

Application Form

Premier

FAILURE TO DISCLOSE RELEVANT INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION

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

This Form should be read in conjunction with the current edition of the following documents, available upon request from Friends Provident International Limited, which set out the terms and conditions of the contract and the various investment options available to you:

- the Premier Principal Brochure, which also consists of:
 - the Fund Prices leaflet
 - the Fund Guide
- the Premier Technical Guide
- the Premier Policy Conditions

If you make any mistakes while completing this Form, please cross out the error and write the new information CLEARLY. **Each correction must be initialled by the person or persons completing the form.** Do NOT use correction fluid or other ways of deleting incorrect information.

Introducing Intermediary

Company name	<input type="text"/>
Intermediary account number	<input type="text"/>
Plan number allocated	<input type="text"/>

Additional information/Special instructions

Please complete all sections

Failure to provide all relevant information and documentation will result in a delay to the proposal being processed. Further information may be required during the validation process (i.e. questions arising from the information provided). **Please note that even if the premium has been received and banked, the policy will not be issued until all documentation has been received and validated.**

Tick Box

- Section 1: Details of Applicant(s)
- Section 2: Policy Details
- Section 3: Declarations
- Certified copy of client identity
- Certified copy of utility bill (or suitable alternative) to verify the residential address of the Applicant(s)
- Method of payment details

SECTION 1: DETAILS OF APPLICANT(S)

*Delete as appropriate

If the Proposed Policyholder(s) is/are Trustee(s) of an existing trust, please use the Trustee Application Form (available on request).

To be completed by each investor who is the current legal owner of the premium(s)

Please use BLOCK CAPITALS

	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"/>	<input type="text"/> <input type="text"/>
4 Marital status	<input type="text"/>	<input type="text"/>
5 Date of birth	<input type="text"/>	<input type="text"/>
6 Country of residence	<input type="text"/>	<input type="text"/>
7 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"/>
8 Telephone number	<input type="text"/>	<input type="text"/>
9 Fax number	<input type="text"/>	<input type="text"/>
10 E-mail address	<input type="text"/>	<input type="text"/>
11 How long have you lived at this address?	<input type="text"/>	<input type="text"/>
12 Correspondence address (if different to residence address)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Please tick if you wish all correspondence / statements to be sent direct to the Applicant(s)	<input type="checkbox"/>	
(If the box is not ticked, all correspondence will be sent to the introducing intermediary.)		
13 Nationality	<input type="text"/>	<input type="text"/>
14 Occupation	<input type="text"/> (If retired, please state former occupation)	<input type="text"/> (If retired, please state former occupation)
15 Nature of business	<input type="text"/>	<input type="text"/>
16 Are you in good health?	<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 No, please give details on a separate piece of paper		
17 Are you to be a Life Assured?	<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 the applicants are not to be the Lives Assured, the relevant supplementary form must be completed)		
18 Are you to be a Policyholder?	<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"/>

Total Premium

Monthly Contributions	US\$/£/€/HK\$*	Minimum US\$150 or currency equivalent
Quarterly Contributions	US\$/£/€/HK\$*	Minimum US\$450 or currency equivalent
Half-Yearly Contributions	US\$/£/€/HK\$*	Minimum US\$900 or currency equivalent
Yearly Contributions	US\$/£/€/HK\$*	Minimum US\$1,800 or currency equivalent

The Plan will normally be issued as a single policy. If you wish your Plan to be issued as 10 individual policies, tick here.

Payment methods

- BY CHEQUE. Please make cheques payable to Friends Provident International Limited. **This method is for the first premium, half-yearly or yearly contributions only.**
- BY BANKER'S DRAFT/TELEGRAPHIC TRANSFER. Please complete the **Bank Instruction Letter**. Where a bankers draft is chosen please ensure that your bank makes the draft payable to Friends Provident International Limited (Ref: Policyholder). Please also include a copy of the bank's acknowledgement letter when you forward the bank draft to us.
- BY STANDING ORDER. Please complete the **Banker's Standing Order** and enclose a cheque for the first premium.
- BY CREDIT CARD. Please complete a **Credit Card Charge Authority** (available on request) and enclose a cheque for the first premium.

Source of Wealth

Please read the separate Source of Wealth table, available from Friends Provident International Limited, which details additional supporting information/documentation requirements.

<input type="checkbox"/>	Regular savings from salary	Current salary	<input type="text"/>
		Employer's name	<input type="text"/>

Pension provision by employer. Please provide the employer's Letter of Confirmation and Certificate of Incorporation.

<input type="checkbox"/>	Other regular income	Amount of additional income	<input type="text"/>
		Details	<input type="text"/>

<input type="checkbox"/>	Regular savings from company profits	Amount of annual profit	<input type="text"/>
		Company name	<input type="text"/>
		Nature of company business	<input type="text"/>

Other Source of Wealth (please specify)

Valuation Currency

Please select the currency in which you wish to receive valuations of your plan. (If no selection is made, valuations will be produced in the currency in which premiums are paid.)

US Dollars (US\$)
 Sterling (£)
 Euro (€)
 HK Dollars (HK\$)

Option Date

The Option Date must be not less than 5 years and not more than 25 years from inception of the Plan. The maximum age of the youngest Life Assured at the chosen Option Date must be 75.

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 usual Independent Financial Adviser as to the suitability of the policy to your own particular circumstances.
4. 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 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, 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

Friends Provident International Limited 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 Friends Provident International Limited has created. Some of these funds which are available to you, are categorised as specialist or alternative investment funds. If you were investing in a specialist fund directly yourself, rather than through one of our products, 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 link part of your policy to it.
- You are eligible and able to invest into the fund and meet any declarations that are required by the fund managers.
- You meet certain minimum financial requirements.

Ordinarily some of these funds would only be permitted to market themselves to Professional/Experienced Investors rather than to 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 Friends Provident International Limited Life Assurance Policy, Friends Provident International Limited is treated as the professional or experienced investor and this enables policyholders that may not otherwise 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 Investor we have provided below. Full definitions, restrictions and investor requirements can be found in each fund's documentation, which is available from the Fund Manager or from your Independent Financial Adviser. Friends Provident International Limited recommends that you obtain, read and fully understand a full copy of the Prospectus and Fund Literature, for your chosen fund.

• **Professional Investor Funds**

A Professional Investor Fund ("PIF") is available only to professional investors who are generally market professionals. Often investors are required to have a net worth requirement that is typically in excess of US\$1 million. The typical minimum investment in a Professional Investor Fund is US\$100,000. There are limited regulations covering formal content of fund literature and documents. It is not subject to any regulatory restrictions on its investment and borrowing powers. The Offering Document must contain sufficient information to enable an informed investment decision and must contain risk warnings.

• **Isle of Man Experienced Investor Funds**

An Isle of Man Experienced Investor Fund ("EIF") is designed for the experienced investor, defined as "a person who, in relation to any experienced investor fund, is sufficiently experienced to understand the risks associated with an investment in that fund". There are limited regulations covering formal content of fund literature and documents. It is not subject to any regulatory restrictions on its investment and borrowing powers. The offering document must contain all material information to enable an informed investment decision and must contain risk warnings.

Regulation of an EIF centres on the operator rather than the fund content itself.

• **Irish Qualifying Investor Funds**

An Irish Qualifying Investor Fund ("QIF") is only available to investors that meet minimum criteria. A QIF is only available to:

- Any individual with a minimum net worth (which excludes main residence) in excess of €1,250,000.
- Any institution
 - which owns or invests on a discretionary basis at least €25,000,000 or its equivalent in other currencies or
 - the beneficial owners of which are qualifying investors in their own right.

Please note that this list is indicative of the types of professional and experienced schemes that exist. It is not exhaustive and you should consult any documents you have to determine if your investment falls into such a category.

• **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 cash due to the type of investments they hold. This could limit your ability to raise cash from the fund in the future, although any restriction is only likely to occur in extreme market conditions. Information and definitions for our specialist mirror funds are available on www.fpinternational.com. Friends Provident International Limited 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 as 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 the Company before acceptance, then: You must disclose all facts which are material. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal. If you are in doubt as to the relevance of any particular information you should disclose it, as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.

1. FUND ACKNOWLEDGEMENT

Before you invest in any specialist funds through your policy, Friends Provident International Limited 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 fund is suitable bearing in mind my/our* investment objectives and attitude to risk.
- (ii) I/We* confirm that I/we* understand that certain funds may have restrictions on their ability to raise cash in the future, and that further details are included in the Prospectus issued by the respective Fund Manager. I/We* further understand the risks associated with investment in these funds and understand that I/we* may be investing into funds not aimed at the general public and agree to investments in such funds.
- (iii) I/We* acknowledge that Friends Provident International Limited is not responsible for any loss suffered or reduction in the value of my/our policy arising from my/our* investment. Friends Provident International Limited does not have any responsibility for the management of the underlying fund and Friends Provident International Limited does not approve any asset as a suitable investment.
- (iv) I/We* acknowledge that Friends Provident International Limited reserves the right to reject any asset at the time of investment if certain administration and due diligence criteria are not met.

2. 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, all the above statements are true. I/We* agree that they, together with any other statements made to a medical examiner in the event of a medical examination or to the Company, now or in the future, shall form the basis of the contract under the law of the Isle of Man. I/We* have read and understood all the materials relevant to this contract and I/we* have acquainted myself/ourselves* with the charges made by Friends Provident International Limited. I/We have requested further information on any points I/we have not understood.

I/We* understand that I/we* may choose the investments to which my/our* Premier 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 my/our* choice of investment, however arising.

I/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. 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) 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. Friends Provident International Limited will remain responsible for making sure that the information is held securely); 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.

I/We* would like Friends Provident International Limited to use the information I/we* have supplied to let me/us* know about other products and services in the Friends Provident group of companies*. **If you would prefer NOT to receive such information, please tick this box.**

* The Friends Provident group of companies means Friends Provident plc and any other company in which it has directly or indirectly a material shareholding.

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

Signature(s)

Applicant

Second Applicant

Signature
Date

Signature
Date

Please complete ALL sections

This document should be completed by the introducing Intermediary. (Where there is more than one individual Applicant a separate form for each additional Applicant should be completed.)

Full name of customer	<input type="text"/>			
	PASSPORT		NATIONAL IDENTITY CARD	
Reference number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing office	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certified copy included	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>

Please also provide a certified copy of a utility bill (or bank statement, employer’s letter) verifying the Applicant’s residential address†

How long have you known the applicant?

Who introduced the applicant to you?

Are any concurrent proposals being made to other life offices and does the applicant hold any other life investment products? Yes No

If Yes, please give full details

Declaration

I/We* being the person introducing the above customer hereby give assurance that:

(a) evidence of the identity of the Client has been obtained and has been and will continue to be recorded by me/us* in accordance with:

- (i) Any requirements of Friends Provident International Limited from time to time notified to me/us*.
- (ii) The Isle of Man Insurance and Pensions Authority - Common Trading Practices for Isle of Man Insurers’ Guidance Notes on the Prevention of Money Laundering (and all legislation regulations, and guidance issued in substitution thereof and in addition thereto where applicable).
- (iii) The requirements of any other regulatory body of any jurisdiction applicable to the business submitted.

(b) I confirm that I have seen the original documents specified above and have checked the name and identity of the customer and beneficial owner and attach a certified copy for your records.

Signature

Date

Full name

Sole Trader/Partner/Director or other duly authorised signatory - please delete as applicable

For and on behalf of

Full name of Intermediary Firm

Authorising Body

Authorising Number

Address of Intermediary Firm

† A full list of acceptable proof of address documents is available from Friends Provident International Limited

Please complete ALL sections

This document should be completed by the introducing Intermediary. (Where there is more than one individual Applicant a separate form for each additional Applicant should be completed.)

Full name of customer	<input type="text"/>			
	PASSPORT		NATIONAL IDENTITY CARD	
Reference number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing office	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certified copy included	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>

Please also provide a certified copy of a utility bill (or bank statement, employer’s letter) verifying the Applicant’s residential address†

How long have you known the applicant?

Who introduced the applicant to you?

Are any concurrent proposals being made to other life offices and does the applicant hold any other life investment products? Yes No

If Yes, please give full details

Declaration

I/We* being the person introducing the above customer hereby give assurance that:

(a) evidence of the identity of the Client has been obtained and has been and will continue to be recorded by me/us* in accordance with:

- (i) Any requirements of Friends Provident International Limited from time to time notified to me/us*.
- (ii) The Isle of Man Insurance and Pensions Authority - Common Trading Practices for Isle of Man Insurers’ Guidance Notes on the Prevention of Money Laundering (and all legislation regulations, and guidance issued in substitution thereof and in addition thereto where applicable).
- (iii) The requirements of any other regulatory body of any jurisdiction applicable to the business submitted.

(b) I confirm that I have seen the original documents specified above and have checked the name and identity of the customer and beneficial owner and attach a certified copy for your records.

Signature

Date

Full name

Sole Trader/Partner/Director or other duly authorised signatory - please delete as applicable

For and on behalf of

Full name of Intermediary Firm

Authorising Body

Authorising Number

Address of Intermediary Firm

† A full list of acceptable proof of address documents is available from Friends Provident International Limited

Bank Instruction Letter

Only applicable to Applicants paying in US dollars, sterling or euro.

Please note that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.

This form should be returned with your Application Form.

Please use BLOCK CAPITALS *Delete as applicable

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number	Sort Code (if applicable)*
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Account Currency (must be completed if the account is multi-currency)	SWIFT/BIC Code (if applicable)*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Account Holder's Name	IBAN (Euro payments only)*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Dear Sir,

On my/our* behalf would you please prepare a Telegraphic Transfer and carry out the transaction indicated within 48 hours of you receiving this instruction.

Section A - Telegraphic Transfers

If remitting sterling from a UK/Channel Island or Isle of Man bank account, send the payment by CHAPS direct to the Isle of Man Bank Limited, East Region, Douglas, Sort Code 60-95-45. For all other currencies, please remit a SWIFT Payment Order direct to Isle of Man Bank Limited, SWIFT Code RBOSIM2, IBAN: GB48RBOS60954540038485. The beneficiary account name is **Friends Provident International Limited** and the beneficiary account number is shown below.

US dollar, sterling and euro Transfer — Account No. 9545-40038485

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

USD/GBP/EUR* (figures)	USD/GBP/EUR* (words)
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Please charge the amount of the payment **together with any bank and agent bank's charges** to my/our* account.

Yours faithfully,

Signature(s)	Signature	Signature
	Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

My/Our* Address

Section B (to be completed by Friends Provident International Limited)

This Reference Number must be quoted by the Bank on all advices

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Bank Instruction Letter

Only applicable to Applicants with bank accounts in the Far East.

Please note that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.

This form should be returned with your Application Form.

Please use BLOCK CAPITALS *Delete as applicable

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number

Sort Code (if applicable)*

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

SWIFT/BIC Code (if applicable)*

Account Holder's Name

IBAN (Euro payments only)*

Dear Sir,

On my/our* behalf would you please prepare a Telegraphic Transfer and carry out the transaction indicated within 48 hours of you receiving this instruction.

Section A - Telegraphic Transfers

Please remit to HSBC Limited, 1 Queen's Road, Central, PO Box 64, Hong Kong, SWIFT Code HSBCHKHH, for credit to **Friends Provident International Limited** and the beneficiary account number shown below.

US Dollar Transfer — Account No. 511-667685-201

Sterling Transfer — Account No. 511-667685-202

Euro Transfer — Account No. 511-667685-220. IBAN: GB28MIDL40051539048574.

HK Dollar Transfer — Account No. 511-667685-001

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

USD/GBP/EUR/HKD* (figures)	USD/GBP/EUR/HKD* (words)
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Please charge the amount of the payment **together with any bank and agent bank's charges** to my/our* account.

Yours faithfully,

Signature(s)

Signature
Date (dd/mm/yyyy)

Signature
Date (dd/mm/yyyy)

My/Our* Address

Section B (to be completed by Friends Provident International Limited)

This Reference Number must be quoted by the Bank on all advices

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Banker's Standing Order

For Monthly, Quarterly, Half-Yearly or Yearly Payments.

Only applicable to Applicants who DO NOT have bank accounts in the Far East.

This form should be returned with your Application Form.

Please use BLOCK CAPITALS *Delete as applicable

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number

Sort Code (if applicable)*

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

SWIFT/BIC Code (if applicable)*

Account Holder's Name

IBAN (Euro payments only)*

Dear Sir,

On my/our* behalf would you please pay by Bankers' remittance to: Isle of Man Bank, East Region, PO Box 13, Douglas, Isle of Man, British Isles, IM99 1AN, Sort Code 60-95-45, SWIFT Code RBOSIMD2, IBAN: GB48RBOS60954540038485, carrying out the transaction indicated within **48 hours**, the sum of:

USD/GBP/EUR* (figures)	USD/GBP/EUR* (words)
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for credit to **Friends Provident International Limited**, Account Number 9545-40038485

on the day of (month) (year)

and on the same day monthly quarterly half-yearly yearly

quoting the Reference Number below (see Section A) until this order is cancelled in writing.

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

Yours faithfully,

Signature(s)

Signature
Date (dd/mm/yyyy)

Signature
Date (dd/mm/yyyy)

My/Our* Address

Section A (to be completed by Friends Provident International Limited)

This Reference Number must be quoted by the Bank on all advices

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Banker's Standing Order

For Monthly, Quarterly, Half-Yearly or Yearly Payments.

Only applicable to Applicants with bank accounts in the Far East. Not for use by Applicants with Hang Seng bank accounts.

Please note that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.

This letter should be returned with your Application Form.

Please use BLOCK CAPITALS *Delete as applicable

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number	Sort Code (if applicable)*
<input style="width:95%;" type="text"/>	<input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> — <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> — <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>
Account Currency (must be completed if the account is multi-currency)	SWIFT/BIC Code (if applicable)*
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Account Holder's Name	IBAN (Euro payments only)*
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Dear Sir,

On my/our* behalf would you please pay by Bankers' remittance to: Hong Kong & Shanghai Banking Corporation Limited, Main Office, 1 Queen's Road, Central, Hong Kong, SWIFT Code HSBCHKHH, carrying out the transaction indicated within **48 hours**, the sum of:

<input style="width:95%;" type="text"/> USD/GBP/EUR/HKD* (figures)	<input style="width:95%;" type="text"/> USD/GBP/EUR/HKD* (words)
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for credit to **Friends Provident International Limited**, Account Number (tick one box only)

- US Dollar — Account No. 511-667685-201
- Sterling — Account No. 511-667685-202
- Euro Transfer — Account No. 511-667685-220. IBAN: GB28MIDL40051539048574.
- Hong Kong Dollar — Account No. 511-667685-001

on the day of (month) (year)

and on the same day monthly quarterly half-yearly yearly

quoting the Reference Number below (see Section A) until this order is cancelled in writing.

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

Yours faithfully,

Signature(s)

Signature	Signature
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

My/Our* Address

Section A (to be completed by Friends Provident International Limited)

This Reference Number must be quoted by the Bank on all advices

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Important Information

This document should be read in conjunction with the current Premier Brochure and Technical Guide, which detail the product charges and terms and conditions.

A copy of the relevant policy document and provisions may be obtained from Friends Provident International Limited on request.

Investment involves risk and each class of investment will involve its own individual level of risk. We recommend that you discuss specific risks associated with individual investments with your Financial Adviser before making any investment decisions.

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 currency exchange rates.

All mirror fund performance is quoted net of annual charges. However, mirror fund performance should not be viewed as an indication of future performance – the value of your investment cannot be guaranteed and you may get back less than you paid in.

All policyholders will receive the protection of the Life Assurance (Compensation of Policyholders) Regulations 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 deposits accounts are unlikely to apply in the event of failure of such an investment held within insurance contracts.

Each Policy is governed by and shall be construed in accordance with the law of the Isle of Man. If you effect a policy whilst resident in the United Arab Emirates, all disputes regarding the policy shall be subject to the non-exclusive jurisdiction of the courts of the United Arab Emirates.

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

Complaints we cannot settle can be referred to the Financial Services Ombudsman Scheme for 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

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

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

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