

Application Form

Regular payment increase/Additional single payment

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

Please complete this Application Form in English and use BLOCK CAPITALS

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

Financial adviser details

Product name	<input type="text"/>
Plan number	<input type="text"/>
Additional information	<input type="text"/>
Adviser name	<input type="text"/>
Company name	<input type="text"/>
Friends Provident International agency number	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Details of Policy/Contract holder(s)

	First (or only) Policy/Contract holder	Second Policy/Contract holder
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
	Other <input type="text"/>	Other <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"/>

Details of Policy/Contract holder(s)

	First (or only) Policy/Contract holder	Second Policy/Contract holder
3 Residential address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4 How long have you lived at this address?	<input type="text"/>	<input type="text"/>
5 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"/> <input type="text"/> <input type="text"/>
Correspondence address telephone number	<input type="text"/>	<input type="text"/>

Payment

Current regular payment amount	<input type="text" value="USD/GBP/EUR/HKD/SGD/AED*"/>
New regular payment amount	<input type="text" value="USD/GBP/EUR/HKD/SGD/AED*"/>
Additional single payment amount	<input type="text" value="USD/GBP/EUR/HKD/SGD/AED*"/>
Effective date (DD/MM/YYYY)	<input type="text"/>

Important notes

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

Source of Wealth

Please refer to our website at [www.fpinternational.com/Downloads/PDF Library - International \(Isle of Man\)/Source of Wealth](http://www.fpinternational.com/Downloads/PDF%20Library%20-%20International%20(Isle%20of%20Man)/Source%20of%20Wealth) for the evidential requirements to support Source of Wealth.

<input type="checkbox"/>	Savings from salary (basic and/or bonus)	Current salary	USD/GBP/EUR/HKD/SGD/AED* per month/year*
		Employer's name	
		Employer's address	
<input type="checkbox"/>	Pension provision by employer	Employer's name	
		Employer's address	

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

<input type="checkbox"/>	Other regular income	Amount of income	USD/GBP/EUR/HKD/SGD/AED*
		Details, i.e. name of payer, frequency of payment, reason for payment, etc.	
<input type="checkbox"/>	Regular savings from company profits	Amount of annual profit	USD/GBP/EUR/HKD/SGD/AED*
		Company name	
		Company address	
		Nature of company business	
<input type="checkbox"/>	Othe Source of Wealth	Please provide as much detail as possible	

Declaration of trust

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

and the advice was given in (country)

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

Signature(s)

First (or only) Policy/Contract holder

Signature

Date (dd/mm/yyyy)

Second Policy/Contract holder

Signature

Date (dd/mm/yyyy)

Important Information

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

Investment involves risk. Fund prices may go up and down depending upon underlying investment performance, and the value of your investment cannot be guaranteed. Investments held within a fund may not be denominated in the currency of that fund and the value of those assets can go up and down simply because of movements in currency exchange rates. We recommend that you discuss specific risks associated with individual investments with your financial adviser before making investment decisions.

All policyholders/contractholders are protected by the Life Assurance (Compensation of Policyholders) Regulation 1991 of the Isle of Man, wherever their place of residence.

Investors should be aware that specific investor protection and compensation schemes that may exist in relation to collective investments and deposit accounts are unlikely to apply in the event of failure of such an investment held within insurance contracts.

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

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

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Friends Provident International Limited: Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Telephone: +44(0) 1624 821 212 | Fax: +44(0) 1624 824 405 | Website: www.fpinternational.com. Incorporated company limited by shares. Registered in the Isle of Man, number 11494. Authorised by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. Registered in the United Arab Emirates as an insurance company (Registration No. 76). Registered with the Ministry of Economy as a foreign company (Registration No. 2013); Registration date 18 April 2007. Authorised by the United Arab Emirates Insurance Authority to conduct life assurance and funds accumulation operations. Registered in Singapore No. T06FC6835J. Licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Friends Provident International is a registered trade mark of the Aviva group.