

Corporate Application form

Do not use if you are applying as a Trustee of a trust.
Please use our Trustee Application form.

Financial adviser and policy details

Company name

Friends Provident International agency number

Contact details for acknowledgement/queries on the application.

Contact name

Phone number

Email address

Policy number (if known)

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

Please tick to confirm you have included with this application

Personal charging structure illustration

Copy of certificate of incorporation*

Copy of share register*

Copy of latest annual report and accounts*

Copy of signatory list and signing powers*

Evidence of the registered office address (if this is not the address on the application, we require evidence that the address is being used and confirmation of why there is a difference)*

Verification of identity and address for any shareholder owning 25% or more of the shares*

Copy of director list*

Verification of identity and address of an Executive Director*

Verification of identity and address of a Non-Executive Director*

Source of wealth supporting documentation (where required)*

Source of funds – original or certified copy of the payment remittance*

*Suitably certified as being a true copy

Where a shareholder is a company, trust or nominee, then we are required to look behind this structure to obtain a certified copy of the identification documents relating to the ultimate beneficial owner.

Details of information required for source of wealth can be found on pages 12 to 14.

Please complete all details in Section 1.

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

- Reserve brochure
- Reserve product guide
- Reserve charging structures

Specimen conditions are available from us on request. 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 a mistake, please cross it out and correct it, initialling any amendments. Please do not use correction fluid or any other method for deleting incorrect information.

Your bond structure

Capital redemption

Whole of life

Please ensure your Personal charging structure reflects the structure of your bond.

Your investment structure

Collective

Personalised

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 investor who is the current legal owner of the payment. 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 32.

Please write in ink and use block capitals.

Section 1: Setting up Reserve

Company

Company name	<input type="text"/>
Registered address	<input type="text"/> <input type="text"/>
Country of registration	<input type="text"/>
Registration number	<input type="text"/>
Telephone number	<input type="text"/>
Email address (mandatory)	<input type="text"/>

You will receive your policy documents and all correspondence relating to your policy, unless you indicate otherwise below. Copies will also be sent to your financial adviser. (Please refer to page 16 to provide instructions regarding valuation statements dispatch.)

Alternatively, please tick here if you would prefer us to send your policy documents and all correspondence relating to your policy to your financial adviser only.

Tax compliance – please answer ALL questions

1 Is the applicant a US specified person? Yes State tax identification number
 No

2 Is the applicant UK resident? Yes State tax identification number
 No

If you have answered No to either of the above, please state the country in which the applicants are resident for tax purposes. If the entity is resident in more than two countries, please provide details in the additional information section on page 3.

Country	<input type="text"/>	Country	<input type="text"/>
Tax identification number	<input type="text"/>	Tax identification number	<input type="text"/>

Not entering a tax identification number may hold up the issue of your policy. 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.

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.

3 Is the applicant a financial institution issued with a GIIN? Yes Insert GIIN
 No

Section 1: Setting up Reserve (continued)

Tax compliance – please answer ALL questions (continued)

- 4 Is the applicant a financial institution without a GIIN? Yes State reason
 If you have answered Yes, you may wish to contact us prior to submitting this application. No
- 5 Is the applicant exempt from FATCA/CRS reporting? Yes State reason
 No
- 6 Is the applicant an actively trading non-financial institution? Yes No
 This includes trading companies.
- 7 Is the applicant a non-trading entity? Yes If Yes, complete pages 5, 6 and 7 (Controlling persons) for all
 This includes investment holding companies. No controlling persons.

Please contact us if you believe that none of the above are applicable to the Entity.

Controlling persons

This includes shareholders with a share of 25% or more and any other person who can exercise overall control over the entity.

- | | First controlling person | Second controlling person |
|---|--|--|
| 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 (as shown on ID card/passport) | <input type="text"/> | <input type="text"/> |
| 3 Forename(s) (as shown on ID card/passport) | <input type="text"/> | <input type="text"/> |
| 4 ID card/Passport number | <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 Nationality | <input type="text"/> | <input type="text"/> |
| 7 Residential address | <input type="text"/>
<input type="text"/>
<input type="text"/> | <input type="text"/>
<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. Please continue on a separate piece of paper, if necessary.
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 <input type="text"/> | Country <input type="text"/> |
| | Tax identification number <input type="text"/> | Tax identification number <input type="text"/> |
| | Country <input type="text"/> | Country <input type="text"/> |
| | Tax identification number <input type="text"/> | Tax identification number <input type="text"/> |

Not entering a tax identification number may hold up the issue of your policy. 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. 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.

Section 1: Setting up Reserve (continued)

Controlling persons (continued)

9 What makes this individual a controlling person?

Third controlling person

Fourth controlling person

1 Title

Mr Mrs Miss Ms

Mr Mrs Miss Ms

Other

Other

2 Surname (as shown on ID card/passport)

3 Forename(s) (as shown on ID card/passport)

4 ID card/Passport number

5 Date of birth (DD/MM/YYYY)

6 Nationality

7 Residential address

8 Please list all countries in which you are tax resident. Please provide your tax identification number for each country. Please continue on a separate piece of paper, if necessary.

Country

Country

Tax identification number

Tax identification number

Country

Country

Tax identification number

Tax identification number

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.

Not entering a tax identification number may hold up the issue of your policy. 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. 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.

9 What makes this individual a controlling person?

Section 1: Setting up Reserve (continued)

Directors' details

	First Director	Second Director
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 (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 Forename(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6 Nationality	<input type="text"/>	<input type="text"/>
	Third Director	Fourth Director
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 (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 Forename(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6 Nationality	<input type="text"/>	<input type="text"/>

If more than four directors, please provide details on a separate sheet.

Section 1: Setting up Reserve (continued)

Lives assured details

Please leave blank if Capital Redemption option is chosen.

	First Life Assured	Second Life Assured
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>
2 Surname (as shown on ID card/passport)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
3 Forename(s) (as shown on ID card/passport)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
4 Date of birth (DD/MM/YYYY)	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 60px;" type="text"/>
5 Nationality	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
6 Country of residence	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
7 Residential address	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>
8 Relationship to Company	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>
9 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 page 18.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

	Third Life Assured	Fourth Life Assured
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>
2 Surname (as shown on ID card/passport)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
3 Forename(s) (as shown on ID card/passport)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
4 Date of birth (DD/MM/YYYY)	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 60px;" type="text"/>
5 Nationality	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
6 Country of residence	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
7 Residential address	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>
8 Relationship to Company	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>
9 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 page 18.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

If more than four lives assured are required, please complete the supplementary form for Additional Lives Assured.

Section 1: Setting up Reserve (continued)

Total premium

We wish to pay GBP EUR USD Other Amount

- Minimum payment: a) Establishment charging structure – Whole of life:
USD, 75,000; GBP 50,000; EUR 75,000; HKD 600,000; JPY 10,000,000;
AUD 150,000; SEK 650,000; CHF 125,000.
- b) Establishment charging structure – Capital redemption:
USD 150,000; GBP 100,000; EUR 150,000; HKD 1,200,000; JPY 20,000,000;
AUD 300,000; SEK 1,300,000; CHF 250,000.
- c) Annual policy charging structure:
USD 150,000; GBP 100,000; EUR 150,000; HKD 1,200,000; JPY 20,000,000;
AUD 300,000; SEK 1,300,000; CHF 250,000.

Note: When investing monies, please indicate your chosen investments in **Investment instructions** on page 16.

Please be aware that the minimum payment may differ if you choose to appoint a discretionary fund manager to manage your investment either in full or in part. Please speak with your financial adviser for more information.

Number of policy segments

Please specify how many policies you wish your Reserve policy to be issued in.

The minimum number of individual policies is 1 and the maximum is 100.

If box is left blank, then 100 policies will be issued.

Plan currency

Please select the currency in which you wish your Reserve plan to be denominated (this will be the currency in which your plan is valued, and total payment figure calculated).

Sterling (GBP) <input type="checkbox"/>	US dollars (USD) <input type="checkbox"/>	Euro (EUR) <input type="checkbox"/>	HK dollars (HKD) <input type="checkbox"/>
Swiss francs (CHF) <input type="checkbox"/>	Australian dollars (AUD) <input type="checkbox"/>	Swedish krona (SEK) <input type="checkbox"/>	Japanese yen (JPY) <input type="checkbox"/>

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, refer to page 17 for guidance), please provide details:

- Title Mr Mrs Miss Ms Other
- Surname (as shown on ID card/passport)
- First name(s) (as shown on ID card/passport)
- Connection to policy
- Position held as a PEP
- In what country is/was the position held?

Section 1: Setting up Reserve (continued)

Optional withdrawals

Investors may choose to receive regular payments from their plan. The current minimum individual withdrawal is USD 375 (or GBP 250, EUR 375, HKD 3,000, CHF 625, AUD 750, SEK 3,250, JPY 50,000). The level of withdrawals may be varied or stopped altogether by giving us written notice. **No assets will be sold to meet regular withdrawals without instructions.**

Regular withdrawals must be funded by either available cash in the General Transaction Account (GTA) or by the provision of a dealing instruction. Failure to ensure available funds could result in delays with regular withdrawal payments.

Withdrawal instructions

Note that we dispatch payments on the 1st and 14th of the month – please indicate the date you prefer in the appropriate box below.

We wish to receive	GBP	<input type="checkbox"/>	EUR	<input type="checkbox"/>	USD	<input type="checkbox"/>	Other	<input type="checkbox"/>	Amount	<input type="text"/>
Payable (tick one box only)			Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Half-yearly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>
Commencing (tick the date which applies)	1st	<input type="checkbox"/>	14th	<input type="checkbox"/>	of	<input type="text"/>	(month)	<input type="text"/>	(year)	<input type="text"/>
Sort code (if applicable)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>					
SWIFT/BIC code (if applicable)	<input type="text"/>									
IBAN (if applicable)	<input type="text"/>									
Account number	<input type="text"/>									
Account name	<input type="text"/>									
Bank name	<input type="text"/>									
Bank address	<input type="text"/>									
	<input type="text"/>									

Section 1: Setting up Reserve (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 this section.

Company profits

(please provide a certified copy of the latest annual report and accounts)

<input type="checkbox"/>	Company name	<input style="width: 100%;" type="text"/>
	Company address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
	Nature of company	<input style="width: 100%;" type="text"/>
	Amount of annual profit	Currency <input type="checkbox"/> Amount <input style="width: 100%;" type="text"/>

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

If self-employed or a company share owner, please complete 'Company profits'.

<input type="checkbox"/>	Current annual salary	Currency <input type="checkbox"/> Amount <input style="width: 100%;" 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"/> <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: 100%;" 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: 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"/>

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"/> <input style="width: 100%;" type="text"/>
	Name of seller	<input style="width: 100%;" type="text"/>
	Length of time held	Years <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Months <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	Sale amount	Currency <input type="checkbox"/> Amount <input style="width: 100%;" type="text"/>
	Date funds received	<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"/>

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: 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"/>
	Total sale amount	Currency <input type="checkbox"/> Amount <input style="width: 100%;" 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: 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"/>
	Total sale amount	Currency <input type="checkbox"/> Amount <input style="width: 100%;" type="text"/>
	Client's share	<input style="width: 40px;" type="text"/> %

Section 1: Setting up Reserve (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"/>

Asset (share) exchange

If the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets.

<input type="checkbox"/>	Origin and means of wealth	<input type="text"/> <input type="text"/> <input type="text"/>
--------------------------	----------------------------	--

Length of time the assets have been held	Years <input type="text"/>	Months <input type="text"/>
--	----------------------------	-----------------------------

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"/>

Employer paying premium

Please provide the following:

- Employer letter

<input type="checkbox"/>	Country of incorporation	<input type="text"/>
	Incorporation number	<input type="text"/>

Retirement income

<input type="checkbox"/>	Retirement date	<input type="text"/> <input type="text"/> <input type="text"/>
	Previous occupation	<input type="text"/>
	Name of last (final) employer	<input type="text"/>
	Address of last (final) employer	<input type="text"/> <input type="text"/> <input type="text"/>
	Pension income source	<input type="text"/>

Section 1: Setting up Reserve (continued)

Source of wealth (continued)

Fixed deposit – savings

<input type="checkbox"/>	Name of institution where savings held	<input style="width: 100%;" type="text"/>		
	Date account established	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 60px;" type="text"/>
	Details of how savings acquired	<input style="width: 100%; height: 20px;" type="text"/>		
		<input style="width: 100%; height: 20px;" type="text"/>		
		<input style="width: 100%; height: 20px;" type="text"/>		

Dividend payment

<input type="checkbox"/>	Date of receipt of dividend	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 60px;" type="text"/>
	Total amount received	Currency <input style="width: 30px;" type="text"/>	Amount <input style="width: 100px;" type="text"/>	
	Name of company paying dividend	<input style="width: 100%;" type="text"/>		
	Length of time the shares have been held in the company	Years <input style="width: 30px;" type="text"/>	Months <input style="width: 30px;" type="text"/>	

Other source of wealth

Please provide as much detail as possible.

<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>

Section 1: Setting up Reserve (continued)

Payment methods

Option 1

Use this option if you are paying by cheque or if you wish us to collect the payment from your bank on your behalf. Please tick the appropriate box and follow the instructions carefully.

By cheque

Please make cheques payable to **Friends Provident International Limited**.

By telegraphic transfer

Please complete the **bank instruction letter** (page 31) and return it to us with this application form.

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.

We have arranged for the payment to be paid by **banker's draft**, as indicated below, payable to Friends Provident International Limited (Ref: policyholder). I have forwarded a certified copy of the Bank Acknowledgement Letter to Friends Provident International with this draft.

Please tick one box only.

US dollar draft, drawn on a bank in New York

Swedish krona draft, drawn on a bank in Sweden

Sterling draft, drawn on a bank in the United Kingdom

Swiss franc draft, drawn on a bank in Switzerland

Euro draft, drawn on a bank in the European Economic and Monetary Union (EMU)

Australian dollar draft, drawn on a bank in Australia

HK dollar draft, drawn on a bank in Hong Kong

Japanese yen draft, drawn on a bank in Japan

We have arranged for the payment to be paid by **telegraphic transfer** and I have forwarded a certified copy of the bank application form to Friends Provident International.

For **telegraphic transfer** reference, indicate pre-allocated policy number, if known.

Source of payment

We confirm the banker's draft/telegraphic transfer is to be paid for by debit of funds from our personal/company bank account. The details of this account are:

Sort code (if applicable)

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account name

Bank name

Bank address

Section 1: Setting up Reserve (continued)

Valuations

We confirm that we require quarterly valuations to be sent to us by electronic mail to the email address provided on page 4. A copy will be sent to our introducing financial adviser. We understand if this option is selected paper copies will not be provided to us, we will receive a valuation in digital format. If this option is selected we will also send the trade contract notes by electronic mail. All emails will be encrypted using WINZIP software and a PDF reader will be required. A password will be sent to you directly to access this file.

We confirm that we require quarterly valuations to be sent to us by post. A copy will be sent to our introducing financial adviser. We understand if this option is selected email copies will not be provided to us. If this option is selected we will also send the trade contract notes in paper format.

If both of the above boxes are left blank, valuations will be sent direct to the introducing financial adviser.

Please note for discretionary policies electronic mail is not available. Policies will be sent by post.

Investment instructions

If you would like us to place the investments within your Reserve plan, and for our appointed custodian to hold custody of them, please state your chosen investments below. If you are using the services of a discretionary fund manager, external custodian or fund platform, please leave blank. If there is insufficient room, please use a separate sheet, signed by all applicants. **Charges will be deducted from your General Transaction Account (GTA); therefore, if an overdrawn balance is to be avoided, please ensure sufficient cash is retained in line with your investment strategy.**

Currency	Units Shares/ Bonds/Cash amount	SEDOL/ISIN (essential) [†]	Full security/fund name description
<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"/>	<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"/>

[†] If no SEDOL or ISIN is provided, Friends Provident International accepts no liability for the funds selected.

Your investment options

Investment adviser (go to page 21)

Please complete this section if you would like an adviser to be the authority on your investments.

Discretionary fund manager
(go to page 25)

Please complete this section if you would like to appoint a discretionary fund manager for your investments.

Asset exchange scheme
(go to page 27)

Please complete this section if you wish to transfer an existing asset(s) into your new Reserve.

Section 1: Setting up Reserve (continued)

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 financial adviser as to the suitability of the policy to your own particular circumstances. Reserve should be regarded as a medium to long-term investment (five years or more).
- 4 Each policy is governed by and shall be construed in accordance with the laws of the Isle of Man.
- 5 Underlying fund prospectuses are available from us.

6 Specialist investment acknowledgement

Reserve gives you an investment choice from a very wide-ranging menu of investments. Some of the funds which are available to you are classed as specialist funds aimed at professional or experienced investors.

If you were investing in such a fund directly yourself, rather than through your Reserve policy, 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 the general public. Also, information relating to such investments may not

be available for distribution in certain jurisdictions. However, when the investment is made through your Reserve policy, we are 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. We recommend that you obtain, read and fully understand a copy of the prospectus/terms and conditions for your chosen investment.

Liquidity information

Some 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 the fund in the future.

Investment into specialist 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.

- 7 A politically exposed person is a natural person appointed by a foreign government or an international organisation to a high profile position, who has held that position within the last six years. It is also a family member or a close business associate of such a person. Examples are: heads of state; government ministers; senior government officials; senior judges or military officers; senior executives of publicly owned companies; important political representatives, such as an ambassador.

This applies to the applicant, policyholder, life assured, premium payer, beneficiary and any other party connected to the application.

Declarations

Attention is drawn to the following declarations. Where we have asked for information that we need to assess before we can accept your application, you must disclose all facts which are material. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal. 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 quoted the wrong terms, a claim being rejected or reduced, or the Reserve policy being invalid.

1 General declarations

On behalf of Limited ('the Company')

We, the undersigned, confirm the following:

1 That

of

is/are* the beneficial owner(s) of the Company.

Section 1: Setting up Reserve (continued)

Declarations (continued)

2 That

are the Company's appointed auditors, to whom Friends Provident International may refer for confirmation of 1 above.

That at a meeting of the Board of Directors held on the day of (month) (year)

at (place)

it was AGREED and RESOLVED THAT:

- (i) The Company has the capacity to enter into policies of Life Assurance.
- (ii) All/ Any* of the current Directors and Authorised signatories of the Company, as per the enclosed signatory list, may give all types of instructions (including without prejudice to the generality of the foregoing instructions to change underlying investments, make cash withdrawals, totally surrender the policy) relating to this policy.
- (iii) All changes in Directors and Authorised Signatories will be immediately notified to Friends Provident International in writing.
- (iv) A certified copy of the Certificate of Incorporation/Trading Certificate to be sent to Friends Provident International.

* Delete as appropriate and enter the number of signatories required on each instruction.

3 That the company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.

We declare that this application was signed in (country)

and the advice was received in (country)

and that, to the best of our knowledge and belief, all the above statements are true. We agree that they, together with any other statements made to Friends Provident International, now or in the future, shall form the basis of the policy under the laws of the Isle of Man.

We have read and understood all the printed materials relevant to this policy and we have acquainted ourselves with the management charges made by Friends Provident International.

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

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

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

We 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. We 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. We are aware that Friends Provident International is required to request the entity's tax residency and tax identification number/global intermediary identification number (where applicable), and where controlling persons are potentially reportable their tax residency, tax identification number (where applicable) and nationality and will record this information.

We understand that for reportable controlling persons, the information that will be reported to the Isle of Man Government is:

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

2 Investment declarations

Before you invest in any assets through your Reserve policy, we want to ensure that you are aware of the nature and possible risks associated with them. Would you therefore please make the following declarations:

- a) We understand that we may choose the investments to which our Reserve policy is to be linked.
- b) We acknowledge that it is our responsibility to ensure that the asset is suitable, considering our underlying investment objectives and attitude to risk.
- c) We confirm that we 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. We understand the risks associated with investing in these assets.
- d) If we choose to invest into specialist funds aimed at professional investors, I acknowledge that it is my responsibility to obtain, read and understand the fund prospectus.

Section 1: Setting up Reserve (continued)

Declarations (continued)

- e) We acknowledge that Friends Provident International is not responsible for the investment performance or any loss suffered or reduction in the value of our Reserve policy, arising from our chosen investment. Friends Provident International does not have any responsibility for the investment management of the assets within our Reserve policy and Friends Provident International does not approve any asset as a suitable investment.
- f) We acknowledge that Friends Provident International reserves the right to reject any asset, for example if certain administration criteria are not met.
- g) We acknowledge that the purchase of our investments may be delayed if Friends Provident International requires a signed declaration in respect of our chosen investments.
- h) We acknowledge our investments are processed according to the terms and conditions of the relevant institution that cash is being invested with.
- 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 policies.

3 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.

4 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.

5 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.jsp 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.

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 we consent to this use of our personal data.

Section 1: Setting up Reserve (continued)

Declarations (continued)

- 6 We acknowledge that Friends Provident International and our 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 our behalf. This agreement categorically states that the financial adviser acts as my agent, and not the agent of Friends Provident International. We acknowledge that our 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.
- 7 We can confirm that we have seen and received a personal illustration.

	First applicant (Director)	Second applicant (Director)
Signature(s) of director(s)	<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"/>
	Third applicant (Director)	Fourth applicant (Director)
Signature(s) of director(s)	<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"/>

Section 2: Investment restrictions

Investment restrictions

The following lists show the assets permitted within the collective investments and personalised assets versions of this policy. It is important that you understand which version you will be investing in and do not invest outside of these parameters.

a) Collective investments

This option allows you to invest in the following:

- UK authorised unit trusts
- UK authorised investment trusts (excluding warrants)
- open-ended investment companies
- an interest in an overseas collective investment scheme[†], that is structured as one of the following:
 - an open-ended investment company
 - a unit trust
 - any other arrangement which creates rights in the nature of co-ownership.
- hedge funds and exchange-traded funds are permitted provided they comply with one of the structures above
- cash, including bank and building society deposits.

[†] 'Collective investment' as defined in section 235 of the UK Financial Services and Markets Act 2000.

b) Personalised assets

The personalised assets option allows you to invest in the following:

- equities and fixed-interest securities (including Sukuks) quoted on most recognised stock exchanges
- unit trusts
- open-ended investment companies
- investment trusts
- government securities
- hedge funds and funds of hedge funds
- exchange traded funds and exchange traded commodities
- structured notes and deposits
- cash, including bank and building society deposits.

Section 2: Investment restrictions (continued)

Investment restrictions (continued)

We reserve the right to refuse certain assets, including:

- shares in any company which is part of the group of companies of which Friends Provident International Limited is a member
- commodities
- real property
- futures and options
- precious metals
- UK National Savings and investments products
- US and Canadian mutual funds, unless a fund is discretionary-managed
- Friends Provident International mirror funds.

This list is not exhaustive; we reserve the right to refuse any investment which we believe is unsuitable.

Friends Provident International is the beneficial owner of all of the assets held within the policy, which are held in Friends Provident International's name.

Investment adviser

For completion by the applicant(s).

Section 3: Appointment of investment adviser

Part A

Reserve policy number (if obtained)

Name of investment adviser company ('the adviser')

Address of the adviser

Declaration

We declare that we wish to appoint the adviser to be the investment adviser of the underlying assets held within our Reserve policy, in accordance with the Investment restrictions specified on page 20. We request Friends Provident International to enter into any formal agreements required by the adviser to facilitate this appointment.

Authority granted

We grant the adviser authority to act in the following capacity (please read the three options carefully before indicating the authority you have granted to your investment adviser):

Please tick one box only.

Option 1: Advisory basis only, my signed consent required

We declare that the adviser will discuss any proposed alterations to the composition of our Reserve policy with us, and Friends Provident International will only act upon investment instructions that we, as policyholder(s), have signed. **Friends Provident International will not action any instructions that have not been signed by us.**

Option 2: Advisory basis only, without signed consent

We declare that the adviser will discuss any proposed alterations to the composition of our Reserve policy with us, and obtain our agreement before any changes are made. **We authorise our adviser to submit written instructions to Friends Provident International on our behalf, without the need to obtain our signature(s) on these instructions.**

Option 3: Delegated investment management

We declare that we have delegated investment decisions to the adviser, who has complete discretionary authority, without consulting us first, to make all investment decisions to buy or sell assets, hold cash or other investments, within the boundaries of the investment restrictions detailed. **We authorise Friends Provident International to act upon the investment instructions of the adviser as if the adviser was the policyholder.**

We agree that Friends Provident International shall not be responsible for any loss or liability to our Reserve policy, as a result of the actions, or failure to take action, on the adviser's part, or the part of any legal or natural person appointed by the adviser, which gives rise to any loss in value to our Reserve policy howsoever arising.

We promise to repay to or reimburse Friends Provident International in respect of all losses, damages, liabilities, actions, proceedings, claims, costs and expenses (including legal expenses) arising from the activities of the adviser and any legal or natural person appointed by the adviser (including, but not limited to, the cost of defending in any court of law such claim, demand or action against Friends Provident International and the cost of recovering the investments held by the adviser). We authorise Friends Provident International to act upon this authority until we revoke this authority in writing.

Section 3: Appointment of investment adviser (continued)

Part B

Remuneration (please tick one box)

We have agreed with the adviser that a fee will not be paid.

We authorise Friends Provident International to make a quarterly withdrawal from the Reserve policy of GBP EUR USD Other Amount a quarter

or % a year, up to a maximum of 1.5% a year, of the value of the Reserve policy at the quarterly valuation point.

We understand that an amount equivalent to this withdrawal shall be payable by Friends Provident International to the adviser on our behalf.

Part C

Investment restrictions

I agree to the investment restrictions listed on page 20.

Part D

Fees and commissions

We are aware that certain investments the adviser makes from time to time may contain fees which exist partly to meet promotion and distribution expenses of the investment, including commission paid to our adviser. We understand that full details of any commissions paid in respect of certain investments held within the policy are available on request from our adviser.

We acknowledge that the above fees and commissions are in addition to Friends Provident International's policy charges and any investment adviser fee taken under Part B.

	First applicant (Director)	Second applicant (Director)
Signature(s) of director(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
Position	<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"/>
	Third applicant (Director)	Fourth applicant (Director)
Signature(s) of director(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
Position	<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"/>

Section 3: Appointment of investment adviser (continued)

Important note

If you are licensed to provide financial services in one of the following jurisdictions, please complete Part E below.

Australia, Canada, Gibraltar, Guernsey, Isle of Man, Jersey, Mauritius, New Zealand, South Africa, Sweden, Taiwan, United Kingdom

If you are not licensed in a country or jurisdiction listed above, please complete Part F.

Declaration

On behalf of the 'investment adviser' named in Section 3, Part A, I have read and understood the Investment options and agree to act in accordance with them. The capacity in which I will act as investment adviser will be (please indicate below by ticking the appropriate box).

Please tick one box only.

Advisory basis only, (the Directors have selected Option 1 in Part A)

I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Director(s). I understand that Friends Provident International can only act upon investment instructions that have been signed by the Director(s).

Advisory basis only, (the Directors have selected Option 2 in Part A)

I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Director(s). I understand that I must obtain the Director/Directors' agreement to any investment advice given and that I may be asked to provide such agreement to Friends Provident International, if requested.

Delegated Investment Management, (the Directors have selected Option 3 in Part A)

I confirm that I hold the appropriate authorisation enabling me to provide investment instructions to Friends Provident International and that I have the agreement of the Director(s) to issue investment instructions on their behalf.

Part E

I confirm that I am licensed by a regulatory body located in one of the following jurisdictions:

Australia, Canada, Gibraltar, Guernsey, Isle of Man, Jersey, Mauritius, New Zealand, South Africa, Sweden, Taiwan, United Kingdom

and I am required by my regulatory body to comply with legislation in accordance with (or equivalent to) the EU Money Laundering Directives.

I am regulated by

 (name of regulatory body)

in

 (country)

My regulatory licence number is

I confirm that I will comply with all legal and regulatory requirements of the country where I am licensed to provide financial advice.

I confirm that I will notify you of any changes to my authorisation including any disciplinary action taken against me.

Signature of adviser

Date

Name of adviser

For and on behalf of (name of firm)

Address of firm

Telephone number

Fax number

Email address

Section 3: Appointment of investment adviser (continued)

Part F

Identification requirements – notes

These notes apply only if Part F is completed.

The principal requirement is to look behind the corporate entity to identify those who have ultimate control over the business and company's assets. Where the shareholder is a holding company, trust or nominee, then Friends Provident International is required to look behind this to the ultimate beneficial owner and verification of identity of the ultimate beneficial owner must be obtained, together with evidence demonstrating beneficial ownership.

Verification of the identity: this is deemed to comprise:

- Certified copy of the Certificate of Incorporation.
- A list of all Directors and certified ID & VOA for two, one of which must be an executive, (we will require full name, residential address and date of birth of each director).
- Evidence of the registered office address (if this is not the address on the application we require evidence that the address is being used and confirmation of why there is a difference).
- Confirmation that the company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.
- A list of shareholders and certified ID and address verification for those holding 25% or more of the shares (we will require full name, residential address and date of birth for all shareholders).

I understand that its principal regulator requires Friends Provident International to complete an identification check on the investment adviser firm and I must provide identification requirements as in the above notes, if not previously provided, before this appointment of investment adviser form can be accepted.

I confirm that I will comply with all legal and regulatory requirements of the Isle of Man. I confirm that I will notify you of any changes to the brokerage including any disciplinary action taken against me or the company.

Signature of adviser

Date

Name of adviser

For and on behalf of (name of firm)

Address of firm

Telephone number

Fax number

Email address

Section 4: Appointment of discretionary fund manager and custodian

Part A

Reserve policy number (if obtained)	<input type="text"/>
Name of discretionary fund manager ('the manager')	<input type="text"/>
Address of the manager	<input type="text"/> <input type="text"/>
Name of custodian ('the custodian')	<input type="text"/>
Address of the custodian	<input type="text"/> <input type="text"/>

- 1 We declare that we wish for the underlying assets held within our Reserve policy to be placed in a discretionary account, which will be managed on a discretionary basis by the Manager. We further declare that we wish for the custodian or any other legal or natural person appointed by the custodian to hold safe custody of these assets.
- 2 We acknowledge that these investments are held in the name of Friends Provident International and therefore it is necessary for Friends Provident International to enter into a formal agreement ('the agreement') appointing the manager and custodian. We acknowledge that Friends Provident International may modify the agreement at its absolute discretion, for example, where the agreement allows for the provision of certain investments, which can not be held within our Reserve policy.
- 3 We acknowledge that Friends Provident International is only prepared to enter into the agreement as a result of our request to appoint the manager to manage and act as the custodian of the assets.
- 4 We agree that Friends Provident International shall not be responsible for any loss or liability to our Reserve policy, as a result of the actions, or failure to take action, on the manager's or custodian's part, or on the part of any legal or natural person appointed by the manager or custodian, which gives rise to any loss in value to our Reserve policy, howsoever arising.
- 5 We and our estates promise to repay to or reimburse Friends Provident International for all losses, damages, liabilities, actions, proceedings, claims, costs and expenses (including legal expenses) arising from the activities of the manager or custodian and any legal or natural person appointed by the manager or custodian, (including, but not limited to, the cost of defending in any court of law such claim, demand or action against Friends Provident International and the cost of recovering the investments). We agree that if Friends Provident International is obliged to pay any money to the manager or custodian under the terms of the agreement, such money shall be deducted from our Reserve policy.
- 6 We acknowledge that Friends Provident International may terminate the appointment.

Part B

We acknowledge that the manager will deduct a fee of GBP EUR USD Other Amount a quarter
or % a year

of the value of the discretionary account at the quarterly valuation point, plus Value Added Tax (VAT). We acknowledge that the provision of discretionary fund management services by UK and non-UK discretionary fund managers is subject to VAT at the applicable UK rate. We agree that if Friends Provident International is obliged to apply VAT for discretionary fund management services, such money shall be deducted from our Friends Provident International policy.

We also acknowledge that other fees, including but not limited to buying and selling, safe custody and delivery charges will be deducted from the discretionary account, in accordance with the manager's and custodian's rates for such charges in force from time to time.

Section 4: Appointment of discretionary fund manager and custodian (continued)

Part C

We wish to request that Friends Provident International appoints the manager to manage the assets contained in the discretionary account in accordance with the following investment and risk criteria:

1 Investment criteria (for example, cautious, balanced, aggressive)

2 Risk criteria (for example, low, medium, high)

3 Investment restrictions

We agree to the investment restrictions listed on page 20.

Signature(s) of Director(s)

Director

Director

Name (block capitals)

Date

Signature(s) of Director(s)

Director

Director

Name (block capitals)

Date

Section 5: Asset exchange scheme

This section must be completed if an existing asset/share portfolio is to be transferred into a new plan. A power of attorney is included to enable the transfer on your behalf if you wish (not suitable for use by directors, certain Jersey-based securities or for US securities).

Guidance notes to assist you to complete the form

The authority for asset exchange, which includes a power of attorney, is intended, once signed, to be a legally binding document. Consequently, it is essential that a number of formalities are complied with. We have set out below what we believe to be the matters which will apply to every case. There may however be other issues which apply because of your circumstances or the laws of the country in which you sign the document, and we would therefore suggest that if you have any queries you seek professional advice. The power of attorney included within this form is granted to Friends Provident International.

- 1 The document must be signed in ink by every person who is a registered holder of any of the assets listed in point 8 on page 28, in the presence of a witness.
- 2 The witness must sign the document in ink and should give his or her full name, address and occupation.
- 3 Each signature must be witnessed separately. If the same person witnesses more than one signature, the witness must give the details in respect of each signature.
- 4 If there are any alterations or changes to the document, each one should be initialled (in the margin) by all signatories and all witnesses.
- 5 If it is necessary to use any supplementary sheets, these should also be signed by all signatories and witnesses, and dated.

Authority for asset exchange

- 1 As the registered owner(s) of the assets listed below ('the assets'), we in connection with our application for a Reserve policy we hereby irrevocably authorise Friends Provident International and Citibank** (as Friends Provident International's appointed nominee/custodian):
 - a) To enter in the schedule printed after this authority the current holdings of assets represented by the certificates listed below.
 - b) To transfer any or all of these funds to the relevant managers on my behalf at its absolute discretion and to account to me for the full value of the transfer.
 - c) To transfer any or all of these securities on my behalf at its absolute discretion.

**Citibank may also operate under the name VIDACOS, and/or Fundsettle.
- 2 We understand that the exchange of these assets/shares may result in a capital gains tax liability, depending on our country of residence, and we further understand that no allowance will be made for the discharge of this liability, which we shall have to meet from other sources.
- 3 We understand that any transfers effected under 1 b) or c) above will normally take place as soon as possible following receipt of this completed authority, the relevant share certificates and/or other documents of title and signed application form(s).
- 4 We undertake that we shall account to Friends Provident International for all dividends, interest or other rights or benefits received or receivable by us and to which the purchaser or transferee of the said assets is entitled, and to ensure that such purchaser or transferee shall be entitled to exercise all rights, whether voting or otherwise, in respect of the said assets.
- 5 Power of attorney †

For the purpose of carrying the foregoing into effect we hereby appoint Friends Provident International and Citibank (as Friends Provident International's appointed nominee/custodian) as our attorney on our behalf to execute or sign any such deed, transfer or other document as may be required for carrying into effect any of the transfers or other matters authorised hereunder in the same manner and as fully and effectively in all respects as we could do if personally present.

† N.B. This authority is not suitable for use by directors, or for certain Jersey-based securities, or for US Securities.

Please provide a signed cover letter from the directors.
- 6 We hereby undertake to ratify everything that Friends Provident International shall do or purport to do under the said power and upon request, to sign and return to Friends Provident International forthwith, all documents necessary to effect such transfers. We hereby confirm that we have all the necessary power and authority to transfer the assets and that none of them is subject to any lien, charge or encumbrance or third party rights. We confirm that we are not a director/directors* (or closely related to a director) of or employed by a company which has issued any of the assets nor of a subsidiary (as defined in Section 1159 of the United Kingdom Companies Act 2006) of such company. We promise to repay to or reimburse Friends Provident International in respect of all losses, damages, liabilities, actions, proceedings, claims, costs and expenses (including legal expenses) arising from or in connection with this authority.
- 7 We understand that for the purpose of the asset exchange scheme we are an execution only customer of Friends Provident International (within the context 'execution only' means that advice is not sought by the investor or given to the investor by Friends Provident International in relation to the transfer of these assets).

Section 5: Asset exchange scheme (continued)

Important notes

- a) This form must be signed by every person who is a registered holder of any of the assets listed in point 8 on page 28.
- b) The form must also be signed by a witness.
- c) List the funds you wish to transfer into your Reserve plan. Each fund **must** have a **minimum value of GBP 5,000** or the equivalent in other currencies.
- d) The stock transfer forms may be sent to HMRC Stamp Duty Office. When they are received back from HMRC (this can take several weeks) the following documents are sent to the registrars for re-registration:

- i) Stock transfer form
- ii) Certificate
- iii) Certified true copies of the power of attorney and form of authority for fund transfer.

Confirmation should then be issued by the registrar that the stock is registered into the nominee name of Citibank (as Friends Provident International's appointed nominee/custodian), and sent to us for retention.

Signed as a deed and delivered

	Signature	Signature
Signatures	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>
Date	Dated this <input style="width: 20px;" type="text"/> day of <input style="width: 50px;" type="text"/> 20 <input style="width: 20px;" type="text"/>	Dated this <input style="width: 20px;" type="text"/> day of <input style="width: 50px;" type="text"/> 20 <input style="width: 20px;" type="text"/>
Full name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

In the presence of

	Signature	Signature
Signatures of witness	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>
Date	Dated this <input style="width: 20px;" type="text"/> day of <input style="width: 50px;" type="text"/> 20 <input style="width: 20px;" type="text"/>	Dated this <input style="width: 20px;" type="text"/> day of <input style="width: 50px;" type="text"/> 20 <input style="width: 20px;" type="text"/>
Full name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Occupation/Capacity [†] of witness	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

[†] If a Jersey stock is included in the schedule, the witness must be one of the following:

- a notary public
- a judge
- a justice of the peace
- a magistrate
- the mayor or chief officer of any city or municipal corporation
- a commissioner authorised to take oaths or affidavits
- a barrister
- a solicitor of the Senior Courts of England and Wales
- the British consulate, consul or vice-consul (or a person for the time being discharging the duties of any such officer) in any foreign country.

Section 5: Asset exchange scheme (continued)

The following section is to be completed by the adviser. Failure to do so could result in delays to the transfer process.

10 In order for us to arrange delivery of the holdings in a timely manner, please provide the following:

- Up-to-date statement of holdings
- ISIN or applicable identifier code for each holding
- How are the client’s holdings currently held?

In the client’s own name

Through a counterparty/
other service provider

- Contact details

Registrar – The company responsible for the upkeep of a company’s register.

Name

Address

Telephone number

Email address

Fund manager – The company responsible for the administration of a particular fund.

Name

Address

Telephone number

Email address

Counterparty – A service provider, offering investment services.

Name

Address

Telephone number

Email address

- Re-registration details for the necessary parties, for each of the holdings (available from the applicable registrar/fund manager/counterparty).

Please note – the settlement period of transfers may vary significantly, as once our instruction is in place there is reliance upon third party administrators to complete the process.

Any charges requested by third parties to enact a transfer will be passed on to you.

Bank instruction letter

Please use block capitals.

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.

Name and full postal address of your bank

To: The Manager

(Bank)

Bank address

 (postcode, if applicable)

Account number

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

Account holder's name

Sort code (if applicable)

 - -

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Section A

Dear Sir,

On our behalf, please remit to: Isle of Man Bank Limited, East Region, Douglas, Sort code: 60-95-45, Swift code: RBOSIMD2, IBAN: GB86RBOS60954540038965, Account name: **Friends Provident International Limited**, Account number: 9545-40038965, 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 EUR USD Other (figures)

GBP EUR USD Other (words)

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

Yours faithfully,

Signature(s) of applicant(s)

Date

Our address

Section B (to be completed by Friends Provident International)

This reference number must be quoted by the bank on all advices.

Verification of identity, address and source of wealth accumulation

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.

Step 1

Verify the identity of the Company

The required documents to verify identity are:

- Copy of Certificate of Incorporation*
- Copy of director list (we will require full name, residential address and date of birth of each director)
- Copy of Share Register*
- Verification of identity for an Executive Director, a Non-Executive Director and any shareholder holding 25% or more of the shares (please refer to **Step 2**)*
- Verification of address for an Executive Director, a Non-Executive Director and any shareholder holding 25% or more of the shares (please refer to **Step 3**)*
- Evidence of the registered office address (if this is not the address on the application we require evidence that the address is being used and confirmation of why there is a difference)*
- Confirmation that the company has not been, or is not in the process of being dissolved, struck off, wound up or terminated
- Copy of latest annual report and accounts*
- Copy of signatory list and signing powers*

* These documents must be certified (please refer to **Step 4**)

Step 2

Verify the identity of each applicant

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:

- a driving licence with photograph
- an 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 4**).

Step 3

Verify the address of each applicant

We will also require an original or certified copy of a document, to verify each director's/shareholders's residential address (please refer to **Step 4**). 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 three months, unless the document used to verify address is only issued on an annual basis. Examples include:

- a utility bill, (water, gas, electricity, landline telephone connection) rates invoice, council tax notification; or
Please note, mobile telephone bills, cable TV bills and internet service provider's bills are not acceptable as evidence of address.
- a current driving licence with photograph; or
- a tax assessment document; or
- an extract from the official Registrar of Electors; or
- a bank account statement.
Please note, statements of credit cards and non-bank cards, such as store cards, are not acceptable.
- a state pension, benefit or other government-produced document showing benefit entitlements; or
- a letter from the applicant's employer, confirming their residential address and the policyholder's position within the company. Where the applicant has accompanied a partner or spouse on a work assignment or policy, and they are also an applicant, an employer may confirm the address of a non-employee where a relationship is detailed. If the applicant (or spouse) 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; or
- a mortgage statement.

These documents must be certified (please refer to **Step 4**).

Step 4

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 Isle of Man Financial Services Authority, Friends Provident International'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)
Position or capacity (the position or capacity of the certifier)
Date (the date of certification)

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?

The adviser you have appointed, who has recommended this product to you.

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 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 also write a statement onto the document to the effect that:

'I certify that the address stated on this document is a true translation of the English address written on the application form'

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 5

Background

Isle of Man authorised life companies are required by the Financial Services Authority to make enquiries as to how a client applying for one of our products has acquired the monies that will be invested. 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. Incorrect certification of documents is one of the main reasons for delays in processing applications.

Information to be provided

On pages 12 to 14 of this application form, you should clearly explain how you have acquired the wealth that you will use to pay your premiums.

Supporting documentation to evidence source of wealth

We use both the premium size and your residential location to identify when applications require documentary evidence. Evidence will be required where the premium is on or above the limits.

Premium 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 our website.

You will need to combine the premium levels indicated in the premiums 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 premium moves the total cumulative premium 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 directors, the same source of wealth information as above should be provided for the settlor and settled monies.

Friends Provident International is a business name for Friends Provident International Limited.

The information given in this document is based on the understanding of Friends Provident International of current law and Isle of Man taxation practice, which may change in the future. No liability can be accepted for any personal tax consequences of this policy or for the effect of future tax or legislative changes. We do not condone tax evasion and our products and services may not be used for evading your tax liabilities.

Investment involves risk. Past performance should not be viewed as a reliable guide of future performance. 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. 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 deposit accounts are unlikely to apply in the event of failure of such an investment held within insurance policies.

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

Some telephone communications with Friends Provident International are recorded and may be randomly monitored.

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 your investment will be subject to the non-exclusive jurisdiction of the courts of the United Arab Emirates.

Copyright © 2018 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. **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.