

Application Form

Premier

Additional Life Cover and/or
Premium Protection Cover



FRIENDS PROVIDENT
INTERNATIONAL

How to apply for Additional Life Assurance Cover and/or Premium Protection Cover*

This Application Form should be completed and returned to Friends Provident International Limited.

Where cover is to be provided for two lives, separate information must be completed for each person to be covered. The Applicant(s) will be notified if any further information is needed. After acceptance a cover note will be issued.

(* This form is to be used in addition to the normal Premier Plan Application Form and is not a replacement for it.)

Only complete the sections of the form for the cover which you require.

Please use BLOCK CAPITALS.

Separate information must be provided for each person to be covered; use additional forms as necessary.

Additional Life Cover

Additional Life Cover

You may take out Additional Life Cover at the outset of your Premier Plan, or at any time before your chosen Option Date. There is a minimum amount of Additional Life Cover of US\$30,000 (or currency equivalent). Additional Life Cover will be granted subject to satisfactory completion of our underwriting requirements. The maximum amount of Additional Life Cover will be determined on a case by case basis depending on underwriting criteria. Additional Life Cover can only be granted to applicants who are lives assured on the original Premier Plan.

Increased Additional Life Cover

Additional Life Cover can be increased at any time before your chosen Option Date, subject to satisfactory completion of our underwriting requirements. The minimum increase is US\$30,000 (or currency equivalent).

Death Benefit

The Additional Life Cover is provided in addition to the basic death benefit payable from your Premier Plan. We will deduct any money owing to us before we pay the Death Benefit and Additional Life Cover.

Cover for two people

Additional Life Cover can be requested for one or two people. If Additional Life Cover is provided on a joint life basis the Death Benefit will be paid on the death of the first Life Assured to die. Only one Death Benefit is payable.

Cost of Additional Life Cover

The cost of Additional Life Cover is dependent on a number of criteria determined during underwriting. These include the number of Lives Assured and their circumstances (including age, gender, smoker status, health and country of residence). We reserve the right to review the rates for Additional Life Cover at any time.

How Additional Life Cover is paid for

Payment for Additional Life Cover is made each month by cancelling Accumulation Units in your Premier Plan at their bid value. Payments become due from the day when Additional Life Cover is added to your Premier Plan. If there are insufficient Accumulation Units to cancel to meet the Additional Life Cover Charge, the Charge will be accrued and units will be cancelled once Accumulation Units have been allocated to the Plan.

Cancellation or reduction of Additional Life Cover

You may cancel or reduce your Additional Life Cover at any time. Additional Life Cover will cease if the Surrender Value of your Premier Plan is less than the charge we make for the Additional Life Cover.

Confirmation of cover

We will confirm your Additional Life Cover, and any subsequent changes, by issuing an endorsement to you.

Age limits

Additional Life Cover is only available to applicants between the ages of 18 and 75.

Premium Protection Cover

Premium Protection Cover

You can request Premium Protection Cover for one or two people who, if they were unable to work because of disability, would affect your ability to pay your Premier Premiums. These Protected Persons need not be the Lives Assured. Premium Protection Cover will be granted subject to satisfactory completion of our underwriting requirements. The Protected Persons must be in an occupation and receiving payment. Premium Protection Cover will only be provided for the full amount of the regular premium being paid to your Premier Plan.

When Premium Protection Cover is paid

Premium Protection Cover payments will be made by us six months after the incapacity of the Protected Person. We will continue to make Premium Protection Cover payments until any of the following events occur:

- the incapacity ceases
- the Protected Person becomes 65
- the Option Date of your Premier Plan is reached
- your Premier Plan is made Paid Up
- your Premier Plan is surrendered
- the Life Assured dies and we pay the Death Benefit.

Definition of incapacity

Incapacity means the Protected Person is totally unable by reason of sickness or accident to follow his or her occupation, is not following another occupation(s) and is unable to follow another occupation for which he or she is suited by reason of education, training or experience.

Deferred period

During the six month deferred period you will be responsible for maintaining your premiums to your Premier Plan. After the Protected Person has been incapacitated for six months within any continuous period of nine months we will make Premium Protection Cover payments to your Premier Plan. If within six months of the Protected Person returning to work the same incapacity reoccurs for four or more weeks we will recommence Premium Protection Cover payments from the date when incapacity began again.

Excluded from definition of incapacity

You may not claim for Premium Protection Cover payments if the incapacity is caused by one of the following excluded events:

- Aviation - Taking part in any flying activity, other than as a fare paying passenger in a commercially licensed aircraft.
- Criminal Acts - Taking part in a criminal act.
- Drug Abuse - Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
- Hazardous Occupation - Taking part in an occupation which in our opinion is hazardous and has not previously been declared to and accepted by us.
- Hazardous Sports and Pastimes - Taking part in or generally pursuing any activity which in our opinion is hazardous and has not previously been declared to and accepted by us.
- HIV / AIDS - Infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS).
 - The definition of AIDS is the then current definition used by the World Health Organisation or that used by any successor body or other such governmental or international organisation as we shall decide:
 - Infection shall be deemed to have occurred where blood tests indicate, in the opinion of a Medical Practitioner, Doctor or Surgeon, either the presence of any human immunodeficiency virus or antibodies to such a virus.
- Self-Inflicted Injury - Intentional self-inflicted injury.
- War & Civil Commotion - War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

Cover for one or two people

Premium Protection Cover can be written on one or two lives. If there are two Protected Persons, the benefits will be on a Joint Life, First Event basis. Premium Protection Cover payments will only be made on one claim at a time.

Residence of protected person

The Protected Person must be normally resident in a designated country. If the Protected Person intends to be outside a designated country for 13 weeks in any 52 week period you must inform us and we reserve the right to remove Premium Protection Cover or increase the charge we make for it. The Premier Plan is not necessarily currently available for sale in all the designated countries.

The designated countries are:

Argentina	Australia	Austria	Bahrain	Belgium
Brazil	Brunei	Canada	Channel Islands	Denmark
Finland	France	Germany	Greece	Hong Kong
Isle of Man	Italy	Japan	Luxembourg	Malaysia
The Netherlands	New Zealand	Norway	Portugal	Republic of Ireland
Saudi Arabia	Singapore	South Africa	Spain	Sweden
Switzerland	Taiwan	United Arab Emirates	United Kingdom	United States

Cost of providing Premium Protection Cover

The cost of Premium Protection Cover is dependent upon a number of criteria determined during underwriting. These include the number of Protected Persons and their circumstances (including age, gender, smoker status, health and occupation).

How Premium Protection Cover is paid for

Payment for Premium Protection Cover is made each month by cancelling Accumulation Units in your Premier Plan at their bid value.

Payments become due from the day Premium Protection Cover is added to your Premier Plan. If there are insufficient Accumulation Units to cancel to meet the Premium Protection Cover charge, the charge will be accrued and units will be cancelled once Accumulation Units have been allocated to the Plan.

Cancellation of Premium Protection Cover

You can cancel Premium Protection Cover at any time.

Claiming procedure

You must write to us as soon as the Protected Person commenced suffering from the incapacity.

If you do not write to us within eight weeks of the commencement of the incapacity we will take the start date to be the date at which you did notify us. We will send you a claim form and will require claim information which you must provide at your expense. We may also require the Protected Person to undergo a medical examination which we will pay for.

Confirmation of Cover

We will confirm your Premium Protection Cover, and any subsequent changes, by issuing an endorsement to you.

Age limits

Premium Protection Cover is only available to applicants between the ages of 18 and 60.

SECTION 1

*Delete as appropriate

To be completed by each Applicant

Please use BLOCK CAPITALS

Personal Details

	First (or only) Applicant	Second Applicant
1 Title	<input type="text" value="Mr"/> <input type="text"/> <input type="text" value="Mrs"/> <input type="text"/> <input type="text" value="Miss"/> <input type="text"/>	<input type="text" value="Mr"/> <input type="text"/> <input type="text" value="Mrs"/> <input type="text"/> <input type="text" value="Miss"/> <input type="text"/>
	<input type="text" value="Other Please Specify"/> <input type="text"/>	<input type="text" value="Other Please Specify"/> <input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 First name(s)	<input type="text"/>	<input type="text"/>
4 Marital status	<input type="text"/>	<input type="text"/>
5 Maiden name (any previous maiden name)	<input type="text"/>	<input type="text"/>
6 Date of birth	<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"/>
7 Is evidence of age attached?	<input type="text" value="Yes"/> <input type="text"/> <input type="text" value="No"/> <input type="text"/>	<input type="text" value="Yes"/> <input type="text"/> <input type="text" value="No"/> <input type="text"/>
8 Nationality	<input type="text"/>	<input type="text"/>
9 Country of residence of Life Assured when applying for Additional Life Cover	<input type="text"/>	<input type="text"/>
10 Residence address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
11 Telephone number	<input type="text"/>	<input type="text"/>
12 Fax number	<input type="text"/>	<input type="text"/>
13 E-mail address	<input type="text"/>	<input type="text"/>

Cover Required

	First Applicant	Second Applicant
Is Additional Life Cover required?	<input type="text" value="Yes"/> <input type="text"/> <input type="text" value="No"/> <input type="text"/>	<input type="text" value="Yes"/> <input type="text"/> <input type="text" value="No"/> <input type="text"/>

Amount of Additional Life Cover

Minimum US\$30,000 or currency equivalent

Cover must be expressed in the same currency as the Premier Plan.

If there is more than one life assured, the Additional Life Cover benefit will be paid on a "First Death" basis.

	First Applicant	Second Applicant
Is Premium Protection Cover required?	<input type="text" value="Yes"/> <input type="text"/> <input type="text" value="No"/> <input type="text"/>	<input type="text" value="Yes"/> <input type="text"/> <input type="text" value="No"/> <input type="text"/>

If there two Protected Persons, the Premium Protection Cover benefit will be paid on a "First Event" basis.

SECTION 2: UNDERWRITING INFORMATION

*Delete as appropriate

All applicants for Additional Life Cover and/or Premium Protection Cover should complete this section.

Please use BLOCK CAPITALS

Occupation

	First Applicant	Second Applicant
12. Name and address of employer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Percentage of time taken on manual/administrative duties	Manual <input type="text"/> % Administrative <input type="text"/> %	Manual <input type="text"/> % Administrative <input type="text"/> %
3. Normal working hours per week	<input type="text"/>	<input type="text"/>
4. How long have you followed this occupation?	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>

Lifestyle

	First Applicant	Second Applicant
1. Do you or do you intend to:		
Engage in aviation other than that of a fare-paying passenger on scheduled commercial flights?	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/> No <input type="text"/>
Engage in any hazardous pursuits, pastimes or other activities (e.g. motor racing, hang-gliding or diving)?	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/> No <input type="text"/>
If either Applicants answer "Yes," please provide details in the Additional Information section at the back of this form.		
2. What is the average daily consumption of	Alcohol (units) <input type="text"/> Tobacco <input type="text"/>	Alcohol (units) <input type="text"/> Tobacco <input type="text"/>
3. Have you smoked cigarettes or any form of tobacco in the last 12 months?	Yes (how many) <input type="text"/> No <input type="text"/>	Yes (how many) <input type="text"/> No <input type="text"/>
4. Height and weight (clothed)	Height <input type="text"/> m Weight <input type="text"/> kg	Height <input type="text"/> m Weight <input type="text"/> kg

Health and Insurance

	First Applicant	Second Applicant
1. Name and address of your usual medical attendant (your usual doctor)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. How long has the above known you?	Years <input type="text"/>	Years <input type="text"/>
3. If you have changed your doctor in the past year, please give the name and address of your previous doctor	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NB. We may obtain a report from your medical attendant.

If the answer to any of the questions from 4 through to 15 is "Yes", please provide full details in the **Additional Information** section.

	First Applicant		Second Applicant	
4. Have any of your parents, brothers or sisters suffered from diabetes, heart disease, kidney disease or mental disorders before the age of 65?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever taken drugs other than for medical purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you ever had any disorder of:				
(i) Heart, lungs, blood, blood pressure, blood vessels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) Kidneys, urinary system or digestive system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) Brain, nervous system or mental disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iv) Cancer, diabetes, rheumatic fever, arthritis, fatigue, any back trouble or other joint problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you had any disorder not mentioned above or received any attention, advice or treatment from a doctor in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Are you at present under any medical treatment or following a special diet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Have you ever had, or are you expecting to have, any specialist investigation (e.g. blood test, X-ray, health screening)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Have you received or do you expect to receive any medical advice, counselling, treatment or test in connection with AIDS, an AIDS-related condition, Hepatitis B or any sexually transmitted diseases?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Has any proposal for life assurance, sickness insurance or permanent health insurance on your life ever been declined, deferred or accepted on special terms by this or any other company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Are you currently submitting any proposal for life, sickness or permanent health insurance to any other office, or have you done so within the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you ever made or in the process of making any claim for sickness insurance or disability benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Do you have any existing death or illness insurance in place? If "yes", please give the amount of all policies in force.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Do you intend to visit countries other than your current country of residence? If "Yes", please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 4: DECLARATION

*Delete as appropriate

Attention is drawn to the following Declaration. 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. DECLARATIONS

I/We* declare that this Application was signed in (country)

and the advice was given in (country)

and that, to the best of my/our* knowledge and belief, I/we* am/are* in good health and that all the above statements whether in my/our* handwriting or not, together with any statements made to a medical examiner, are true and complete. I/We* agree that the Company may seek information from any doctor who has attended me/us* or from any Company or Society to which I/we* have made a proposal for life assurance, or permanent health insurance, and I/we* authorise the giving of such information.

2. DATA PROTECTION

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

- (i) transfer the information between its offices wherever they are situated; and
- (ii) provide me/us* with information about other products or services which it believes may be of interest to me/us*; and
- (iii) communicate with me/us*, my/our* Independent Financial Adviser and Fund Adviser whether directly or indirectly for any purpose; and
- (iv) 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.

Signature(s)

First (or only) Applicant

Second Applicant

Signature
Date

Signature
Date

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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.

Past performance should not be viewed as an indication of future performance, fund prices may go up and down depending upon investment performance and are not guaranteed. You may get back less than you paid in. All fund performance quoted is net of annual charges. Please note that securities held within a fund may not be denominated in the currency of that fund and, as a result, fund prices may rise and fall purely on account of exchange rate fluctuations.

Holders of policies issued by the Company will not be protected by the UK Financial Services Compensation Scheme if the Company should become unable to meet its liabilities to them. Policyholders will receive the protection of the Life Assurance (Compensation of Policyholders) Regulations 1991 of the Isle of Man.

Complaints we cannot settle can be referred to the Financial Services Ombudsman Scheme for the Isle of Man or the Financial Ombudsman Scheme in the UK, depending on the parties involved.

Some telephone communications with the Company are recorded and may be randomly monitored or intruded into.

LEGAL INTERPRETATION

Each policy is governed by and shall be construed in accordance with the law of the Isle of Man.

Friends Provident International Limited
Registered & 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
Incorporated company limited by shares.
Registered in the Isle of Man No. 11494
Authorised by the Isle of Man Insurance & Pensions Authority and regulated by the Financial Services Authority for the conduct of investment business in the UK.
Provider of life assurance and investment products.

The rules and regulations made by the Financial Services Authority for the protection of investors will not normally apply to persons resident outside the United Kingdom

The appointed representative of the Company in Hong Kong is
Friends Provident International Limited's branch office:
Friends Provident International Limited
Suites 1203-1211, Two Pacific Place, 88 Queensway, Hong Kong
Telephone: +852 2524 2027 Fax: +852 2868 4983



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