

# Premier

Application Form

INTERNATIONAL



### Please complete this Application Form in English

This Application Form is issued with the Premier Principal Brochure and should be read in conjunction with the current edition of the following documents, which set out the terms and conditions of Premier and the various investment options available to you:

- the Premier Principal Brochure
- the Premier Technical Guide
- the Fund Prices leaflet
- the Premier Policy Conditions

If you make any mistakes while completing this Application Form, please cross out the error and write the new information CLEARLY.

**Each correction must be initialed by the person or persons completing the form.** Do NOT use correction fluid or other ways of deleting incorrect information.

### Your independent financial adviser

Company name	<input type="text"/>
Independent financial adviser's name	<input type="text"/>
Contact email address	<input type="text"/>
Independent financial adviser's account number	<input type="text"/>
Policy number allocated (if known)	<input type="text"/>

### Your reason for investing into Premier

Please tick the appropriate box

<input type="checkbox"/> Retirement funding	<input type="checkbox"/> Education funding	<input type="checkbox"/> Medium to long-term savings
<input type="checkbox"/> For a special event (please complete)	<input type="text"/>	

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

### Additional information / Special instructions

### Please complete all sections

Failure to provide all relevant information and documentation may delay the processing of your application. Further information may be required during the validation process (i.e. questions arising from the information provided). **Please note that even if the premium has been received and banked, the policy will not be issued until all documentation has been received and validated.**

Checklist (please tick boxes)	
<input type="checkbox"/>	Receipt and explanation given of the information contained in the Principal Brochure, Technical Guide and other relevant materials
<input type="checkbox"/>	Section 1: Details of Applicant(s)
<input type="checkbox"/>	Section 2: Policy details
<input type="checkbox"/>	Section 3: Declarations
<input type="checkbox"/>	Certified copy of client identity
<input type="checkbox"/>	Certified copy of utility bill (or suitable alternative) to verify the residential address of the Applicant(s)
<input type="checkbox"/>	Method of payment details

If the Proposed Policyholder(s) is/are Trustee(s) of an existing trust, please use the Trustee Application Form (available on request). To be completed by each proposed Policyholder and proposed Life Assured. Please use BLOCK CAPITALS.

	First (or only) Applicant	Second Applicant
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify) <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify) <input type="text"/>
2 Name(s) (as shown on ID Card/Passport)		
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
ID Card/Passport Number	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>
3 Marital status	<input type="text"/>	<input type="text"/>
4 Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
5 Country of residence	<input type="text"/>	<input type="text"/>
6 Residential address	<input type="text"/>	<input type="text"/>
7 How long have you lived at this address?	<input type="text"/>	<input type="text"/>
8 Correspondence address (if different to residential address)	<input type="text"/>	<input type="text"/>
9 I/We* wish all correspondence and statements to be sent to me/us*, with a copy to the introducing financial adviser. Please note, if this box is left blank, the initial policy documents and all future correspondence will be sent direct to the introducing financial adviser.		<input type="checkbox"/>
10 Contact numbers		
Home telephone	<input type="text"/>	<input type="text"/>
Office telephone	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>
11 Email address (mandatory)	<input type="text"/>	<input type="text"/>
12 Nationality	<input type="text"/>	<input type="text"/>
13 Occupation	<input type="text"/>	<input type="text"/>
Nature of business	<input type="text"/>	<input type="text"/>
If retired, please state former occupation and date of retirement	<input type="text"/>	<input type="text"/>
14 Are you in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please give details on a separate piece of paper.	Yes <input type="checkbox"/> No <input type="checkbox"/>
15 Are you to be a Life Assured?	Yes <input type="checkbox"/> No <input type="checkbox"/> If the applicants are not to be the Lives Assured, the relevant supplementary form must be completed. <b>There must be at least one Life Assured for each policy.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16 Are you to be a Policyholder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Total premium**

Monthly premiums	USD/GBP/EUR/HKD*	Minimum USD 150 (or GBP 100, EUR 150, HKD 1,200)
Quarterly premiums	USD/GBP/EUR/HKD*	Minimum USD 450 (or GBP 300, EUR 450, HKD 3,600)
Half-Yearly premiums	USD/GBP/EUR/HKD*	Minimum USD 900 (or GBP 600, EUR 900, HKD 7,200)
Yearly premiums	USD/GBP/EUR/HKD*	Minimum USD 1,800 (or GBP 1,200, EUR 1,800, HKD 14,400)

Premier will normally be issued as a single policy. If you wish your plan to be issued as 10 individual policies, tick here.

If the person(s) paying the premiums is a third party, e.g. the Applicant's partner or employer, additional verification of identity and source of wealth information will be required.

**Payment methods**

**Option 1**  
**Use this option if you are paying by standing order or credit card, or if you wish Friends Provident International Limited (FPIL) to collect the premium from your bank on your behalf.**  
 Please tick the appropriate box and follow the instructions carefully. **Please note that cash is not an acceptable payment method.**

**BY STANDING ORDER.** Please complete the **Banker's Standing Order** and return it to FPIL with this Application Form.

**BY CREDIT CARD.** Please complete a **Direct Charge Authority** (available on request) and enclose a cheque for the first premium.

**BY TELEGRAPHIC TRANSFER.** Please complete the **Bank Instruction Letter** and return it to FPIL with this Application Form. **Please note that Telegraphic Transfers cannot be accepted for monthly payments.**

**Option 2**  
**Use this option if you are making your own arrangements for payment by Banker's Draft or Telegraphic Transfer.** Please tick the appropriate boxes and complete the **Source of Payment** section below.

I have arranged for the premium to be paid by **Banker's Draft**, as indicated below, payable to FPIL (Ref: Policyholder). I have forwarded a certified copy of the Bank Acknowledgement Letter to FPIL with this Draft. **This method is for the first premium, quarterly, half-yearly or yearly premiums only.**

Please tick one box only

US dollar Draft, drawn on a bank in New York       Sterling Draft, drawn on a bank in the United Kingdom

Euro Draft, drawn on a bank in the European Economic and Monetary Union (EMU)       HK dollar Draft, drawn on a bank in Hong Kong

I have arranged for the premium to be paid by **Telegraphic Transfer** (Ref: Policy number allocated, if known: \_\_\_\_\_) and I have forwarded a certified copy of the Bank Application Form to FPIL.

**Source of Payment**

I confirm the Telegraphic Transfer is to be paid for by debit of funds from my personal bank account. The details of this account are:

Sort code (if applicable)    -    -

SWIFT/BIC code (if applicable)

IBAN (Euro payments only)

Account number

Account currency

Account name

Bank (name and address)  Bank

Postcode (if applicable)

## Source of Wealth

Please refer to 'What you need to provide', Step 4 and Source of Wealth Table (pages 11 and 12) for the evidential requirements to support Source of Wealth

<input type="checkbox"/>	<b>Savings from salary (basic and/or bonus)</b>	Current annual salary	USD/GBP/EUR/HKD* <span style="float: right;">per month/year*</span>
		Employer's name	
		Employer's address	

<input type="checkbox"/>	<b>Pension provision by employer</b>	Employer's name	
		Employer's address	

Please provide the employer's Letter of Confirmation and Certificate of Incorporation.

<input type="checkbox"/>	<b>Other regular income</b>	Amount of income	USD/GBP/EUR/HKD*
		Details, i.e. name of payer, frequency of payment, reason for payment, etc.	

<input type="checkbox"/>	<b>Regular savings from company profits</b>	Amount of annual profit	USD/GBP/EUR/HKD*
		Company name	
		Company address	
		Nature of company business	

<input type="checkbox"/>	<b>Other Source of Wealth.</b>	Please provide as much detail as possible
	<div style="border: 1px solid black; padding: 5px;"> <p>▶ See 'What you need to provide', Step 4 and Source of Wealth Table (pages 11 and 12) and use the box provided for explanation / provision of required details</p> </div>	

### Currency

The currency of your policy will be the currency in which you pay your premiums. **Please note that once your policy has been issued, the policy currency cannot be changed.**

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

US dollars (USD)	<input type="checkbox"/>
Sterling (GBP)	<input type="checkbox"/>
Euro (EUR)	<input type="checkbox"/>
HK dollars (HKD)	<input type="checkbox"/>

### Option Date

The Option Date must be not less than 5 years and not more than 25 years from inception of the policy. The maximum age of the youngest Life Assured at the chosen Option Date must be 75.

### Optional benefits

If you select one or both of these benefits, please complete the 'Additional Life Cover and/or Premium Protection Cover' Form

<input type="checkbox"/>	<b>Additional Life Assurance Cover</b>		<input type="checkbox"/>	Single Life
	Amount of Cover	<input type="text" value="USD/GBP/EUR/HKD*"/>	<input type="checkbox"/>	Joint Life First Death
	Minimum USD 30,000 (or GBP 20,000, EUR 30,000, HKD 24,000)			
<input type="checkbox"/>	<b>Premium Protection Cover</b>		<input type="checkbox"/>	Single Life
			<input type="checkbox"/>	Joint Life First Event

### Choice of mirror funds

Please indicate the funds in which you wish your policy to invest, up to a maximum of 10, showing the percentage of each investible premium you wish to be invested in each fund. The total percentage must add up to 100% (please note we can only accept whole percentages). **Failure to include all relevant information accurately may delay the processing of your application.**

Fund Code	Mirror fund	% of premium
		<b>Total 100%</b>

### Important notes

- 1 A specimen policy document and/or copy of this completed form are available on request.
- 2 You are advised to satisfy yourself/selves that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the policy.
- 3 You should seek guidance from your independent financial adviser as to the suitability of the policy to your own particular circumstances. Premier should be regarded as a medium to long-term investment.
- 4 You are obliged to provide the information as required in this Application and it is a condition precedent for you to apply for the policy. Information which you provide in connection with this Application and any subsequent policy will be held (whether stored electronically or otherwise), used or disclosed by Friends Provident International Limited (FPIL) or any associated company that exists from time to time. You have the right to obtain access to and to request a correction of any personal information about you. Requests can be made to the Compliance Officer at Royal Court, Castletown, Isle of Man, British Isles IM9 1RA or the General Manager, Hong Kong at Suites 1203-1211, Two Pacific Place, 88 Queensway, Hong Kong.
- 5 Each policy is governed by and shall be construed in accordance with the law of the Isle of Man.
- 6 **FUND ACKNOWLEDGEMENT**

FPIL offers products that give you an investment choice from a very wide-ranging menu of investments via a range of internal funds, which includes mirror funds, that FPIL has created. Some of these internal funds invest into funds which are classed as specialist funds aimed at professional or experienced investors. If you were investing into such a fund yourself, rather than through one of our internal funds, you may have to declare that:

- You have read and understood the information supplied to you and understand the nature of any risks involved.
- You have discussed with your independent financial adviser whether such an asset is appropriate to your investment portfolio.
- You are eligible and able to invest into the fund and have the level of investment knowledge and experience required by the fund manager.
- You meet certain minimum financial requirements.

Ordinarily some of these funds could only be held by professional/experienced investors rather than retail investors. Also, information relating to such investments may not be available for distribution in certain jurisdictions. However, when the investment is made through your policy, FPIL is treated as the professional or experienced investor and this enables policyholders that may not have been able to do so, to access these funds.

Please note that different jurisdictions may impose different criteria on the generally accepted definition of a professional/experienced investor. Full definitions, restrictions and investor requirements can be found in each fund's prospectus/terms and conditions, which is available from the fund manager or your independent financial adviser. FPIL recommends that you obtain, read and fully understand a copy of the prospectus/terms and conditions for your chosen investment.

#### Liquidity Information

Some of our internal funds, particularly our specialist ones 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 the fund in the future. Information and definitions for our specialist internal funds are available on [www.fpinternational.com](http://www.fpinternational.com). FPIL recommends that you visit our website and take time to read and understand the definitions if you intend to invest into our internal fund range. Investment into specialist via our internal funds, should be considered a long-term investment. You, in conjunction with your independent financial adviser, should consider the amount you invest via your policy if it is likely that you will need access to your capital quickly in the future.

### Declarations

Attention is drawn to the following Declarations. If the Application Form requests information which has to be assessed by FPIL 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 policy being invalid.

#### 1 FUND ACKNOWLEDGEMENT

- (i) I/We\* understand that I/we\* may choose the investments to which my/our\* policy is to be linked.
- (ii) I/We\* acknowledge that is my/our\* responsibility to ensure that the asset is suitable, considering my/our\* investment objectives and attitude to risk.
- (iii) I/We\* confirm that I/we\* understand certain assets 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 investment. I/We\* understand the risks associated with investing in these assets.

- (iv) I/We\* understand that I/we\* may be investing into assets aimed at a professional or experienced investor and agree to such investments.
- (v) I/We\* acknowledge that FPIL is not responsible for the investment performance or any loss suffered or reduction in the value of my/our\* policy, arising from my/our chosen investment. FPIL does not have any responsibility for the management of the assets within my/our\* policy and FPIL does not approve any asset as a suitable investment.
- (vi) I/We\* acknowledge that FPIL reserves the right to reject any asset, for example if certain administration criteria are not met.
- (vii) I/We\* acknowledge that my/our\* investments may be delayed if FPIL requires a signed declaration in respect of my/our\* chosen investments.
- (viii) I/We\* 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.

**2 DECLARATIONS**

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 Application Form, including this Declaration, are complete and true to the best of my/our\* knowledge and belief. I/We\* agree that they shall form the basis of the contract under the law of the Isle of Man. I/We\* have received, read and have been given an explanation of all the printed materials relevant to this contract and I/we\* have been acquainted with the management charges made by FPIL.

I/We\* understand that I/we\* may choose the investments to which my/our\* Premier policies are to be linked. Consequently, FPIL shall not be responsible for the investment performance or for any loss or liability arising from my/our\* choice of investment, however arising.

I/We\* further declare that I/we\* understand and agree that the policy shall not become effective until it is issued with the first premium paid in full and all requirements have been met.

I/We\* understand that this application can only be accepted by employees of FPIL 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.

**3 DATA PROTECTION**

I/We\* consent that any personal information collected or held by FPIL (whether contained in this Application or otherwise) is provided and may be held (whether stored electronically or otherwise), used or disclosed to enable FPIL to:

- (i) transfer the information between its offices wherever they are situated; and
- (ii) to use and to transfer the information to its agents for administration, underwriting, claims, research and statistical purposes, to pass information to medical practitioners, underwriters and reinsurers and any agency appointed for these purposes. (These agents may be located in countries that do not have laws to protect your information. Details of the agents and countries involved in your case will be provided on request. FPIL will remain responsible for making sure that the information is held securely); and
- (iii) communicate with me/us\*, my/our\* independent financial adviser and fund adviser whether directly or indirectly for any purpose; and
- (iv) to supply the details or provide a copy of the information to any financial services company wherever they are situated to enable the purchase of assets requested to be linked to the policy.

I/We\* would like FPIL to use the information supplied to let me/us\* know about other products and services in the Friends Provident group of companies, who may use it to advise me/us\* of other products and services that may interest me/us\*.

**If you would prefer NOT to receive such information, please tick this box.**

- (vi) transfer information to relevant regulatory bodies to enable them to carry out their regulatory functions.

I/We\* understand and agree that I/we\* shall update FPIL immediately on any changes of my/our\* personal information and any other information provided in relation to this policy.

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

**Signature(s)**

**First (or only) Applicant**

**Second Applicant**

Signature
Date (dd/mm/yyyy)

Signature
Date (dd/mm/yyyy)

# What YOU need to provide

## Verification of identity, address and source of wealth accumulation

Friends Provident International Limited (FPIL) has a legal obligation to verify the identity and residential address of each person who will apply for one of FPIL's products. FPIL also has a regulatory obligation to obtain details of how the applicant(s) have acquired the monies/assets that they will invest with FPIL.

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 FPIL. By providing the information and documents requested, you are not only helping FPIL to comply with stringent money laundering legislation, but you are helping to protect your own identity.

### Verify the identity of each Applicant

## Step 1

The required documents to verify identity are:

- A Passport; or
- A Government-issued Identity Card (carrying a photograph of the individual).

Where it is not possible to obtain either a Passport or a National Identity Card, two other formal government-issued documents carrying appropriate personal details, which show verifiable reference numbers, may be accepted. Examples would include:

- Driving Licence with photograph
- Annual Tax Assessment issued by the Tax Authorities
- 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**).

### Verify the address of each Applicant

## Step 2

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
- Letter from the Applicant's employer, confirming their residential address. Where the Applicant has accompanied a partner or spouse on a work assignment or contract, and they are also an Applicant, an employer may confirm the address of a non-employee where a relationship is detailed
- Proof of ownership or rental of the residential address
- Mortgage statement.

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

## What YOU need to provide

## Background

Incorrect certification of documents is one of the main reasons for delays in processing applications. The Isle of Man Insurance and Pensions Authority, FPIL's principal regulator, is 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)*

*Date: (the date of certification)*

Improper certification could lead to delays.

## Who can certify a copy of an original document?

### **A Regulated Introducer, or authorised employee of a Regulated Introducer**

A Regulated Introducer is an Introducer in relation to which a regulatory authority exercises regulatory functions and the Introducer is based or incorporated in or formed under the law of a country that is a FATF (Financial Action Task Force) jurisdiction.

### **A Suitable Certifier appointed by FPIL**

To be approved by FPIL as a Suitable Certifier, the individual must have submitted the Appointment of Suitable Certifier Form to this company, together with copies of his/her passport, and proof of address document, certified by a Commissioner for Oaths, a Notary Public or a Suitable Certifier already approved by FPIL.

### **A notary Public, licensed 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.

## Translation of documents not written in English

Where a document submitted 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 IFA)*

*Name: (the printed name of the IFA)*

*Date: (the date the IFA has certified the copy document)*

## Background

The Isle of Man Insurance & Pensions Authority, through its Anti-Money Laundering Guidance, requires all Isle of Man Life Companies to obtain information and documentary evidence on the source of wealth of new investors. This emphasises its determination to maintain the highest possible standards of business practice within the Island. This guidance forms part of the global drive to counter money laundering and terrorism and assist us all to safeguard the industry and, ultimately, protect our investors.

Friends Provident International Limited (FPIL) has established three categories of countries in order to determine where we will seek supporting evidence to support source of wealth. Our approach to categorising each country is determined by a number of factors. We take into account the current FATF status of each country, the ranking in the Corruption Perceptions Index published by Transparency International, the level of regulation within each country's financial systems and the general political and economic climate.

These notes should be read in conjunction with the current list of countries in all categories, which is available in PDF format on request. The list can also be downloaded from our website at [www.fpinternational.com](http://www.fpinternational.com)

## FPIL Source of Wealth evidence requirements

FPIL will base the premium levels at which supporting evidence is to be provided on the following categories of business.

- **Category 1: Low-Risk**

This means that the policyholder must reside in one of the countries listed in Category 1, the independent financial adviser must be regulated in a Category 1 country and the bank account from which the premium is paid must be in a Category 1 country. These requirements are cumulative, not alternatives.

- **Category 2: Medium-Risk**

- **Category 3: Higher-Risk**

For all applicants, please complete the Source of Wealth section of this application form with the details outlined in Column 2 of the Source of Wealth Table on page 12. Additional supporting documentation, as detailed in column 3 of the Source of Wealth Table will be required where the premium is equal to or in excess of:

Premium limits		
	Single premium	Regular premium (per year)
Category 1 country	USD 1,500,000 GBP 750,000 EUR 1,125,000 HKD 11,700,000	USD 100,000 GBP 50,000 EUR 75,000 HKD 780,000
Category 2 country	USD 600,000 GBP 300,000 EUR 450,000 HKD 4,680,000	USD 70,000 GBP 35,000 EUR 52,000 HKD 546,000
Category 3 country	USD 200,000 GBP 100,000 EUR 150,000 HKD 1,560,000	USD 40,000 GBP 20,000 EUR 30,000 HKD 312,000

Please note every investment is reviewed on a case-by-case basis, therefore FPIL reserves the right to request additional information or documentation where it is felt that this may be warranted.

What YOU need to provide

DESCRIPTION OF SOURCE OF WEALTH	BELOW PREMIUM LIMITS	ON OR ABOVE PREMIUM LIMITS (Documentary evidence of ONE item is required in addition to information requested for below premium limits business)
<b>1 Savings from salary (basic and/or bonus)</b> If you own or part-own the company where you are employed, please follow the guidance detailed in 7 below	<ul style="list-style-type: none"> <li>• Salary per annum</li> <li>• Employer's name</li> <li>• Employer's address</li> </ul>	<ul style="list-style-type: none"> <li>• Original or certified copy of a payslip (or bonus payment) from within the last three months</li> <li>• Letter from employer confirming salary</li> <li>• Latest audited accounts (if self-employed) and Company bank statement</li> </ul>
<b>2 Maturity or surrender of life policy</b>	<ul style="list-style-type: none"> <li>• Amount received</li> <li>• Policy provider</li> <li>• Policy number / reference</li> <li>• Date of surrender</li> </ul>	<ul style="list-style-type: none"> <li>• Certified copy of closing statement</li> <li>• Letter confirming surrender</li> </ul>
<b>3 Sale of investments / liquidation of investment portfolio</b>	<ul style="list-style-type: none"> <li>• Description of shares / units / deposits</li> <li>• Name of seller</li> <li>• How long held</li> <li>• Sale amount</li> <li>• Date funds received</li> </ul>	<ul style="list-style-type: none"> <li>• Certified investment / savings certificates, contract notes, or surrender statements</li> <li>• Bank statement clearly showing receipt of funds and investment company name</li> <li>• Signed letter detailing funds from a regulated accountant</li> </ul>
<b>4 Sale of property</b>	<ul style="list-style-type: none"> <li>• Sold property address</li> <li>• Date of sale</li> <li>• Total sale amount</li> </ul>	<ul style="list-style-type: none"> <li>• Signed letter from Solicitor</li> <li>• Certified copy sale contract</li> <li>• Signed letter from Estate Agent</li> </ul>
<b>5 Inheritance</b>	<ul style="list-style-type: none"> <li>• Name of deceased</li> <li>• Date of death</li> <li>• Relationship to applicant</li> <li>• Date received</li> <li>• Total amount</li> <li>• Solicitor's details</li> </ul>	<ul style="list-style-type: none"> <li>• Grant of Probate (with a copy of the will), which must include the value of the estate</li> <li>• Signed letter from Solicitor</li> </ul>
<b>6 Divorce settlement</b>	<ul style="list-style-type: none"> <li>• Date received</li> <li>• Total amount received</li> <li>• Name of divorced partner</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of court order or</li> <li>• Solicitor's letter</li> </ul>
<b>7 Company profits</b>	<ul style="list-style-type: none"> <li>• Name and address of company</li> <li>• Nature of company</li> <li>• Amount of annual profit</li> </ul>	<ul style="list-style-type: none"> <li>• Certified copy of latest audited company accounts</li> </ul>
<b>8 Gift</b>	<ul style="list-style-type: none"> <li>• Date received</li> <li>• Total amount</li> <li>• Reason for gift</li> <li>• Relationship to applicant</li> <li>• Certified identification documents for donor</li> <li>• Donor's source of wealth - please follow standard requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Donor's source of wealth – requirements of evidence as stated above for each individual source of wealth and a letter from the donor confirming details of the gift</li> </ul>
<b>9 Employer paying premium</b>	<ul style="list-style-type: none"> <li>• Employer letter</li> <li>• Country of incorporation</li> <li>• Incorporation number</li> </ul>	<ul style="list-style-type: none"> <li>• Employer letter, Certificate of Incorporation and certified copy of latest audited company accounts</li> </ul>

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.

## What YOU need to provide



**For Monthly, Quarterly, Half-Yearly or Yearly Payments.**

**Only applicable to Applicants with bank accounts in the Far East. Not for use by Applicants with Hang Seng bank accounts.**

**Please note that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.**

This form should be returned with your Application Form.

Please use BLOCK CAPITALS.

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number

Sort Code (if applicable)

		—			—		
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Account Currency (must be completed if the account is multi-currency)

SWIFT/BIC Code (if applicable)

Account Holder's Name

IBAN (Euro payments only)

Dear Sir,

On my/our\* behalf would you please pay by Bankers' remittance to: Hong Kong & Shanghai Banking Corporation Limited, Main Office, 1 Queen's Road, Central, Hong Kong, SWIFT Code HSBCHKHH, carrying out the transaction indicated within **48 hours**, the sum of:

USD/GBP/EUR/HKD* (figures)	USD/GBP/EUR/HKD* (words)
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for credit to **Friends Provident International Limited**, Account Number (tick one box only)

- US Dollar — Account No. 511-667685-201
- Sterling — Account No. 511-667685-202
- Euro Transfer — Account No. 511-667685-220
- Hong Kong Dollar — Account No. 511-667685-001

on the  day of  (month)  (year)

and on the same day  monthly  quarterly  half-yearly  yearly

quoting the Reference Number below (see Section A) until this order is cancelled in writing.

Please charge the amount of the payment **together with any bank and agent bank's charges** to my/our\* account.

Yours faithfully,

Signature(s)

Signature	Signature
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

My/Our\* Address

**Section A** (to be completed by Friends Provident International Limited)

This Reference Number must be quoted by the Bank on all advices

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**For Monthly, Quarterly, Half-Yearly or Yearly Payments.**

**Only applicable to Applicants who DO NOT have bank accounts in the Far East.**

This form should be returned with your Application Form.

Please use BLOCK CAPITALS.

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number

Sort Code (if applicable)

		-			-		
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Account Currency (must be completed if the account is multi-currency)

SWIFT/BIC Code (if applicable)

Account Holder's Name

IBAN (Euro payments only)

Dear Sir,

On my/our\* behalf, please remit the sum specified below to Isle of Man Bank Limited, East Region, Douglas, Sort Code: 60-95-45, Swift Code: RBOSIMD2, IBAN: GB48RBOS60954540038485, account name: **Friends Provident International Limited**, account number: 9545-40038485, carrying out the transaction indicated within **48 hours**.

If remitting Sterling from a UK/Channel Island or Isle of Man bank, please send the payment by BACS/CHAPS/Faster Payment\*. Payments in other currencies must be made by Telegraphic Transfer.

USD/GBP/EUR* (figures)	USD/GBP/EUR* (words)
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on the  day of  (month)  (year)

and on the same day  monthly  quarterly  half-yearly  yearly

quoting the Reference Number below (see Section A) until this order is cancelled in writing.

Please charge the amount of the payment **together with any bank and agent bank's charges** to my/our\* account.

Yours faithfully,

Signature(s)	Signature	Signature
	Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

My/Our\* Address

**Section A** (to be completed by Friends Provident International Limited)

This Reference Number must be quoted by the Bank on all advices

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**Only applicable to Applicants with bank accounts in the Far East.**

**Please note that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.**

This form should be returned with your Application Form.

Please use BLOCK CAPITALS.

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number

Sort Code (if applicable)

		-			-		
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Account Currency (must be completed if the account is multi-currency)

SWIFT/BIC Code (if applicable)

Account Holder's Name

IBAN (Euro payments only)

Dear Sir,

On my/our\* behalf would you please prepare a Telegraphic Transfer and carry out the transaction indicated within **48 hours** of you receiving this instruction.

### Section A - Telegraphic Transfers

Please remit to HSBC Limited, 1 Queen's Road, Central, PO Box 64, Hong Kong, SWIFT Code HSBCHKHH, for credit to **Friends Provident International Limited** and the beneficiary account number shown below.

US Dollar Transfer - Account No. 511-667685-201

Sterling Transfer - Account No. 511-667685-202

Euro Transfer - Account No. 511-667685-220

HK Dollar Transfer - Account No. 511-667685-001

The reference number below (see Section B) must be quoted by the Bank on all advices.

USD/GBP/EUR/HKD* (figures)	USD/GBP/EUR/HKD* (words)
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Please charge the amount of the payment **together with any bank and agent bank's charges** to my/our\* account.

Yours faithfully,

Signature(s)

Signature	Signature
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

My/Our\* Address

### Section B (to be completed by Friends Provident International Limited)

This Reference Number must be quoted by the Bank on all advices

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**Only applicable to Applicants who DO NOT have bank accounts in the Far East and are paying in US dollars, sterling or euro.**

**Please note that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.**

This form should be returned with your Application Form.

Please use BLOCK CAPITALS.

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number	Sort Code (if applicable)
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Account Currency (must be completed if the account is multi-currency)	SWIFT/BIC Code (if applicable)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Account Holder's Name	IBAN (Euro payments only)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Section A**

Dear Sir,

On my/our\* behalf, please remit to Isle of Man Bank Limited, East Region, Douglas, Sort Code: 60-95-45, Swift Code: RBOSIMD2, IBAN: GB48RBOS60954540038485, account name: **Friends Provident International Limited**, account number: 9545-40038485, carrying out the transaction indicated within **48 hours**.

If remitting Sterling from a UK/Channel Island or Isle of Man bank, please send the payment by BACS/CHAPS/Faster Payment\*. Payments in other currencies must be made by Telegraphic Transfer.

The reference number below (see Section B) must be quoted by the Bank on all advices.

GBP/USD/EUR* <span style="float: right;">(figures)</span>	GBP/USD/EUR* <span style="float: right;">(words)</span>
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Please charge the amount of the payment **together with any bank and agent bank's charges** to my/our\* account.

Yours faithfully,

Signature(s)	Signature	Signature
	Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

My/Our\* Address

**Section B** (to be completed by Friends Provident International Limited)

This Reference Number must be quoted by the Bank on all advices

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The information given in this document is based on the understanding of Friends Provident International Limited of current Isle of Man 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 or legislative changes.

Investment involves risk. Past performance should not be viewed as a reliable guide of future performance. Fund prices may go up and down depending on 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. All fund performance is quoted net of annual charges.

All policyholders 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 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 Financial Services Ombudsman Scheme for the Isle of Man.

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

Each policy is governed by and shall be construed in accordance with the law of the Isle of Man. However, this will not preclude the right to bring legal action in a Hong Kong court. If you effect a policy whilst resident in the United Arab Emirates, all disputes regarding the policy shall be subject to the non-exclusive jurisdiction of the courts of the United Arab Emirates.

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Friends Provident International Limited

Registered & Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA

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Website: [www.fpinternational.com](http://www.fpinternational.com)

Incorporated company limited by shares

Registered in the Isle of Man No. 11494

Authorised by the Isle of Man Insurance & Pensions Authority

Provider of life assurance and investment products

Authorised by the Office of the Commissioner of Insurance to conduct long-term insurance business in Hong Kong

Registered in the United Arab Emirates as an insurance company (Registration No.76)

and as a foreign company (Registration No. 2013)

Authorised by the United Arab Emirates Insurance Authority to conduct life insurance and savings business

Registered in Singapore No. F06835G

Authorised by the Monetary Authority of Singapore to conduct life insurance business in Singapore

