000) and Declaration and Indemnity form | <input type="checkbox"/> |
| Assignment/Reassignment paperwork if the policies are or have been assigned to a third party | <input type="checkbox"/> |



FRIENDS PROVIDENT
INTERNATIONAL

DECLARATIONS

*Delete as applicable

Please complete the following declarations:

I/We* certify that the life assured (or in the case of policies with joint lives assured, the last life assured) has died. I/we* wish FPIL to pay the death benefit and any additional life assurance cover under the Policies above in accordance with the Policy conditions. I/we* acknowledge that a payment by FPIL in accordance with the information contained in this form shall discharge FPIL liability for all claims under the Plan/Bond.

I/we* have returned the Policy documents together with a Manx Grant of Probate and any other documents necessary to prove that I am/we are* entitled to the death benefits under the Policies.

I/We* certify that*

- I am/We are* entitled to receive the payment requested above
- A receiving order has not been made against me/any of us*
- A bankruptcy order has not been made against me/any of us*
- I/We* have not assigned or transferred the Policies or the rights to the benefits payable under the Policies to a third party.

SIGNATURES

Signature 1

Date

Signature 2

Date

Witnessed by

Date

Name of Witness

Occupation

Address of Witness

PLEASE NOTE. Witness must not be related to the Policyholder/Claimant.

We will calculate the death benefit based on the value of the units at the next appropriate dealing day(s) together with any additional life cover and in accordance with the Policy Provisions, after the receipt of this request form satisfactorily completed and accepted by FPIL. Payments will not be released until all necessary original documentation and settlement of funds have been received.

PAYMENT OPTIONS

PLEASE NOTE. Proceeds will be paid in the Plan currency unless otherwise requested.

PAYMENT TYPE

Transfer of assets (bonds only) If yes, state re-registration name

Please complete back page if all assets are not transferred

BACS (£ UK only) BACS has three day clearance

Telegraphic Transfer TT charges will be incurred by yourself

PAYMENT DETAILS BACS/TT

Payment should be made direct to my/our* bank or building society account (must be policyholders account):

Name of bank or building society

Address

Sort Code/Swift Code

Postcode

Account holder(s) name(s)

Account number



FRIENDS PROVIDENT
INTERNATIONAL

Friends Provident International Limited
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Incorporated company limited by shares. Registered in the Isle of Man No. 11494
Regulated by the Financial Services Authority for UK business. Provider of life assurance and investment products.