



## Trustee Application Form

### For use with the following products:

- ☐ Elite
- ☐ Reserve
- ☐ Summit
- ☐ Zenith

Please tick appropriate product and complete sections relating to your product choice.

### Financial Adviser Details

Company name	<input type="text"/>
FPI Agency number	<input type="text"/>
Contact name	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>

### Policy Number

Policy number if known	<input type="text"/>
------------------------	----------------------

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

Please tick to confirm you have included with this application: (for Reserve only)

☐

**Personal Charging Structure Illustration**

For each individual Trustee

☐

**Verification of Identity\***

☐

**Verification of Address\***

For each Trust

☐

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

For Corporate Trustees

☐

**Copy of Certificate of Incorporation\***

☐

**Copy of latest audited accounts\***

☐

**Copy of Share Register\***

☐

**Copy of Signatory list and signing powers\***



**Please supply ID for Directors, one of which must be an Executive Director**

☐

**DIRECTOR 1: Verification of identity \***

☐

**Verification of address \***

☐

**DIRECTOR 2: Verification of identity \***

☐

**Verification of address \***

☐

**Verification of identity and address for any shareholder owning more than 25%\***

☐

**Source of Wealth (including supporting documents, where required)\***

\*suitably certified as being a true copy

This Form is not applicable to persons resident in Hong Kong.

Please complete all details in Section 1

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

The application form should only be completed where the Applicants are trustees of an existing trust. The form should be read in conjunction with the current edition of the following documents, which set out the terms and conditions of the policy and the various investment options available to you:

- the relevant Principal Brochure
- the relevant Technical Guide(s) where appropriate
- the relevant Policy Conditions

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

Your Bond Structure (for Reserve only)

Capital Redemption ☐ Whole of Life ☐ **! Please ensure your Personal Charges illustration reflects the structure of your bond.**

Your Investment Structure (for Reserve only)

Collective ☐ Personalised ☐ **! Personalised investment structure only available to non-UK residents. For an explanation of these terms refer to page 18.**

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.



This page should be completed if the Applicant(s) is/are a **Non-Corporate Trustee(s)**. Please use BLOCK CAPITALS.

Title	Mr		Mrs		Miss	
	Other (please specify)					

Surname

First name(s)

Residential Address

Telephone number

Email address

Correspondence address (if different)

Telephone number

I/We\* wish for the policy documents to be sent to me/us\*, with a copy to the introducing financial adviser. Please note, if this box is left blank, the initial policy documents will be sent direct to the introducing financial adviser.

## Second Trustee

Title

Surname

First name(s)

Date of birth (DD/MM/YY)

Residential Address

### Third Trustee

Mr

Mrs

Miss

Other (please specify)

### Fourth Trustee

Title

Surname

First name(s)

Date of birth (DD/MM/YY)

Residential Address

Lives Assured

(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	<div>Mr<div></div></div> <div>Mrs<div></div></div> <div>Miss<div></div></div> <div>Other (please specify)<div></div></div>	<div>Mr<div></div></div> <div>Mrs<div></div></div> <div>Miss<div></div></div> <div>Other (please specify)<div></div></div>
Surname	<div></div>	<div></div>
First name(s)	<div></div> <div></div>	<div></div> <div></div>
Date of birth (DD/MM/YY)	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Nationality	<div></div>	<div></div>
Country of residence	<div></div>	<div></div>
Residential address	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
Relationship to Company/Trust	<div></div>	<div></div>
	Third Life Assured	Fourth Life Assured
Title	<div>Mr<div></div></div> <div>Mrs<div></div></div> <div>Miss<div></div></div> <div>Other (please specify)<div></div></div>	<div>Mr<div></div></div> <div>Mrs<div></div></div> <div>Miss<div></div></div> <div>Other (please specify)<div></div></div>
Surname	<div></div>	<div></div>
First name(s)	<div></div> <div></div>	<div></div> <div></div>
Date of birth (DD/MM/YY)	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Nationality	<div></div>	<div></div>
Country of residence	<div></div>	<div></div>
Residential address	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
Relationship to Company/Trust	<div></div>	<div></div>

Total Premium

GBP/USD/Other\*

Please refer to the relevant principal brochure for the minimum premium.  
Reserve only : In the event of Asset Exchanges, please leave blank and complete the asset exchange form XIM/A\_AE

Number of Policy segments

!

If this box is left blank we will set up the policy with the maximum policies relating to the product chosen.

Plan Currency

Please select the currency that you would like your bond to be denominated (this will be the currency in which your bond is valued and total premium figure calculated). Please refer to the relevant brochure for currency options.

<div>Sterling (GBP)</div> <div></div>	<div>US Dollars (USD)</div> <div></div>	<div>Euro (EUR)</div> <div></div>	<div>HK Dollars (HKD)</div> <div></div>
<div>Swiss Francs (CHF)</div> <div></div>	<div>Australian Dollars (AUD)</div> <div></div>	<div>Swedish Krona (SEK)</div> <div></div>	<div>Japanese Yen (JPY)</div> <div></div>

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. **No stock will be sold to meet regular withdrawals without instructions.**

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.

Withdrawal Instructions

Note that payments are dispatched from Friends Provident International Limited on the 1st and 14th of the month – please indicate the date you prefer in the appropriate box below.

I/We\* wish to receive

GBP/USD/Other\*

payable (tick one box only)

monthlyquarterlyhalf-yearlyyearly

commencing (delete the date which does not apply)

1st / 14th\*

 of(month)(year)

I/We\* request Friends Provident International to pay the benefits by Telegraphic Transfer. Please transfer the benefits into my account (must be policyholder’s account).

Sort code (if applicable)

——

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account name

Bank (name and address)

Source of Wealth

 Please refer to ‘What you need to provide’ on pages 31 and 32 for the evidential requirements to support Source of Wealth.

<input type="checkbox"/>	Savings from salary (basic and/or bonus)	Current annual salary	<input type="text"/>
		Employer’s name	<input type="text"/>
		Employer’s address	<input type="text"/>
<input type="checkbox"/>	Maturity or surrender of life policy	Policy provider	<input type="text"/>
		Policy number / reference	<input type="text"/>
		Date of maturity or surrender	<input type="text"/>
		Amount received	<input type="text"/>
<input type="checkbox"/>	Sale of shares or other investments / liquidation of investment portfolio	Description of shares / units / deposits (i.e. name / where held)	<input type="text"/>
		Name of seller	<input type="text"/>
		Length of time held	<input type="text"/>
		Sale amount	<input type="text"/>
		Date funds received	<input type="text"/>
<input type="checkbox"/>	Sale of property	Sold property address	<input type="text"/>
		Date of sale	<input type="text"/>
		Total sale amount	<input type="text"/>
<input type="checkbox"/>	Inheritance	Name of deceased	<input type="text"/>
		Date of death	<input type="text"/>
		Relationship to Applicant	<input type="text"/>
		Date received	<input type="text"/>
		Total amount	<input type="text"/>
		Solicitor’s details	<input type="text"/>
<input type="checkbox"/>	Other Source of Wealth.	<div>Please provide as much detail as possible</div> <input type="text"/>	



Payment Methods

Option 1

Use this option if you are paying by personal cheque or if you wish Friends Provident International Limited to collect the premium 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 27) and return it to Friends Provident International Limited with this Application Form.

Option 2

Use this option if you are making your own arrangements for payment by **Banker's Draft** or **Telegraphic Transfer**. Please tick the appropriate boxes and complete the **Source of Payment** section below.

☐

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

Please tick one box only

☐

Sterling Draft, drawn on a bank in the United Kingdom

☐

Swedish Krona Draft, drawn on a bank in Sweden

☐

US Dollar Draft, drawn on a bank in New York

☐

Swiss Franc Draft, drawn on a bank in Switzerland

☐

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

☐

Australian Dollar Draft, drawn on a bank in Australia

☐

HK Dollar Draft, drawn on a bank in Hong Kong

☐

Japanese Yen Draft, drawn on a bank in Japan

☐

I have arranged for the premium to be paid by **Telegraphic Transfer** (Ref: Pre-Allocated Bond Number, if known \_\_\_\_\_) and I have forwarded a certified copy of the Bank Application Form to Friends Provident International Limited.

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 and address)

Valuations and Reports

☐ I/We\* wish for the valuations to be sent to me/us\*, with a copy to the introducing financial adviser. Please note, if this box is left blank, all valuations will only be sent direct to the introducing financial adviser.

If you require a quarterly valuation in digital format, please tick the box below. If this box is ticked we will only send valuations electronically.

☐ I/We\* confirm that I/we\* wish to receive quarterly valuations by electronic mail to the email address provided on page 5.  
I understand if this option is selected paper copies will not be provided.

If this option is selected we will also send the trade contract notes in this format. All e-mails will be encrypted using WINZIP software and a PDF reader will be required. A password will be sent to you directly to access this file.

Investment Instructions (for Reserve only)

If you would like FPI 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 Transactions 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/ Amount	SEDOL/ISIN (Essential) †	Full Security/Fund Name Description

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

§ If a choice of Income or Accumulation is offered, we will opt for Income Units unless advised otherwise. For Income Units we will only accept the cash option rather than reinvested dividends.

Your Investment Options (for Reserve only)

Please select your required option(s)

☐ Investment Adviser (go to page 19)

! Please complete this section if you'd like your Adviser to take authority on your investments.

☐ Discretionary Fund Manager (go to page 22)

! Please complete this section if you'd like to appoint a Discretionary Fund Manager for your investments.

☐ Fund Platform (go to page 23)

! Please complete this section if you'd like to place your investments with a fund platform.

☐ Advisory Manager and Custodian  
(Complete supplementary form: XIM1A/ADVISORY)

! Please complete this form if you'd like your assets to be placed in an advisory account and managed on an advisory basis.

☐ Asset Exchange Scheme  
(Complete supplementary form: XIM/A\_AE)

! Please complete this form if you wish to transfer an existing portfolio into a new Reserve.

### Choice of Funds (Elite, Summit and Zenith only)

Please indicate the funds in which you wish your plan 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.**

[illegible]

**These Declarations are for ELITE, ZENITH and SUMMIT only.  
For Reserve, please go to page 15.**

### Important notes

1. A specimen policy document and/or copy of this completed form are available on request.
2. You are advised to satisfy yourself/selves that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the policy.
3. You should seek guidance from your independent financial adviser as to the suitability of the policy to your own particular circumstances. Summit should be regarded as a medium to long-term investment.
4. You are obliged to provide the information as required in this Application and it is a condition precedent for you to apply for the policy. Information which you provide in connection with this Application and any subsequent policy will be held (whether stored electronically or otherwise), used or disclosed by Friends Provident International Limited (FPIL) or any associated company that exists from time to time. You have the right to obtain access to and to request a correction of any personal information about you. Requests can be made to the Compliance Officer at Royal Court, Castletown, Isle of Man, British Isles IM9 1RA or the Regional Sales Director, Hong Kong, at Suites 1203-1211, Two Pacific Place, 88 Queensway, Hong Kong.
5. Each policy is governed by and shall be construed in accordance with the law of the Isle of Man.

### 6. FUND ACKNOWLEDGEMENT

FPIL offers products that give you an investment choice from a very wide-ranging menu of investments. Investment may be direct through our Reserve product, or indirect through our other products, via a range of internal mirror funds that FPIL has created. Your independent financial adviser will be able to advise you. Before investing in any fund through one of our products please ensure that:

- You have received and been given an explanation of the information supplied to you, including the relevant Principal Brochure, Personalised Illustration and other relevant materials, and understand the nature of any risks involved.
- You have discussed with your independent financial adviser whether such an asset is appropriate to link part of your policy to it.
- You are eligible and able to invest into the mirror fund.
- You are aware that all investment involves an element of risk. Mirror fund prices may go up and down depending upon the underlying investment performance, or where investments held within a mirror fund are not denominated in the currency of that mirror fund, simply because of movements in the currency exchange rate. Past performance is not necessarily a guide to future performance.

### Liquidity Information

Some of our mirror funds, particularly our specialist ones, and also some of the underlying 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 mirror fund in the future.

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

### Declarations

Attention is drawn to the following Declarations. If the application form requests information which has to be assessed by FPIL 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 mirror funds through your policy, FPIL wishes to ensure that you are aware of the nature and possible risks associated with them. Would you therefore please make the following declarations:

- (i) I/We\* acknowledge that it is my/our\* responsibility to ensure that the mirror fund is suitable bearing in mind my/our\* investment objectives, attitude to risk and any appropriate legislative restrictions.
- (ii) I/We\* confirm that I/we\* understand that certain mirror funds may have restrictions on their ability to raise cash in the future, and that further details are included in the Prospectus of the underlying fund issued by the respective Fund Manager.
- (iii) I/We\* acknowledge that FPIL is not responsible for any loss suffered or reduction in the value of my/our\* policy arising from my/our\* investment. FPIL does not have any responsibility for the management of the underlying fund and FPIL does not approve any asset as a suitable investment.
- (iv) I/We\* acknowledge that FPIL reserves the right to reject any asset at the time of investment if certain administration and due diligence criteria are not met.

2. DECLARATIONS

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

Name of the Trust

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

Full Name	Address (or date of death)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

confirm the following to Friends Provident International Limited:

- (i) That we have the necessary powers of investment to invest in policies of Life Assurance.
- (ii) That no person being a beneficiary of the Trust is resident in the Isle of Man.
- (iii) That the Trustees detailed in SECTION 1 of this Application Form are the current Trustees of the Trust.
- (iv) The principal Beneficiary/ies\* is/are\*

Full Name	Address	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

- (v) The nature and purpose of the Trust is

- (vi) 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, totally encash the contract).
- (vii) That we will advise Friends Provident International Limited in writing immediately of any changes in the Trustees.
- (viii) The protector of the Trust is

Full Name	Address	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

- (ix) This Application was signed in  (country)
- and the advice was given in  (country)

and that, to the best of our knowledge and belief, all the above statements are true. We agree that they, together with any other statements made to Friends Provident International Limited, now or in the future, shall form the basis of the contract under the law of the Isle of Man. We have read and understood all the printed materials relevant to this contract and we have acquainted ourselves with the management charges made by Friends Provident International Limited. We understand that we may choose the investments to which our Policies are to be linked. Consequently, Friends Provident International Limited shall not be responsible for the investment performance or for any loss or liability arising from our choice of investment, however arising.

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

3. CANCELLATION RIGHTS

If you are resident in the UK, or have signed this application form in the UK, you will be able to cancel your investment during a 30 day period after concluding the agreement. You will receive a refund of premium less a deduction for shortfall to reflect any fall in the markets in the interim. You will be told of this right in more detail, including when it begins or ends and how to exercise it, in documents that we will send you at the relevant time.

4. DATA PROTECTION

I/We\* consent that any personal information collected or held by FPIL (whether contained in this Application or otherwise) is provided and may be held (whether stored electronically or otherwise), used or disclosed to enable FPIL to:

- (i) transfer the information between its offices wherever they are situated; and
- (ii) to use and to transfer the information to its agents for administration, underwriting, claims, research and statistical purposes, to pass information to medical practitioners, underwriters and reinsurers and any agency appointed for these purposes. (These agents may be located in countries that do not have laws to protect your information. Details of the agents and countries involved in your case will be provided on request. FPIL will remain responsible for making sure that the information is held securely); and
- (iii) communicate with me/us\*, my/our\* financial adviser and fund adviser whether directly or indirectly for any purpose; and
- (iv) transfer information to relevant regulatory bodies to enable them to carry out their regulatory functions; and
- (v) to supply the details or provide a copy of the information to any financial services company wherever they are situated to enable the purchase of assets requested to be linked to the policy.

☐

 I/We\* would like FPIL to use the information supplied to let me/us\* know about other products and services in the Friends Provident group of companies, who may use it to advise me/us\* of other products and services that may interest me/us\*.

**If you would prefer NOT to receive such information, please tick this box.**

I/We\* understand and agree that I/we\* shall update FPIL immediately on any changes of my/our\* personal information and any other information provided in relation to this policy.

5. I/We\* acknowledge that FPIL and my/our\* advising financial adviser have entered into an agreement ("terms of business") which sets out the basis upon which FPIL is prepared to accept applications submitted by the financial adviser on my/our\* behalf. This agreement categorically states that the financial adviser acts as my/our\* agent, and not the agent of FPIL. I/We\* acknowledge that my/our\* advising financial adviser, or any other, has no authority to act as the agent of FPIL or to state, suggest or imply that it has such authority.

Signature(s)

First (or only) Applicant

Second Applicant

Signature

Date (dd/mm/yyyy)

Signature

Date (dd/mm/yyyy)

Third Applicant

Fourth Applicant

Signature

Date (dd/mm/yyyy)

Signature

Date (dd/mm/yyyy)

**These Declarations are for RESERVE only.**  
**For Elite, Zenith or Summit, please go to page 12.**

### Important Notes

1. A specimen policy document and/or copy of this completed form are available on request.
2. You are advised to satisfy yourself/selves that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the policy.
3. You should seek guidance from your 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. You are obliged to provide the information as required in this Application and it is a condition precedent for you to apply for the policy. Information which you provide in connection with this Application and any subsequent policy will be held (whether stored electronically or otherwise), used or disclosed by Friends Provident International Limited (FPIL) or any associated company that exists from time to time. You have the right to obtain access to and to request a correction of any personal information about you. Requests can be made to the Compliance Officer at Royal Court, Castletown, Isle of Man, British Isles IM9 1RA or the Regional Sales Director, Hong Kong, Suites 1203-1211, Two Pacific Place, 88 Queensway, Hong Kong.
5. Each policy is governed by and shall be construed in accordance with the law of the Isle of Man.

#### 6. INVESTMENT ACKNOWLEDGEMENT

Reserve gives you an investment choice from a very wide-ranging menu of investments. Investments in your Reserve policy may be held directly, or indirectly via our mirror funds that FPIL has created. Some of these 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, FPIL 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 independent financial adviser. FPIL 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 mirror funds, particularly our specialist ones and also some funds which you may hold directly through Reserve, 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.

Information and definitions for our specialist mirror funds are available on [www.fpilinternational.com](http://www.fpilinternational.com). FPIL recommends that you visit our website and take time to read and understand the definitions if you intend to invest into our mirror fund range.

Investment into specialist funds either directly, or via our mirror funds, should be considered a long-term investment. You, in conjunction with your independent financial adviser, should consider the amount you invest via your policy if it is likely that you will need access to your capital quickly in the future.

### Declarations

Attention is drawn to the following declarations. If the application form requests information which has to be assessed by FPIL 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. INVESTMENT ACKNOWLEDGEMENT

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

- (i) I/We\* understand that I/we\* may choose the investments to which my/our\* policies are to be linked.
- (ii) I/We\* acknowledge that it is my/our\* responsibility to ensure that the asset is suitable, considering my/our\* investment objectives and attitude to risk.

- (iii)

I/We\* understand that certain investments available within my/our\* policy may in certain market conditions become illiquid, making it difficult to sell them. I/We\* acknowledge that this may impact upon FPIL’s ability to pay a withdrawal, surrender or death claim if the underlying assets within the policy are not readily realisable. I/We\*, in conjunction with my/our\* financial adviser, have considered whether I/we\* may need access to capital quickly in the future and have chosen investments accordingly.
- (iv)

I/We\* understand that I/we\* may be investing into assets aimed at a professional or experienced investor and agree to such investments.
- (v)

I/We\* acknowledge that FPIL is not responsible for the investment performance or any loss suffered or reduction in the value of my/our\* policy, arising from my/our chosen investment. FPIL does not have any responsibility for the management of the assets within my/our\* policy and FPIL does not approve any asset as a suitable investment.
- (vi)

I/We\* acknowledge that FPIL reserves the right to reject any asset, for example if certain administration criteria are not met.
- (vii)

I/We\* acknowledge my/our\* investments may be delayed if FPIL requires a signed declaration in respect of my/our\* chosen investments.
- (viii)

I/We\* acknowledge my/our\* investments are processed according to the Terms & Conditions of the relevant Institution.
- (ix)

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 contracts.

2. DECLARATIONS

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

 Name of the Trust

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

Full Name	Address (or date of death)	Date of birth

confirm the following to Friends Provident International Limited:

- (i)

That we have the necessary powers of investment to invest in policies of Life Assurance.
- (ii)

That no person being a beneficiary of the Trust is resident in the Isle of Man.
- (iii)

That the Trustees detailed in SECTION 1 of this Application Form are the current Trustees of the Trust.
- (iv)

The principal Beneficiary/ies\* is/are\*

Full Name	Address	Date of birth

- (v)

The nature and purpose of the Trust is

- (vi)

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, totally encash the contract).
- (vii)

That we will advise Friends Provident International Limited in writing immediately of any changes in the Trustees.
- (viii)

The protector of the Trust is

Full Name	Address	Date of birth

- (ix)

This Application was signed in (country)

and the advice was given in (country)



and that, to the best of our knowledge and belief, all the above statements are true. We agree that they, together with any other statements made to Friends Provident International Limited, now or in the future, shall form the basis of the contract under the law of the Isle of Man. We have read and understood all the printed materials relevant to this contract and we have acquainted ourselves with the management charges made by Friends Provident International Limited. We understand that we may choose the investments to which our Policies are to be linked. Consequently, Friends Provident International Limited shall not be responsible for the investment performance or for any loss or liability arising from our choice of investment, however arising.

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

3. CANCELLATION RIGHTS

If you are resident in the UK, or have signed this application form in the UK, you will be able to cancel your investment during a 30 day period after concluding the agreement. You will receive a refund of premium less a deduction for shortfall to reflect any fall in the markets in the interim. You will be told of this right in more detail, including when it begins or ends and how to exercise it, in documents that we will send you at the relevant time.

4. DATA PROTECTION

I/We\* consent that any personal information collected or held by FPIL (whether contained in this Application or otherwise) is provided and may be held (whether stored electronically or otherwise), used or disclosed to enable FPIL to:

- (i) transfer the information between its offices wherever they are situated; and
- (ii) to use and to transfer the information to its agents for administration, underwriting, claims, research and statistical purposes, to pass information to medical practitioners, underwriters and reinsurers and any agency appointed for these purposes. (These agents may be located in countries that do not have laws to protect your information. Details of the agents and countries involved in your case will be provided on request. FPIL will remain responsible for making sure that the information is held securely); and
- (iii) communicate with me/us\*, my/our\* financial adviser and fund adviser whether directly or indirectly for any purpose; and
- (iv) transfer information to relevant regulatory bodies to enable them to carry out their regulatory functions; and
- (v) to supply the details or provide a copy of the information to any financial services company wherever they are situated to enable the purchase of assets requested to be linked to the policy.

☐

I/We\* would like FPIL to use the information supplied to let me/us\* know about other products and services in the Friends Provident group of companies, who may use it to advise me/us\* of other products and services that may interest me/us\*.

**If you would prefer NOT to receive such information, please tick this box.**

I/We\* understand and agree that I/we\* shall update FPIL immediately on any changes of my/our\* personal information and any other information provided in relation to this policy.

5. I/We\* acknowledge that FPIL and my/our\* advising financial adviser have entered into an agreement ("terms of business") which sets out the basis upon which FPIL is prepared to accept applications submitted by the financial adviser on my/our\* behalf. This agreement categorically states that the financial adviser acts as my/our\* agent, and not the agent of FPIL. I/We\* acknowledge that my/our\* advising financial adviser, or any other, has no authority to act as the agent of FPIL or to state, suggest or imply that it has such authority.

6. FEES AND COMMISSIONS

I am/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 my/our\* Adviser. I/We\* understand that full details of any commissions paid in respect of certain investments held within the Reserve\* policy are available on request from my/our\* Adviser.

I/We\* acknowledge that the above fees and commissions are in addition to FPIL's Reserve\* policy charges and any annual fee taken on my/our\* Reserve\* policy by my/our\* independent financial adviser.

Signature(s)	First (or only) Applicant	Second Applicant
	<div><div>Signature</div><div>Date (dd/mm/yyyy)</div></div>	<div><div>Signature</div><div>Date (dd/mm/yyyy)</div></div>
	Third Applicant	Fourth Applicant
	<div><div>Signature</div><div>Date (dd/mm/yyyy)</div></div>	<div><div>Signature</div><div>Date (dd/mm/yyyy)</div></div>

## Investment Options – Important Notes for Reserve Product only

**!** The following sections 2, 3 and 4 are to be completed as appropriate if you have chosen to use the services of an Investment Adviser, Discretionary Fund Manager or Fund Platform.

Please note the following investment options that apply:

### (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 (OEICs)
- An Interest in an Overseas Collective Investment Scheme<sup>†</sup>, that is structured as one of the following:
  - an open-ended investment company
  - a unit trust
  - offshore distributor and non-distributor funds
- Hedge Funds and Exchange Traded Funds (ETFs) are permitted provided they comply with one of the structures above
- Cash, including bank and building society deposits.
- FPIL's range of mirror funds

<sup>†</sup> "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 assets from a virtually limitless range including:

Equities and fixed-interest securities quoted on most recognised stock exchanges

- Unit trusts
- Open-Ended Investment Companies (OEICs)
- Investment trusts
- Offshore distributor and non-distributor funds
- Government securities
- Hedge Funds, Funds of Hedge Funds and Exchange Traded Funds (ETFs)
- Sukuks (asset backed trust certificates)
- Structured Notes and Deposits
- Cash, including bank and building society deposits.
- FPIL's range of mirror funds

We reserve the right to refuse some assets, such as:

- Shares in the Friends Life group of companies
- Commodities
- Real property
- Futures and Options
- Precious metals
- UK National Savings and Investments Capital Bonds
- US and Canadian Mutual Funds.

This list is not exhaustive; we may refuse other assets which we believe are unsuitable.

- (c) The Fund Platform account shall not at any time be more than 100% invested i.e. no overdrafts shall be created nor any other commitments made beyond the extent of the investible cash available in the discretionary, without the prior formal approval of FPIL
- (d) FPIL is the beneficial owner of all of the assets held within the Bond, which are held in FPIL's name.

**Part 1 – Only applicable to applications for Reserve. For completion by the Applicant(s)****Section A**

Reserve Policy number

Name of Investment Adviser  
("the Adviser")

Address

**Declaration**

I/We\* declare that I/we wish to appoint the Adviser to be the Investment Adviser of the underlying assets held within my/our\* Reserve policy, in accordance with the Investment Restrictions specified in Section C below. I/We\* request Friends Provident International Limited (FPIL) to enter into any formal agreements required by the Adviser to facilitate this appointment.

**Authority granted**

I/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:**

I/We\* declare that the Adviser will discuss any proposed alterations to the composition of the Reserve policy with me/us\*, and FPIL will only act upon investment instructions that I/we\*, as policyholder(s), have signed. **FPIL will not action any instructions that have not been signed by me/us\*.**

☐**OPTION 2: Advisory basis only, without signed consent:**

I/We\* declare that the Adviser will discuss any proposed alterations to the composition of the Reserve policy with me/us\*, and obtain my/our\* agreement before any changes are made. **I/We\* authorise my/our\* Adviser to submit written instructions to FPIL on my/our\* behalf, without the need to obtain my/our\* signature(s) on these instructions.**

☐**OPTION 3: Delegated Investment Management:**

I/We\* declare that I/we\* have delegated investment decisions to the Adviser, who has complete discretionary authority, without consulting me/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 below. **I/We\* authorise FPIL to act upon the investment instructions of the Adviser as if the Adviser was the policyholder.**

I/We\* agree that FPIL shall not be responsible for any loss or liability to the Reserve policy, as a result of the actions, or failure to take action, on the Adviser's part, which gives rise to any loss in value to the Reserve policy howsoever arising.

I/We\* and my/our\* estates undertake to indemnify FPIL against all claims and actions against FPIL, in respect of any loss and all costs and expenses arising from the activities of the Adviser (including but not limited to the cost of defending in any court of Law such claim, demand or action against FPIL and the cost of recovering the investments held by the Adviser). I/We\* authorise FPIL to act upon this authority until I/we\* revoke this authority in writing.

**Section B****Remuneration (please tick one box)**☐

I/We\* have agreed with the Adviser that a fee will not be paid.

☐

I/We\* authorise FPIL to make a quarterly withdrawal from the Reserve policy of  per quarter

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

I/We\* understand that an amount equivalent to this withdrawal shall be payable by FPIL to the Adviser on my/our\* behalf.

I/We\* understand that the withdrawal will be part of the 5% annual tax deferred allowance.

Section C

Investment restrictions

I/We\* agree to the investment options listed on page 18.

Section D

Fees and Commissions

I am/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 my/our\* Adviser. I/We\* understand that full details of any commissions paid in respect of certain investments held within the Reserve policy are available on request from my/our\* Adviser.

I/We\* acknowledge that the above fees and commissions are in addition to FPIL’s Reserve policy charges and any Investment Adviser fee taken under Section B.

Signature(s)

First Applicant (Trustee)

Signature
Date (dd/mm/yyyy)

Second Applicant (Trustee)

Signature
Date (dd/mm/yyyy)

Third Applicant (Trustee)

Signature
Date (dd/mm/yyyy)

Fourth Applicant (Trustee)

Signature
Date (dd/mm/yyyy)

## Declaration

**! Please tick one box only**

**!** If you are licensed to provide financial services in one of the following jurisdictions, please complete **Section E**:

- Financial Action Task Force member country
- European Union member state
- Isle of Man, Guernsey, Jersey, Gibraltar, Iceland, Liechtenstein, Malaysia, Norway, Switzerland

If you are not licensed in a country or jurisdiction listed above, please complete supplementary form [XIM1/APPOINTMENT OF ADVISER].

I confirm that I am licensed by a Regulatory Body located in one of the following jurisdictions:

- Financial Action Task Force member country
- European Union member state
- Isle of Man, Guernsey, Jersey, Gibraltar, Iceland, Liechtenstein, Malaysia, Norway, Switzerland

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 License 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	<div>Signature</div> <div>Date (dd/mm/yyyy)</div>
Name of Adviser	
For and on behalf of (Name and address of firm)	
Telephone / Fax number	/
Email address	

Only applicable to applications for Reserve – For completion by the Applicant(s)

Section A

Reserve Policy Number	
Name of Discretionary Fund Manager & Custodian ("the Manager")	
Address	

1. I/We\* declare that I/we\* wish for the underlying assets held within my/our\* Reserve policy to be placed in a discretionary account, which will be managed on a on a discretionary basis by the Manager. I/We\* further declare that I/we\* wish for the Manager to act as the custodian of these assets.
2. I/We\* acknowledge that these investments are held in the name of Friends Provident International Limited (FPIL) and therefore it is necessary for FPIL to enter into a formal agreement (the Agreement) appointing the Manager. I/We\* acknowledge that FPIL 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 my/our\* Reserve policy.
3. I/We\* acknowledge that FPIL is only prepared to enter into the Agreement as a result of my/our\* request to appoint the Manager to manage and act as the custodian of the assets.
4. I/We\* agree that FPIL shall not be responsible for any loss or liability to the Reserve policy, as a result of the actions, or failure to take action, on the Manager’s part, which gives rise to any loss in value to the Reserve policy howsoever arising.
5. I/We\* and my/our\* estates undertake to indemnify FPIL against all claims and actions against FPIL, in respect of any loss and all costs and expenses arising from the activities of the Manager (including but not limited to the cost of defending in any court of Law such claim, demand or action against FPIL and the cost of recovering the investments held by the Manager). I/We\* agree that if FPIL is obliged to pay any money to the Manager under the terms of any indemnities contained within the Agreement, such money shall be deducted from my/our\* Reserve policy.
6. I/We\* acknowledge that FPIL may terminate the appointment of the Manager at any time as deemed necessary by giving written notice me/us\* and the Manager.

Section B

I/We\* acknowledge that the Manager will deduct a fee of  per quarter or  % per annum, up to a maximum of 1.50% of the value of the discretionary account at the quarterly valuation point, plus VAT (if applicable).

I/We\* also acknowledge that other fees, including but not limited buying and selling, safe keeping and delivery charges will be deducted from the discretionary account, in accordance with the Manager’s rates for such charges in force from time to time.

Section C

I/We\* acknowledge that FPIL may if it so wishes but without being under an obligation to do so, agree the investment criteria, risk criteria, and investment restrictions set out below:

1. <b>Investment Criteria</b> (for example Cautious, Balanced, Aggressive)	
2. <b>Risk Criteria</b> (for example Low, Medium, High)	

3. **Investment restrictions**  
I/We\* agree to the investment restrictions listed on page 18

Signature(s)	<b>First Applicant (Trustee)</b>	<b>Second Applicant (Trustee)</b>
	<div>Signature</div> <div>Date (dd/mm/yyyy)</div>	<div>Signature</div> <div>Date (dd/mm/yyyy)</div>
	<b>Third Applicant (Trustee)</b>	<b>Fourth Applicant (Trustee)</b>
	<div>Signature</div> <div>Date (dd/mm/yyyy)</div>	<div>Signature</div> <div>Date (dd/mm/yyyy)</div>

Part 1 – Only applicable to applications for Reserve. For completion by the Applicant(s)

Section A

Reserve Policy number	<div></div>
Fund Platform Provider ("the Fund Platform")	<div></div>
Name and address of Investment Adviser ("the Adviser")	<div></div>

Declaration

- 1. I/We\* declare that I/we\* wish for the underlying assets held within my/our\* Bond to be placed with the Fund Platform, and to be managed by the Adviser in accordance with the Investment Restrictions specified in Section D below.
- 2. I/We\* authorise and request Friends Provident International Limited ("FPIL") to enter into any formal agreements required by the Fund Platform and the Adviser to facilitate this appointment. I/We\* acknowledge that FPIL is only prepared to enter into formal agreements to use the services of the Fund Platform and the Adviser, as a result of my/our\*request.
- 3. I/We\* agree that FPIL shall not be responsible for any loss or liability to the Bond, as a result of the actions, or failure to take action, on the Fund Platform or Adviser's part, which gives rise to any loss in value to the Bond howsoever arising.
- 4. I/We\* and my/our\* estates undertake to indemnify FPIL against all claims and actions against FPIL, in respect of any loss and all costs and expenses arising from the activities of the Fund Platform and/or Adviser (including but not limited to the cost of defending in any court of Law such claim, demand or action against FPIL and the cost of recovering the investments held by the Fund Platform and managed by the Adviser).
- 5. I/We\* acknowledge that FPIL may terminate the appointment of the Fund Platform and/or Adviser at any time as deemed necessary, by giving written notice to myself/us, the Fund Platform and the Adviser.
- 6. I/We\* acknowledge that while my/our\* Bond holds the Fund Platform, I/we\* may only hold investments through the Fund Platform. Should I/we\* wish to invest in assets outside of the Fund Platform, I/we\* will write to FPIL to inform them of this decision. FPIL will then close my/our\* Fund Platform account and the proceeds will be available for reinvestment.

Section B Authority granted

I/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

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <p><b>OPTION 1: Advisory basis only, my/our* signed consent required:</b></p> <p>I/We* declare that I/we* wish for the Adviser to discuss any proposed alterations to the investments with me/us*, and the Adviser will only act upon investment instructions that I/we* have signed.</p>   |
| <input type="checkbox"/> | <p><b>OPTION 2: Advisory basis only, without signed consent:</b></p> <p>I/We* declare that I/we* wish for the Adviser to discuss any proposed alterations to investments within the Bond with me/us*, and obtain my/our* agreement before any changes are made.</p>   |
| <input type="checkbox"/> | <p><b>OPTION 3: Delegated Investment Management:</b></p> <p>I/We* declare that I/we* have delegated investment decisions to the Adviser, who has complete discretionary authority to make all investment decisions to buy or sell assets, hold cash or other investments, within the boundaries of the investment restrictions detailed in Section D below.</p> |

Section C: Remuneration

Please tick one box only

☐

OPTION 1: I/We\* have agreed with the Adviser that a fee will not be paid.

☐

OPTION 2: I/We\* authorise FPIL to make a quarterly withdrawal directly from the Bond of 

GBP/USD/other\*

 per quarter or 

%

 per annum of the Bond value at the calendar quarter end valuation point. I/We\* understand that this withdrawal shall be payable by FPIL to the Adviser on my/our\* behalf.

☐

OPTION 3: I/We\* authorise the following fees to be taken from the Fund Platform account and paid to the Adviser by the Fund Platform. This will reduce the value of my/our\* Fund Platform account by the amount paid to my/our\* Adviser.

Section D: Investment restrictions

I/We\* agree to the investment restrictions listed on page 18

Signature(s)	First Applicant (Trustee)	Second Applicant (Trustee)
	<div>Signature</div> <div>Date (dd/mm/yyyy)</div>	<div>Signature</div> <div>Date (dd/mm/yyyy)</div>
	Third Applicant (Trustee)	Fourth Applicant (Trustee)
	<div>Signature</div> <div>Date (dd/mm/yyyy)</div>	<div>Signature</div> <div>Date (dd/mm/yyyy)</div>

Part 2 – For completion by the Adviser

Declaration

On behalf of the 'Financial Adviser' named in Part 1, Section A above, I have read and understood the Investment Restrictions specified on page 18, Section D above 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):

☐

Advisory basis only (the Applicant(s) has/have selected OPTION 1 above)  
I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Applicant(s). I understand that I can only act upon investment instructions that have been signed by the Applicant(s).

☐

Advisory basis only (the Applicant(s) has/have selected OPTION 2 above)  
I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Applicant(s). I understand that I must obtain the agreement of the Applicant(s) to any investment advice given and that I may be asked to provide such agreement to FPIL if requested.

☐

Delegated Investment Management (the Applicant(s) has/have selected OPTION 3 above)  
I confirm that I hold the appropriate authorisation enabling me to execute investment transactions on a fully discretionary basis, and that I have the agreement of the Applicant(s) to issue investment instructions without consulting them first.

**! If you are licensed to provide financial services in one of the following jurisdictions, please complete Section E:**

- Financial Action Task Force member country
- European Union member state
- Isle of Man, Guernsey, Jersey, Gibraltar, Iceland, Liechtenstein, Malaysia, Norway, Switzerland

**If you are not licensed in a country or jurisdiction listed above, please complete supplementary Fund Platform form [XIM1/ APPOINTMENT OF ADVISER]**



confirm that I am licensed by a Regulatory Body located in one of the following jurisdictions:

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

in	(country)
----	-----------

My Regulatory License 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

Signature
Date (dd/mm/yyyy)

Name of Adviser

--

For and on behalf of  
(Name and address of firm)

--

Telephone / Fax number

\_\_\_\_\_ /

Email address

[illegible]

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Please use BLOCK CAPITALS.

To: The Manager	Bank
Address	
Postcode (if applicable)	

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

GBP/USD/EUR/Other*	(figures)	GBP/USD/EUR/Other*	(words)

[illegible]

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# What YOU need to provide

## Verification of identity, address and source of wealth accumulation

Friends Provident International Limited (FPIL) has a legal obligation to verify the identity and residential address of each person who will apply for one of FPIL's products. FPIL also has a regulatory obligation to obtain details of how the applicant(s) have acquired the monies/assets that they will invest with FPIL.

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 Limited. By providing the information and documents requested, you are not only helping FPIL to comply with stringent money laundering legislation, but you are helping to protect your own identity.

### Verify the identity of each Applicant

## Step 1

The required documents to verify identity are:

- A Passport; or
- A Government-issued Identity Card (carrying a photograph of the individual).

Where it is not possible to obtain either a Passport or a National Identity Card, two other formal government-issued documents carrying appropriate personal details, which show verifiable reference numbers, may be accepted. Examples would include:

- Driving Licence with photograph
- Annual Tax Assessment issued by the Tax Authorities
- A Government-issued document containing a unique reference number which is specific to each Applicant.

These documents must be certified (please refer to [STEP 3](#)).

### Verify the address of each Applicant

## Step 2

We will also require an original or certified copy of a document, to verify each Applicant'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 Applicant and show the residential address that appears on the application form. In all cases the documents seen should be the most recent available, and no older than 3 months, unless the document used to verify address is only issued on an annual basis.

- Utility Bill, (water, Gas, electricity, landline telephone connection) Rates Invoice, council tax notification  
*Please note, mobile telephone bills, cable TV bills and Internet service provider's bills are not acceptable as evidence of address*
- Current driving licence with photograph
- Tax assessment document
- Extract from the official Registrar of Electors
- Bank Account statement  
*Please note, statements of credit cards and non-bank cards, such as store cards, are not acceptable*
- State pension, benefit or other government-produced document showing benefit entitlements
- Letter from the Applicant's employer, confirming their residential address. Where the Applicant has accompanied a partner or spouse on a work assignment or contract, and they are also an Applicant, an employer may confirm the address of a non-employee where a relationship is detailed
- Proof of ownership or rental of the residential address
- Mortgage statement.

These documents must be certified (please refer to [STEP 3](#)).

## What YOU need to provide

## Background

Incorrect certification of documents is one of the main reasons for delays in processing applications. The Isle of Man Insurance and Pensions Authority, FPIL's principal regulator, is very specific about how documents are to be certified, and who can perform this function.

## Certification of copy documents

The certifier must state on the document:

*'I certify that this is a complete and accurate copy of the original documentation that I have seen...'*

*Signed: (the signature of the certifier)*

*Name: (the printed name of the certifier)*

*Date: (the date of certification)*

Improper certification could lead to delays.

## Who can certify a copy of an original document?

### **A Regulated Introducer, or authorised employee of a Regulated Introducer**

A Regulated Introducer is an Introducer in relation to which a regulatory authority exercises regulatory functions and the Introducer is based or incorporated in or formed under the law of a country that is a FATF (Financial Action Task Force) jurisdiction.

### **A Suitable Certifier appointed by Friends Provident International Limited**

To be approved by FPIL as a Suitable Certifier, the individual must have submitted the Appointment of Suitable Certifier Form to this company, together with copies of his/her passport, and proof of address document, certified by a Commissioner for Oaths, a Notary Public or a Suitable Certifier already approved by Friends Provident International Limited.

### **A notary Public, licensed lawyer or solicitor**

A Notary Public is a public officer appointed under authority of state law with power to administer oaths, certify affidavits, take acknowledgements and take depositions or testimony.

**An authorised representative of an embassy or consulate** of the country that issued the identification documents.

## Translation of documents not written in English

Where a document submitted for address verification is not written in English, we require the certifier to explain on the document:

- What the document is
- Indicate where the applicant's name and address is printed
- The certifier should also write a statement onto the document to the effect that:

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

*Signed: (the signature of the IFA)*

*Name: (the printed name of the IFA)*

*Date: (the date the IFA has certified the copy document)*

## 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 Friends Provident International 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.

## Information to be provided

On page 8 of the application form you should clearly explain how you have acquired the funds that you will invest. You will find a Source of Wealth Table overleaf to help you. Column 1 provides a number of common examples of wealth generating activity. Column 2 details the level of information that you should include on page 8 of the application. Column 3 provides guidance on the sort of documentary evidence that would normally be sufficient.

## Supporting documentation to evidence Source of Wealth

Friends Provident International uses 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 the Company’s website. It is available in PDF format on our website, [www.fpinternational.com](http://www.fpinternational.com) (click Downloads → PDF library International (Isle of Man) → Source of Wealth).

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. 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.

DESCRIPTION OF SOURCE OF WEALTH	BELOW PREMIUM LIMITS	ON OR ABOVE PREMIUM LIMITS (Documentary evidence of ONE item is required in addition to information requested for below premium limits business)
<b>1 Savings from salary (basic and/or bonus)</b> If you own or part-own the company where you are employed, please follow the guidance detailed in 7 below	<ul style="list-style-type: none"> <li>Salary per annum</li> <li>Employer's name</li> <li>Employer's address</li> </ul>	<ul style="list-style-type: none"> <li>Original or certified copy of a payslip (or bonus payment) from within the last three months</li> <li>Letter from employer confirming salary</li> <li>Latest audited accounts (if self-employed) and Company bank statement</li> </ul>
<b>2 Maturity or surrender of life policy</b>	<ul style="list-style-type: none"> <li>Amount received</li> <li>Policy provider</li> <li>Policy number / reference</li> <li>Date of surrender</li> </ul>	<ul style="list-style-type: none"> <li>Certified copy of closing statement</li> <li>Letter confirming surrender</li> </ul>
<b>3 Sale of investments / liquidation of investment portfolio</b>	<ul style="list-style-type: none"> <li>Description of shares / units / deposits</li> <li>Name of seller</li> <li>How long held</li> <li>Sale amount</li> <li>Date funds received</li> </ul>	<ul style="list-style-type: none"> <li>Certified investment / savings certificates, contract notes, or surrender statements</li> <li>Bank statement clearly showing receipt of funds and investment company name</li> <li>Signed letter detailing funds from a regulated accountant</li> </ul>
<b>4 Sale of property</b>	<ul style="list-style-type: none"> <li>Sold property address</li> <li>Date of sale</li> <li>Total sale amount</li> </ul>	<ul style="list-style-type: none"> <li>Signed letter from Solicitor</li> <li>Certified copy sale contract</li> <li>Signed letter from Estate Agent</li> </ul>
<b>5 Inheritance</b>	<ul style="list-style-type: none"> <li>Name of deceased</li> <li>Date of death</li> <li>Relationship to applicant</li> <li>Date received</li> <li>Total amount</li> <li>Solicitor's details</li> </ul>	<ul style="list-style-type: none"> <li>Grant of Probate (with a copy of the will), which must include the value of the estate</li> <li>Signed letter from Solicitor</li> </ul>
<b>6 Divorce settlement</b>	<ul style="list-style-type: none"> <li>Date received</li> <li>Total amount received</li> <li>Name of divorced partner</li> </ul>	<ul style="list-style-type: none"> <li>Copy of court order or</li> <li>Solicitor's letter</li> </ul>
<b>7 Company profits</b>	<ul style="list-style-type: none"> <li>Name and address of company</li> <li>Nature of company</li> <li>Amount of annual profit</li> </ul>	<ul style="list-style-type: none"> <li>Certified copy of latest audited company accounts</li> </ul>
<b>8 Gift</b>	<ul style="list-style-type: none"> <li>Date received</li> <li>Total amount</li> <li>Reason for gift</li> <li>Relationship to applicant</li> <li>Certified identification documents for donor</li> <li>Donor's source of wealth – please follow standard requirements</li> </ul>	<ul style="list-style-type: none"> <li>Donor's source of wealth – requirements of evidence as stated above for each individual source of wealth and a letter from the donor confirming details of the gift</li> </ul>
<b>9 Employer paying premium</b>	<ul style="list-style-type: none"> <li>Employer letter</li> <li>Country of incorporation</li> <li>Incorporation number</li> </ul>	<ul style="list-style-type: none"> <li>Employer letter, Certificate of Incorporation and certified copy of latest audited company accounts</li> </ul>

#### 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.

## What YOU need to provide



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## Important Information

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

Investment involves risk. Past performance should not be viewed as a reliable guide of future performance. Fund prices may go up and down depending upon underlying investment performance, and the value of your investment cannot be guaranteed. Investments held within a fund may not be denominated in the currency of that fund and the value of those assets can go up and down simply because of movements in currency exchange rates. All fund performance is quoted net of annual charges.

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

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

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

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

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

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Friends Provident International Limited

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Incorporated company limited by shares

Registered in the Isle of Man No. 11494

Authorised by the Isle of Man Insurance & Pensions Authority

Provider of life assurance and investment products

Authorised by the Office of the Commissioner of Insurance to conduct long-term insurance business in Hong Kong

Registered in the United Arab Emirates as an insurance company (Registration No.76)

and as a foreign company (Registration No. 2013)

Authorised by the United Arab Emirates Insurance Authority to conduct life insurance and savings business

Registered in Singapore No. F06835G

Registered by the Monetary Authority of Singapore to conduct life insurance business in Singapore

