

Additional single premium (top-up) unit linked products

For single premium products only.

This application form is only for use with the following products. Please tick the relevant box for your product and give the policy number.

| | | | |
|----------------------------------|--------------------------|---------------|----------------------|
| Elite | <input type="checkbox"/> | Policy number | <input type="text"/> |
| International Investment Account | <input type="checkbox"/> | Policy number | <input type="text"/> |
| Summit | <input type="checkbox"/> | Policy number | <input type="text"/> |
| Zenith | <input type="checkbox"/> | Policy number | <input type="text"/> |
| Other | <input type="checkbox"/> | Policy number | <input type="text"/> |

Financial adviser details

| | |
|---|----------------------|
| Company name | <input type="text"/> |
| Friends Provident International agency number | <input type="text"/> |

Contact details for acknowledgement/queries on the application.

| | |
|------------------|----------------------|
| Contact name | <input type="text"/> |
| Telephone number | <input type="text"/> |
| Email address | <input type="text"/> |

Details of Policyholder(s)

To be completed by each investor who is the current Policyholder.

Please provide all relevant information and documentation so that we can process your application as soon as possible. Further information may be required during the validation process (i.e. questions arising from the information provided).

If you make any mistakes whilst completing this form, please cross out the error and write the new information as clearly as possible and please initial any correction.

| | First (or only) Policyholder | Second Policyholder |
|---|--|--|
| 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 passport/ID card) | <input type="text"/> | <input type="text"/> |
| 3 First name(s) (as shown on passport/ID card) | <input type="text"/> | <input type="text"/> |
| 4 Residential address | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 5 How long have you lived at this address? | <input type="text"/> | <input type="text"/> |
| 6 Correspondence address (if different to residential address) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 7 Home telephone number | <input type="text"/> | <input type="text"/> |
| 8 Office telephone number | <input type="text"/> | <input type="text"/> |
| 9 Mobile number | <input type="text"/> | <input type="text"/> |
| 10 Email address (mandatory) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 11 Nature of business | <input type="text"/> | <input type="text"/> |
| 12 Position or occupation (if retired please state former occupation) | <input type="text"/> | <input type="text"/> |

Total premium

I wish to pay GBP EUR USD Other Amount

Please refer to the relevant principal brochure for the minimum premium.

Payment methods

Option 1

Use this option if you are paying by personal 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 personal cheque

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

By telegraphic transfer

Please complete the **bank instruction letter** which is available on our website or from your financial adviser 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.

I 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.

Investment instructions for Elite, Summit, Zenith and International Investment Account this option can only be used with banker's drafts for USD, GBP, EUR and HKD.

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

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

For **telegraphic transfer** reference, indicate policy number

(Top-ups, plans already exist so policy number always known)

Source of payment

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

Sort code (if applicable)

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account name

Bank name

Bank address

Politically-exposed person information

If you the applicant or any party connected to this application, could be defined as a politically exposed person (PEP) please provide details:

A PEP is a person appointed by a foreign government or an international organisation to a high profile position, who has held that position within the last two 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 publically owned companies; important politically representatives, such as an ambassador.

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

| | |
|---|----------------------|
| Name | <input type="text"/> |
| Connection to policy | <input type="text"/> |
| Position held as a PEP | <input type="text"/> |
| In what country was/is the position held? | <input type="text"/> |

Investment instructions for Elite, Summit, Zenith and International Investment Account

Please leave this section blank if you wish your existing fund choice to remain unchanged. If you want to change your fund choice, please indicate the funds in which you wish your additional premium to be invested, up to a maximum of 10. Please state the percentage of each investible premium you wish to be invested in each fund. Please note we can only accept whole percentages.

| Fund code | Mirror fund | % of premium |
|----------------------|----------------------|------------------------|
| <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"/> % |
| | | Total 100% |

Please use whole percentages only and make sure that the total is 100%.

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 Source of wealth.

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

If self-employed or a company share owner, please refer to 'Company profits' following.

| | | | |
|--------------------------|-----------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> | Current annual salary | Currency <input type="text"/> | Amount <input type="text"/> |
| | Employer's name | <input type="text"/> | |
| | Employer's address | <input type="text"/> | |
| | | <input type="text"/> | |
| | Nature of business | <input type="text"/> | |

Maturity or surrender of life policy

| | | | |
|--------------------------|-------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> | Amount received | Currency <input type="text"/> | Amount <input type="text"/> |
| | Policy provider | <input type="text"/> | |
| | Policy number/reference | <input type="text"/> | |
| | Date of maturity or surrender | <input type="text"/> | <input 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 type="text"/> | |
| | | <input type="text"/> | |
| | Name of seller | <input type="text"/> | |
| | Length of time held | Years <input type="text"/> | Months <input type="text"/> |
| | Sale amount | Currency <input type="text"/> | Amount <input type="text"/> |
| | Date funds received | <input type="text"/> | <input type="text"/> |

Sale of property

| | | | |
|--------------------------|-----------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> | Sold property address | <input type="text"/> | |
| | | <input type="text"/> | |
| | | <input type="text"/> | |
| | Date of sale | <input type="text"/> | <input type="text"/> |
| | Total sale amount | Currency <input type="text"/> | Amount <input type="text"/> |

Company sale

| | | | |
|--------------------------|--------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> | Company name | <input type="text"/> | |
| | Nature of business | <input type="text"/> | |
| | Date of sale | <input type="text"/> | <input type="text"/> |
| | Total sale amount | Currency <input type="text"/> | Amount <input type="text"/> |
| | Client's share | <input type="text"/> % | |

Source of wealth (continued)

Inheritance

| | | |
|--------------------------|---------------------------|---|
| <input type="checkbox"/> | Name of deceased | <input style="width: 100%;" type="text"/> |
| | Date of death | <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/> |
| | Relationship to applicant | <input style="width: 100%;" type="text"/> |
| | Date received | <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/> |
| | Total amount | Currency <input style="width: 20%;" type="text"/> Amount <input style="width: 60%;" type="text"/> |
| | Solicitor's name | <input style="width: 100%;" type="text"/> |
| | Solicitor's firm's name | <input style="width: 100%;" type="text"/> |
| | Solicitor's address | <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> |

Divorce settlement

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Date funds received | <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/> |
| | Total amount received | Currency <input style="width: 20%;" type="text"/> Amount <input style="width: 60%;" type="text"/> |
| | Name of divorced partner | <input style="width: 100%;" type="text"/> |

Company profits

| | | |
|--------------------------|-------------------------|---|
| <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 style="width: 20%;" type="text"/> Amount <input style="width: 60%;" 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 style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> |
| | Length of time the assets have been held | Years <input style="width: 20%;" type="text"/> Months <input style="width: 20%;" 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 style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/> |
| | Total amount | Currency <input style="width: 20%;" type="text"/> Amount <input style="width: 60%;" type="text"/> |
| | Relationship to applicant | <input style="width: 100%;" type="text"/> |
| | Donor's source of wealth | <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> |

Source of wealth (continued)

Employer paying premium

Please provide the following:

- Employer letter

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | Country of incorporation | <input style="width: 100%;" type="text"/> |
|--------------------------|--------------------------|---|

| | |
|----------------------|---|
| Incorporation number | <input style="width: 100%;" type="text"/> |
|----------------------|---|

Retirement income

| | | | | |
|--------------------------|-----------------|---|---|---|
| <input type="checkbox"/> | Retirement date | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | <input style="width: 60px;" type="text"/> |
|--------------------------|-----------------|---|---|---|

| | |
|---------------------|---|
| Previous occupation | <input style="width: 100%;" type="text"/> |
|---------------------|---|

| | |
|-------------------------------|---|
| Name of last (final) employer | <input style="width: 100%;" type="text"/> |
|-------------------------------|---|

| | |
|----------------------------------|---|
| Address of last (final) employer | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> |

| | |
|-----------------------|---|
| Pension income source | <input style="width: 100%;" type="text"/> |
|-----------------------|---|

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%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" 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%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> |
| | <input style="width: 100%;" type="text"/> |

Supporting documentation to evidence source of wealth

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

Contribution levels and country risk ratings are subject to alteration and for that reason you will need to refer to the contribution limits table published on our website.

You will need to combine the contribution levels indicated in the contribution 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 contribution moves the total cumulative contribution on, or higher, than the contribution 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.

Declaration

I declare that this application was signed in (country)

and the advice was received in (country)

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

First (or only) applicant

Second applicant

Signature(s) of applicant(s)

Name (block capitals)

Date

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.

Important information

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

Investment involves risk. Past performance should not be viewed as a reliable guide of future performance. Fund prices may go up and down depending 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 contracts.

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 or interrupted.

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

Copyright © 2019 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.