

Appointment of third party as payee

Important – You should take legal advice before signing this form.

*** Delete as appropriate**

Name of policyholder (If held in joint names, insert names of all joint policyholders)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of policy	<input type="text"/>
Policy number	<input type="text"/>

To: Friends Provident International Limited

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

Full name and address of the Payee(s)	Share of benefit (%)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

This nomination shall not take effect until this request is received and validated by Friends Provident International Limited during the life time of both the Life Assured(s) and Policyholder(s) of the above policy.

Not to be used for Capital Redemption Policies

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/persons* for the purposes of locating the Payee(s):

Name of contact

Address

Telephone number

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/We* confirm that I/we* have taken legal advice before signing this form or I/we* have elected not to do so.

I/We* understand that this appointment revokes any previous appointment of Payee(s). I/We* also understand that the appointment of Payee(s) made on this form shall be revoked by any surrender assignment or disposal of the Policy and also by my death/the death of the survivor of us* if at my death/the death of the survivor of us* I am/we are* survived by other persons named as Life Assured on the Schedule to the Policy.

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

Data privacy

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy – please visit www.fpinternational.com/legal/privacy-and-cookies.jsp to view the full policy or this can be provided on request from our Data Protection Officer.

Signed (All joint policyholders must sign)

Signature(s)

Name (please print)

Date (DD/MM/YYYY)

Signature(s)

Name (please print)

Date (DD/MM/YYYY)

Accepted by Friends Provident International Limited on

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. **Singapore branch:** 4 Shenton Way, #11-04/06 SGX Centre 2, Singapore 068807. Telephone: +65 6320 1088 | Fax: +65 6327 4020 | Website: www.fpinternational.sg. Registered in Singapore No. T06FC6835J. Licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme. **Hong Kong branch:** 803, 8/F., One Kowloon, No.1 Wang Yuen Street, Kowloon Bay, Hong Kong. Telephone: +852 2524 2027 | Fax: +852 2868 4983 | Website: www.fpinternational.com.hk. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. **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.