



Trustee Application form

For use with the following products:

- Reserve Please tick appropriate product. Complete sections relating to your product choice.
- Summit

Financial adviser and policy details

Company name

Friends Provident International agency number

Advisor/Consultant name

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 ensure that all relevant certified documentation is enclosed with this application

(For Reserve Only) Personal Charging Structure illustration

For each trust

Copy of 'Appointment of Trustees' document (usually the Trust Deed or Declaration)

For each individual trustee

Verification of identity

Verification of address such as utility bill (or suitable alternative)

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.

For corporate trustees

Copy of Certificate of Incorporation **Copy of latest audited accounts**

Copy of Share Register **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).

Please supply ID for directors, one of which must be an executive director

Director 1: Verification of identity **Director 1: Verification of address**

Director 2: Verification of identity **Director 2: Verification of address**

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

Copy of directors list

Source of wealth supporting documentation (where required)

* suitably certified as being a true copy

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

- the relevant Principal brochure
- the relevant Product guide, where appropriate
- the relevant Fund Pricing leaflet.

Specimen policy conditions are available from us on request.

If you are a corporate trustee, please complete Section 1, Part A. If you are not, please complete Section 1, Part B.

Please complete all other details in Section 1.

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 (for Reserve only)

- Capital redemption **Please ensure your Personal Charges illustration reflects the structure of your bond.**
- Whole of life

Your investment structure (for Reserve only)

- Collective
- Personalised **Personalised investment structure is only available to non-UK residents. For an explanation of these terms, refer to page 35.**

Discretionary Fund Manager (for Reserve only)

Do you wish to appoint a Discretionary fund manager?

- Yes – full Yes – partial **If Yes, please complete the 'Appointment of discretionary fund manager and custodian' form on page 40.**
- No

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 premium(s). 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 42.

Please write in ink and use block capitals.

Section 1: Setting up your policy

Part A: Corporate trustees

Company name	<input type="text"/>
Registered address	<input type="text"/> <input type="text"/>
Country of registration	<input type="text"/>
Registration number	<input type="text"/>
Regulated by	<input type="text"/>
Authorisation number	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email address (mandatory)	<input type="text"/>
Correspondence address (if different from above)	<input type="text"/> <input type="text"/>
Correspondence address phone number	<input type="text"/>
Contact name	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<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 20 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.

Section 1: Setting up your policy (continued)

Part A: Directors' details

(If there are more than four directors, please provide details on a separate sheet.)

	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 First name(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 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Nationality	<input type="text"/>	<input type="text"/>
10 Email address (mandatory)	<input type="text"/> <input type="text"/>	<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 First name(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 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Nationality	<input type="text"/>	<input type="text"/>
10 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

To be completed if the applicant(s) is/are a non-corporate trustee(s).

Please refer to 'What you need to provide' for requirements to support verification of identity and address on page 42.

Please write in ink and use block capitals.

Section 1: Setting up your policy (continued)

Part B: Trustee for correspondence (continued)

1 Title	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"/>				
3 First name(s) (as shown on ID card/passport)	<input type="text"/>				
4 ID card/Passport number	<input type="text"/>				
5 Country of issue	<input type="text"/>				
6 Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 Residential address	<input type="text"/>				
8 Email address (mandatory)	<input type="text"/>				
9 Home telephone number	<input type="text"/>				
10 Work telephone number	<input type="text"/>				
11 Mobile number	<input type="text"/>				
12 Fax number	<input type="text"/>				

13 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 1	<input type="text"/>
	Tax identification number	<input type="text"/>
	Country 2	<input type="text"/>
	Tax identification number	<input type="text"/>

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. 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.

14 In which countries do you have nationality/citizenship status? If you have more than one nationality/citizenship status, please set out all countries of which you are a national/citizen, as well as the relevant tax identification number(s) where applicable. Please continue on a separate piece of paper, if necessary.	Country 1	<input type="text"/>
	Tax identification number	<input type="text"/>
	Country 2	<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.

Section 1: Setting up your policy (continued)

Part B: Trustee for correspondence (continued)

15 Position or occupation (if retired, please state former occupation)

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 20 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.

Part B: Other trustees

(If there are more than five trustees, please provide details on a separate sheet.)

	Second trustee	Third trustee
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 First name(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 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10 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 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>

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. 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.

Section 1: Setting up your policy (continued)

Part B: Other trustees (continued)

11 In which countries do you have nationality/citizenship status? If you have more than one nationality/citizenship status, please set out all countries of which you are a national/citizen, as well as the relevant tax identification number(s), where applicable. Please continue on a separate piece of paper, if necessary.

Country 1

Tax identification number

Country 2

Tax identification number

Country 1

Tax identification number

Country 2

Tax identification number

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.

12 Position or occupation (if retired, please state former occupation)

Fourth trustee

Fifth trustee

1 Title

Mr Mrs Miss Ms

Mr Mrs Miss Ms

Other

Other

2 Surname (as shown on ID card/passport)

3 First name(s) (as shown on ID card/passport)

4 ID card/Passport number

5 Country of issue

6 Date of birth (DD/MM/YYYY)

7 Country of residence

8 Residential address

Section 1: Setting up your policy (continued)

Part B: Other trustees (continued)

	Fourth trustee	Fifth trustee
9 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10 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 1 <input type="text"/>	Country 1 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
	Country 2 <input type="text"/>	Country 2 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
<p>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. 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.</p>		
11 In which countries do you have nationality/citizenship status? If you have more than one nationality/citizenship status, please set out all countries of which you are a national/citizen, as well as the relevant tax identification number(s), where applicable. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/>	Country 1 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
	Country 2 <input type="text"/>	Country 2 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
<p>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.</p>		
12 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

Section 1: Setting up your policy (continued)

Part C: Entity tax compliance questionnaire

Please answer **all** questions.

1 Is the applicant a US specified person? Yes No **If Yes, please state the tax identification number below.**

2 Is the applicant UK resident? Yes No **If Yes, please state the tax identification number below.**

If you have answered No to either of the above, please state the countries where the trust is resident for tax purposes.

Country 1

Tax identification number

Country 2

Tax identification number

3 Is the applicant a Financial Institution issued with a GIIN? Yes No **If Yes, please indicate GIIN number**

If a GIIN is yet to be issued, please notify us when received.

4 Is the applicant a financial institution without a GIIN? Yes No **If Yes, please state the reason. If you have answered Yes, you may wish to contact us prior to submitting this application.**

5 Is the applicant a trustee of a UK pension scheme registered under Part 4 of the Finance Act 2004? Yes No

6 Is the applicant exempt from FATCA/UK IGA reporting? Yes No **If Yes, please state the reasons.**

7 Is the applicant a trustee documented trust? Yes No **If Yes, please indicate the sponsoring entity's GIIN number.**

8 Is the applicant an actively trading non-financial institution (including trading companies)? Yes No

9 Is the applicant a non-trading entity (including family trusts where a professional trustee is not being used, and investment holding companies)? Yes No **If Yes, complete pages 11, 12 and 13 for all controlling persons. Please note that you do not need to provide information for those who have already been included in Section 1, Part B.**

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

Section 1: Setting up your policy (continued)

Part D: Controlling persons details

For a Trust, this includes Settlor, Trustee, Protector (if any), beneficiaries of absolute trusts with 25% or more entitlement and any other person who can exercise overall control over the Trust.

	Controlling person 1	Controlling person 2
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 Name (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 ID card/Passport number	<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 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 1 <input type="text"/>	Country 1 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
	Country 2 <input type="text"/>	Country 2 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
<p style="color: blue; font-weight: bold;">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. 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.</p>		
7 In which countries do you have nationality/citizenship status? If you have more than one nationality/citizenship status, please set out all countries of which you are a national/citizen, as well as the relevant tax identification number(s) where applicable. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/>	Country 1 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
	Country 2 <input type="text"/>	Country 2 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
<p style="color: blue; font-weight: bold;">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.</p>		
8 What makes this individual a controlling person?	<input type="text"/>	<input type="text"/>
9 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

Section 1: Setting up your policy (continued)

Part D: Controlling persons details (continued)

	Controlling person 3	Controlling person 4
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 Name (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 ID card/Passport number	<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 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 1 <input type="text"/>	Country 1 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
	Country 2 <input type="text"/>	Country 2 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
<p style="color: blue; font-weight: bold;">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. 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.</p>		
7 In which countries do you have nationality/citizenship status? If you have more than one nationality/citizenship status, please set out all countries of which you are a national/citizen, as well as the relevant tax identification number(s) where applicable. Please continue on a separate piece of paper, if necessary.	Country 1 <input type="text"/>	Country 1 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
	Country 2 <input type="text"/>	Country 2 <input type="text"/>
	Tax identification number <input type="text"/>	Tax identification number <input type="text"/>
<p style="color: blue; font-weight: bold;">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.</p>		
8 What makes this individual a controlling person?	<input type="text"/>	<input type="text"/>
9 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

Section 1: Setting up your policy (continued)

Part E: Politically exposed persons

If you, the trustee, or any party connected to this application, could be defined as a politically exposed person (PEP) (for examples and guidance, refer to important notes), please provide details.

1 Title	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"/>				
3 First name(s) (as shown on ID card/passport)	<input type="text"/>				
4 Connection to policy	<input type="text"/>				
5 Position held as a PEP	<input type="text"/>				
6 In what country is/was the position held?	<input type="text"/>				

Section 1: Setting up your policy (continued)

Part F: Lives assured details

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

Please leave blank if Capital Redemption option is chosen.

	First Life Assured	Second Life Assured
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"/>
Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Relationship to trust	<input type="text"/>	<input type="text"/>
	Third Life Assured	Fourth Life Assured
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"/>
Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Relationship to trust	<input type="text"/>	<input type="text"/>

Section 2: Policy details

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="checkbox"/>	Amount	<input style="width: 100px;" 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"/>			
	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: 100px;" 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: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" 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"/>			
	Name of seller	<input style="width: 100%;" type="text"/>			
	Length of time held	Years	<input style="width: 30px;" type="text"/>	Months	<input style="width: 30px;" type="text"/>
	Sale amount	Currency	<input type="checkbox"/>	Amount	<input style="width: 100px;" type="text"/>
	Date funds received	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

Sale of property

<input type="checkbox"/>	Sold property address	<input style="width: 100%;" type="text"/>			
		<input style="width: 100%;" type="text"/>			
	Date of sale	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
	Total sale amount	Currency	<input type="checkbox"/>	Amount	<input style="width: 100px;" 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: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
	Total sale amount	Currency	<input type="checkbox"/>	Amount	<input style="width: 100px;" type="text"/>
	Client's share	<input style="width: 50px;" type="text"/> %			

Section 2: Policy details (continued)

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 (Reserve only).

<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 Months

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"/>

Section 2: Policy details (continued)

Source of wealth (continued)

Employer paying premium

Country of incorporation

Please provide the following:

- Employer letter

Incorporation number

If the applicant /premium payer owns or part owns the Employer company, refer to 'Company profits' on the page 16

Retirement income

Retirement date

Previous occupation

Name of last (final) employer

Address of last (final) employer

Pension income source

Fixed deposit – savings

Name of institution where savings held

Date account established

Details of how savings acquired

Dividend payment

Date of receipt of dividend

Total amount received

Currency Amount

Name of Company paying dividend

Length of time the shares have been held in the Company

Years Months

Other source of wealth

Please provide as much detail as possible.

Section 2: Policy details (continued)

Total premium

We wish to invest GBP USD EUR Other Amount

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

Reserve only: In the event of Asset Exchanges, please complete the asset exchange form which is available from your financial adviser.

Note: For Summit only USD, GBP, EUR and HKD currencies can be used.

Number of policy segments

For **Reserve**, please indicate number of policy segments required **(Maximum 100, minimum 1)**
If this box is left blank, then 100 policies will be issued.

For **Summit**, please indicate number of policy segments required **(Maximum 25, minimum 5)**
If this box is left blank, then 5 policies will be issued.

Plan currency

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

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

Note: For Summit only USD, GBP, EUR and HKD currencies can be used.

Optional withdrawals

Investors may choose to receive a regular income from their policy. The current minimum individual withdrawals are provided in the relevant product brochure. The level of withdrawals may be varied or stopped altogether by giving written notice to Friends Provident International Limited (Friends Provident International).

For Reserve only: regular withdrawals must be funded by either available cash in the General Transactions Account or by the provision of a dealing instruction. Failure to ensure available funds could result in delays with regular withdrawal payments. **No asset will be sold to meet regular withdrawals without instructions.**

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 USD EUR Other Amount

Payable (tick one box only) Monthly Quarterly Half-yearly Yearly

Commencing (tick the date which applies) 1st 14th of (month) (year)

We request Friends Provident International to pay the benefits by telegraphic transfer. Please transfer the benefits into my/our account (must be policyholder’s account).

Section 2: Policy details (continued)

Optional withdrawals

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"/>

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** (page 33 or 34) 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). We have forwarded a certified copy of the Bank Acknowledgement Letter to Friends Provident International with this draft.

Please tick one box only.

<input type="checkbox"/> US dollar draft, drawn on a bank in New York	<input type="checkbox"/> Swedish krona draft, drawn on a bank in Sweden	<input type="checkbox"/>
<input type="checkbox"/> Sterling draft, drawn on a bank in the United Kingdom	<input type="checkbox"/> Swiss franc draft, drawn on a bank in Switzerland	<input type="checkbox"/>
<input type="checkbox"/> Euro draft, drawn on a bank in the European Economic and Monetary Union (EMU)	<input type="checkbox"/> Australian dollar draft, drawn on a bank in Australia	<input type="checkbox"/>
<input type="checkbox"/> HK dollar draft, drawn on a bank in Hong Kong	<input type="checkbox"/> Japanese yen draft, drawn on a bank in Japan	<input type="checkbox"/>

Note: For Summit only USD, GBP, EUR and HKD currencies can be used.

We have arranged for the payment to be paid by **telegraphic transfer** and we 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

Section 2: Policy details (continued)

Payment methods (continued)

Option 2 (continued)

Source of payment

I confirm the banker's draft/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

Valuations (for Reserve only)

We confirm that we require quarterly valuations to be sent to us by electronic mail to the email address provided on pages 4 or 6. 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, and we will receive a valuation in digital format. If this option is selected we will also be sent 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 us 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 be sent 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.

Section 2: Policy details (continued)

The following investment options are for Reserve only.

Investment instructions (For Reserve only)

If you would like Friends Provident International to place your investments for you, please indicate the assets for your Reserve to invest into below. If there is insufficient room, please use a separate sheet, signed by all applicants. **Charges will be deducted from the General Transaction Account; 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

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

Your investment options (For Reserve only)

Investment adviser (go to page 36)

Please complete this section if the Trustees would like an investment adviser to take authority of the investments.

Discretionary fund manager and custodian (go to page 40)

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

Section 2: Policy details (continued)

The following investment options are for Summit only.

Choice of funds (Summit only)

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

Fund code	Fund	Percentage 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%

The following declarations are for Reserve only. For Summit, please go to page 28.

Important notes – Reserve

- 1 A specimen policy document and/or copy of this completed form are available on request.
- 2 You are advised to satisfy yourself/selves that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the policy.
- 3 You should seek guidance from your independent financial adviser as to the suitability of the policy to your own particular circumstances. Reserve should be regarded as a medium to long-term investment.
- 4 Each policy is governed by and shall be construed in accordance with the laws of the Isle of Man.
- 5 A politically exposed person is a person who is or has been entrusted with prominent public functions. This includes: head of state, head of government, minister or deputy or assistant minister, senior government official, member of parliament, senior politician, important political party official, senior judicial official, member of a court of auditors or the board of a central bank, ambassador, chargé d'affaires or other high-ranking officer in a diplomatic service, high-ranking officer in an armed force, senior member of an administrative, management or supervisory body of a state-owned enterprise, senior member of management of, or a member of, the governing body of an international entity or organization or honorary consul. A politically exposed person is also a family member or a close associate of such a person.

This applies to the applicant, policyholder, life assured, payer of the payment, beneficiary or any other party connected to this application.

Please refer to the Isle of Man Anti-Money-Laundering and Countering the Financing of Terrorism Code 2015 for the full definition of a “politically exposed person”, and in particular, further elaboration on whether a person is a “family member” or a “close associate”.

6 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 are available from the fund manager or your 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 financial adviser, should consider the amount you invest via your policy if it is likely that you will need access to your capital quickly in the future.

Declarations (continued)

Declarations – Reserve (continued)

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 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 policies are to be linked.
- b) We acknowledge that it is our responsibility to ensure that the asset is suitable, considering our investment objectives and attitude to risk.
- c) We confirm that we understand certain assets may have restrictions on their ability to raise cash in the future, and that further details are included in the prospectus or terms and conditions for the respective investment. We understand the risks associated with investing in these assets.
- d) If we choose to invest into specialist funds aimed at professional investors, we acknowledge that it is our responsibility to obtain, read and understand the fund prospectus.
- 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 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 that 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.

Declarations (continued)

Declarations – Reserve (continued)

2 General declarations

We, the current Trustees of the trust created on the day of (month) (year)
 (name of the trust)

(by the Settlor)

(Please include a certified copy of the Trust Settlement/
Declaration of Trust.)

Full name

Nationality

Address

or

Date of birth

Date of death (if applicable)

confirm the following to Friends Provident International:

- That we have the necessary powers of investment to invest in policies of life assurance.
- That the Trustees detailed in Section 1 of this application form are the current Trustees of the trust.
- The principal beneficiary/ies is/are:

Full name

Nationality

Address

Date of birth

Full name

Nationality

Address

Date of birth

(If there are more than two beneficiaries, please provide details
on a separate sheet.)

- The nature and purpose of the Trust is

- That without prejudice to the generality of this clause, all Trustees (or in the case of a Corporate Trustee, the required number of authorised signatories) must sign all types of instructions (for example, instructions to change underlying investments, make cash withdrawals, total surrender of the policy).

- That we will advise Friends Provident International in writing immediately of any changes in the trustees.

- The protector (if applicable) of the Trust is

Full name

Nationality

Address

Date of birth

Declarations (continued)

Declarations – Reserve (continued)

3 Premium tax/withholding tax

We acknowledge that in the event of any premium tax or withholding tax being levied in our country of residence, it will be our responsibility to increase the premium by an appropriate amount or to settle the liability directly with the relevant tax authorities.

4 Cancellation rights

You will be able to cancel your investment up to 30 days from the day you receive the cancellation notice as described below. 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.

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.

6 Financial adviser

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 our 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.

Declarations (continued)

Declarations – Reserve (continued)

7 Fees and commissions

We are aware that certain investments the financial adviser makes on my behalf, 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 Reserve policy are available on request from our adviser.

	First Trustee	Second Trustee
Signature(s) of applicant(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
This application was signed in	<input type="text"/> (country)	<input type="text"/> (country)
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Third Trustee	Fourth Trustee
Signature(s) of applicant(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
This application was signed in	<input type="text"/> (country)	<input type="text"/> (country)
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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 a medical examiner in the event of a medical examination or 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 understand that this application can only be accepted by employees of Friends Provident International situated at the 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 contract 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.

Financial adviser advice declaration

The advice provided by the financial adviser was received in

 (country)

Signed by financial adviser

The following declarations are for Summit only. For Reserve, please go to page 23.

Important notes – Summit

- 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. Summit and Zenith should be regarded as a medium to long-term investment.
- 4 Each policy is governed by and shall be construed in accordance with the laws of the Isle of Man.
- 5 A politically exposed person is a person who is or has been entrusted with prominent public functions. This includes: head of state, head of government, minister or deputy or assistant minister, senior government official, member of parliament, senior politician, important political party official, senior judicial official, member of a court of auditors or the board of a central bank, ambassador, chargé d'affaires or other high-ranking officer in a diplomatic service, high-ranking officer in an armed force, senior member of an administrative, management or supervisory body of a state-owned enterprise, senior member of management of, or a member of, the governing body of an international entity or organization or honorary consul. A politically exposed person is also a family member or a close associate of such a person. This applies to the applicant, policyholder, life assured, payer of the payment, beneficiary or any other party connected to this application. Please refer to the Isle of Man Anti-Money-Laundering and Countering the Financing of Terrorism Code 2015 for the full definition of a "politically exposed person", and in particular, further elaboration on whether a person is a "family member" or a "close associate".
- 6 Underlying fund prospectuses are available from Friends Provident International on request.

7 Specialist Fund Acknowledgement

We offer products that provide access to a wide range of funds, known as mirror funds, that invest in all the major asset classes and geographic regions of the world. Some of these mirror funds invest into funds which are classed as specialist funds, aimed at professional or experienced investors. If you were to invest into such a fund directly, as a separate venture not linked to this application and instead of using one of our mirror funds, you may have to declare that:

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

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

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

Liquidity Information

Some of our funds may have restrictions on their ability to pay redemptions due to the type of underlying investment they hold. This could limit your ability to raise cash from the fund in the future.

Investing in funds should be considered a long-term investment. You in conjunction with your financial adviser, should consider the amount you invest via your policy if it is likely that you will need access to your capital quickly in the future.

Declarations (continued)

Declarations – Summit

Attention is drawn to the following declarations. If the application form requests information which has to be assessed by Friends Provident International before acceptance, 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 policy being invalid.

1 Fund Acknowledgement

Before you invest in any specialist funds through your policy, Friends Provident International wishes 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 policies are to be linked.
- b) We acknowledge that it is our responsibility to ensure that the asset is suitable, considering our investment objectives and attitude to risk.
- c) We confirm that we understand certain assets may have restrictions on their ability to raise cash in the future, and that further details are included in the prospectus or terms and conditions for the respective underlying investment. We understand the risks associated with investing in these funds.
- d) 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.
- e) If we choose to invest into mirror funds which in turn invest into specialist funds aimed at professional investors, we acknowledge that it is our responsibility to obtain, read and understand the underlying fund's prospectus.
- f) We acknowledge that Friends Provident International is not responsible for the investment performance or any loss suffered or reduction in the value of our policy, arising from our chosen investment. Friends Provident International does not have any responsibility for the investment management of the assets within our policy and Friends Provident International does not approve any asset as a suitable investment.
- g) 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.

Declarations (continued)

Declarations – Summit (continued)

2 General declarations

We, the current Trustees of the trust created on the day of (month) (year)
 (name of the trust)

(by the Settlor)

(Please include a certified copy of the Trust Settlement/
Declaration of Trust.)

Full name

Nationality
Date of birth

Address

or

Date of death (if applicable)

confirm the following to Friends Provident International:

- That we have the necessary powers of investment to invest in policies of life assurance.
- That no person being a beneficiary of the Trust is resident in the Isle of Man.
- That the Trustee detailed in Section 1 of this application form are the current Trustees of the trust.
- The principal beneficiary/ies is/are:

Full name

Nationality
Date of birth

Address

Full name

Nationality
Date of birth

Address

(If there are more than two beneficiaries, please provide details
on a separate sheet.)

- The nature and purpose of the Trust is

- That without prejudice to the generality of this clause, all Trustees (or in the case of a Corporate Trustee, the required number of authorised signatories) must sign all types of instructions (for example, instructions to change underlying investments, make cash withdrawals, total surrender of the policy).
- That we will advise Friends Provident International in writing immediately of any changes in the trustees.

- The protector (if applicable) of the Trust is

Full name

Nationality
Date of birth

Address

Declarations (continued)

Declarations – Summit (continued)

We further declare that all the information provided in this application, including this Declaration, are complete and true to the best of our knowledge and belief. We agree that they shall form the basis of the policy under the laws of the Isle of Man.

We have received, read and have been given an explanation of all the printed materials relevant to this policy and we have been acquainted 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 first 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 the 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 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 contract 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.

Financial adviser advice declaration

The advice provided by the financial adviser was received in

Signed by financial adviser

(country)

3 Premium tax/Withholding tax

We acknowledge that in the event of any premium tax or withholding tax being levied in our country of residence, it will be our responsibility to increase the premium by an appropriate amount or to settle the liability directly with the relevant tax authorities.

4 Cancellation rights

You will be able to cancel your investment up to 30 days from the day you receive the cancellation notice as described below. 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.

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.

Declarations (continued)

Declarations – Summit (continued)

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.

6 Financial adviser

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 our 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.

	First Trustee	Second Trustee
Signature(s) of applicant(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
This application was signed in	<input type="text"/> (country)	<input type="text"/> (country)
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Third Trustee	Fourth Trustee
Signature(s) of applicant(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
This application was signed in	<input type="text"/> (country)	<input type="text"/> (country)
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Bank instruction letter

Applicable to applications for Summit.

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	<input type="text"/>	(Bank)
Bank address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	(postcode, if applicable)
Account number	<input type="text"/>	
Account currency (must be completed if the account is multi-currency)	<input type="text"/>	
Account holder's name	<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"/>	

Section A

Dear Sir,

On our behalf, please remit to Bank HSBC, London, 8 Canada Square, London E14 5HQ, Swift/BIC code: MIDLGB22, account name: **Friends Provident International Limited**.

IBAN GBP GB86MIDL40193822566621
 EUR GB95MIDL40051558980092
 USD GB42MIDL40051558980076
 HKD GB59MIDL40051559090253

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

GBP	<input type="text"/>	USD	<input type="text"/>	EUR	<input type="text"/>	HKD	<input type="text"/>	<input type="text"/>	(figures)
GBP	<input type="text"/>	USD	<input type="text"/>	EUR	<input type="text"/>	HKD	<input type="text"/>	<input type="text"/>	(words)

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

Yours faithfully,

Signature(s) of applicant(s)	<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"/>
Our address	<input type="text"/>	<input type="text"/>				

Section B (to be completed by Friends Provident International)

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

<input type="text"/>

Bank instruction letter

Applicable to applications for Reserve.

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 USD EUR Other (figures)

GBP USD EUR Other (words)

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

Only applicable to applications for Reserve.

Section 4: Appointment of investment adviser

Investment restrictions – Reserve

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
 - offshore reporting and non-reporting funds.
- 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

Choosing the personalised assets option enables 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
- offshore reporting and non-reporting funds
- government securities
- hedge funds, funds of hedge funds and exchange traded funds
- structured notes and deposits
- cash, including bank and building society deposits.

We reserve the right to refuse certain assets, including:

- shares in the Friends Life group of companies
- 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 may refuse other assets which we believe are unsuitable.

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

Section 4: Appointment of investment adviser (continued)

Part A: Reserve

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 35. 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 and our estates 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.

Part B: Reserve

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.

Section 4: Appointment of investment adviser (continued)

Part C: Reserve

Investment restrictions

I agree to the investment restrictions listed on page 35.

Part D: Reserve

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 trustee	Second trustee
Signature(s) of trustee(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 trustee	Fourth trustee
Signature(s) of trustee(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 4: Appointment of investment adviser (continued)

Part E: Reserve

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 2, 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 Trustees have selected Option 1 in Part A)

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

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

I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Trustee(s). I understand that I must obtain the Trustee/Trustees' 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 Trustees 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 Trustee(s) to issue investment instructions on their behalf.

Part F: Reserve

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)

For and on behalf of (address of firm)

Telephone number

Fax number

Email address

Section 4: Appointment of investment adviser (continued)

Part G: Reserve

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)

For and on behalf of (address of firm)

Telephone number

Fax number

Email address

Only applicable to applications for Reserve.

Section 5: Appointment of discretionary fund manager and custodian

Part A: Reserve

Reserve policy number	<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 we request 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, but 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 the assets and for the custodian to hold safe custody 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 in respect of 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 or on the part of any legal or natural person appointed by 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 of the manager or custodian at any time as deemed necessary by giving written notice to us and the manager or custodian.

Part B: Reserve

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 VAT. We acknowledge that the provision of discretionary fund management services by UK and non-UK discretionary fund managers is subject to value added tax (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 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 5: Appointment of discretionary fund manager and custodian (continued)

Part C: Reserve

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 Strategy (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 35.

	First trustee	Second trustee
Signature(s) of trustee(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 trustee	Fourth trustee
Signature(s) of trustee(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"/>

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 applies for one of our products. We also have a regulatory obligation to obtain details of how the trustee(s) has/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 each trustee

The required documents to verify identity are:

- a passport; or
- a government-issued National identity card (carrying a photograph of the individual).

Where it is not possible to obtain either a passport or a government-issued 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 valid 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 trustee.

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

Step 2

Verify the address of each trustee

We will also require an original or certified copy of a document, to verify each trustee's residential address (please refer to **Step 3**). A list of the documents that are acceptable for this purpose is provided below.

The document must be issued in the name of the trustee 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
- 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 trustee's employer, confirming their residential address and the policyholder's position within the company. Where the trustee has accompanied a partner or spouse on a work assignment or contract, and they are also an trustee, an employer may confirm the address of a non-employee where a relationship is detailed. If the trustee (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 3**).

Step 3

Authentication of documents by a suitable certifier (for each trustee)

Background

Incorrect certification of documents is one of the main reasons for delays in processing applications. The Isle of Man Insurance and Pensions Authority, our 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)

Improper certification could lead to delays.

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 who has been appointed by us as a suitable certifier for financial advisory firm you are dealing with.**
- **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.**
- **An employee of Friends Provident International Limited.**

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 trustee's name and address are 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 the certifier has certified the copy document)

Step 4

Background

Isle of Man authorised life companies are required by the Insurance and Pensions 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 15 to 17 of this application form, you should clearly explain how you have acquired the wealth that you will use to make payments.

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 premium 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 trustees, the same source of wealth information as above should be provided for the settlor and settled monies.

Further information

The information given in this document is based on the understanding of Friends Provident International of current laws and Isle of Man taxation practice as at June 2016, 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.

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 that we cannot settle, you may be able to refer your complaint to the Financial Services Ombudsman Scheme for the Isle of Man.

Some telephone communications with Friends Provident International are recorded.

Each policy is governed by and shall be construed in accordance with the laws 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.