

Application Form

Reserve

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

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

- the Reserve Principal Brochure, which also consists of the Fund Prices leaflet and your Personal Charging Structure sheet
- the Reserve Policy Document.

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.

Your financial adviser

Company name	<input type="text"/>
Financial adviser's account number	<input type="text"/>
Policy number allocated (if known)	<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.**

Important note for the Applicant(s) and Financial Adviser

A Personal Charging Structure sheet must be submitted with the Application Form.

At the back of this Application Form is a guidance note: **'What you need to provide'**. This explains what Friends Provident International Limited will require in order to process an application. The guidance note addresses the following issues:

- Verification of identity and address (documents required)
- Authentication of documents by a suitable certifier
- Source of wealth accumulation and evidential support

When completing the Application Form, there are prompts that refer to this guidance note. We would recommend you request your financial adviser, who is introducing this business, to assist you in the completion of these requirements.

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

Please write in INK and use BLOCK CAPITALS

First (or only) Applicant

Second Applicant

1 Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Other (please specify) <input type="text"/>			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 Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>		
8 Telephone number	<input type="text"/>			<input type="text"/>		
	<input type="text"/>			<input type="text"/>		
	<input type="text"/>			<input type="text"/>		
9 Fax number	<input type="text"/>			<input type="text"/>		
10 Email 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"/>		

▶ See 'What you need to provide', Steps 1 and 2 (Page 20)

Please tick if you wish all correspondence / statements to be sent direct to the Applicant(s). (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"/>	<input type="text"/>
	(If retired, please state former occupation)	(If retired, please state former occupation)
15 Nature of business	<input type="text"/>	<input type="text"/>
16 Are you in good health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If No, please give details on a separate piece of paper	
17 Are you to be a Life Assured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(If the applicants are not to be the Lives Assured, the relevant supplementary form must be completed)	
18 Are you to be a Policyholder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Total Premium

In the event of Asset Exchanges, please leave blank and complete **Section 4: Asset Exchange Scheme**. In the event of Share Sales, please leave blank and complete a **Share Sale Scheme** form, available on request.

GBP/USD/Other*

Minimum GBP 50,000 (or USD 75,000, EUR 75,000, HKD 600,000, CHF 125,000, AUD 150,000, SEK 750,000, JPY 10,000,000).

Capital Redemption version: GBP 100,000 (or USD 150,000, EUR 150,000, HKD 1,200,000, SEK 1,500,000, CHF 250,000, AUD 300,000, JPY 20,000,000).

Note: When investing monies, please indicate your chosen investments in **Investment Instructions** on page 6.

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** 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 (Euro payments only)*

Account number

Account name

Bank (name and address)

Source of Wealth

 See 'What you need to provide', Step 4 and Source of Wealth Table (Pages 22 and 23)

Please refer to 'What you need to provide' on pages 22 and 23 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. Please refer to 'What you need to provide' (Pages 22 and 23), and use the box provided for explanation / provision of required details
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 See 'What you need to provide', Step 4 and Source of Wealth Table (Pages 22 and 23)

Please provide as much detail as possible

Policy Basis

Whole of Life Capital Redemption Policy

Valuation Currency

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

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

Number of policies

Maximum 100. Minimum 5. Minimum Premium per policy GBP 5,000 (or USD 7,500, EUR 7,500, HKD 60,000, SEK 75,000, CHF 12,500, AUD 15,000, JPY 1,000,000). (NB. This may limit the total number of policies issued).
If this box is left blank, then 5 policies will be issued.

Optional Withdrawals

Investors may choose to receive a regular income from their policy. The current minimum individual withdrawal is GBP 250 (or USD 375, EUR 375, HKD 3,000, CHF 625, AUD 750, SEK 3,750, JPY 50,000). 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.**

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

payable (tick one box only) monthly quarterly half-yearly yearly

commencing (delete the date which does not apply) 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 (Euro payments only)*

Account number

Account name

Bank (name and address)

Investment Adviser

Is an Investment Adviser to be appointed?

Yes. Please complete **Section 2: Appointment of Investment Adviser** No

Discretionary Fund Manager & Custodian

Is a Discretionary Fund Manager & Custodian to be appointed?

Yes. Please complete **Section 3: Appointment of Discretionary Fund Manager & Custodian** No

Investment Instructions

Please indicate the assets for your Reserve to invest. If there is insufficient room, please use a separate sheet, signed by all Applicants.

Charges will be deducted from the General Transaction Account; therefore, if an overdrawn balance is to be avoided, please ensure sufficient cash is retained in line with your investment strategy.

Units/Shares/ Amount	SEDOL/ ISIN (Essential) †	Full Security/Fund Name Description	Income/ Acc §	Office Use

† 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.

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 our portfolio bond policies, 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.fpinternational.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 Reserve policy being invalid.

1. INVESTMENT ACKNOWLEDGEMENT

Before you invest in any assets through your Reserve 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* Reserve 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* confirm that I/we* understand certain assets may have restrictions on their ability to raise cash in the future, and that further details are included in the prospectus or terms and conditions for the respective investment. I/We* understand the risks associated with investing in these assets.
- (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* Reserve policy, arising from my/our chosen investment. FPIL does not have any responsibility for the management of the assets within my/our* Reserve 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 that cash is being invested with.
- (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

I/We* declare that this Application was signed in (country)
and the advice was given in (country)

I/We* further declare that all the information provided in this Application Form, including this Declaration, are complete and true to the best of my/our* knowledge and belief. I/We* agree that they, together with any other statements made to a medical examiner in the event of a medical examination or to FPIL, now or in the future, shall form the basis of the contract under the law of the Isle of Man. I/We* have received, read and have been given an explanation of all the printed materials relevant to this policy and I/we* have been acquainted with the management charges made by FPIL.

I/We* understand that I/we* may choose the investments to which my/our* Reserve policies are to be linked. Consequently, FPIL 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* further declare that I/we* understand and agree that the policy shall not become effective until it is issued with the premium paid in full and all requirements have been met.

I/We* understand that this application can only be accepted by employees of FPIL situated at FPIL'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* independent 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)

Applicant

Second Applicant

Signature
Date

Signature
Date

Part 1 - For completion by the Applicant(s)

Please write in ink and use BLOCK CAPITALS

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).

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.

Section C

Investment restrictions

(a) **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.

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

- Shares in the Friends Provident 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.

(b) **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[†], 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.

[†] "Collective Investment" as defined in section 235 of the UK Financial Services and Markets Act 2000.

(c) The Reserve policy 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 Reserve policy, without the prior formal approval of FPIL

(d) Any assets purchased as a result of an instruction FPIL receives from the Adviser, shall be purchased at the open market price, as shown on the contract note issued by the fund manager or stockbroker.

(e) FPIL is the beneficial owner of all of the assets held within the Reserve policy, which are held in FPIL's name.

I/We* authorise FPIL to act upon this authority until I/we* revoke this authority in writing.

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) of Applicant(s)

Applicant

Second Applicant

Signature
Date

Signature
Date

PART 2 - For completion by the Adviser

Please write in INK and use BLOCK CAPITALS

Declaration

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

Please tick one box only

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 FPIL 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 Applicant's/Applicants' agreement 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 provide investment instructions to FPIL, and that I have the agreement of the Applicant(s) to issue investment instructions on their behalf.

Important Note

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 Section F.

Section E

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

Signature
Date

Name of Adviser

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

Section F

I understand that its Principal Regulator requires Friends Provident International Limited to complete an identification check on the Investment Adviser firm and I must provide the following certified documents, if not previously provided, before this Appointment of Investment Adviser Form can be accepted:

- A suitably certified copy of the Certificate of Incorporation or equivalent document
- A list of all directors and verification of the identity[†] of at least two directors, one of whom must be an executive director
- Verification of the identity[†] of all shareholders holding 20 per cent or more of the issued share capital of the firm.

(Please refer to 'Identification Requirements - Notes' below)

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Signature</td> </tr> <tr> <td style="padding: 2px;">Date</td> </tr> </table>	Signature	Date
Signature			
Date			
Name of Adviser			
For and on behalf of <i>(Name and address of firm)</i>			

Identification Requirements - Notes

These notes apply only if Section F is completed

The principal requirement is to look behind the corporate entity to identify those who have ultimate control over the business and company's assets. Where the shareholder is a holding company, trust or nominee, then FPIL is required to look behind this to the ultimate beneficial owner and verification of identity of the ultimate beneficial owner must be obtained, together with evidence demonstrating beneficial ownership.

[†] Verification of the identity: this is deemed to comprise:

- Primary Identity document - certified copy of a passport or Government-issued Identity Card
- Verification of residential address - certified copy of one of the following documents:
 - A utility, rates or council tax bill. Mobile telephone bills are not acceptable as evidence of address
 - An entry in a local telephone directory
 - An extract from the official register of electors
 - A current driving licence
 - A tax assessment document
 - An account statement from a bank or credit card. Non-bank cards, such as store cards, are not acceptable.
 - Proof of ownership or rental of the residential address
 - A mortgage statement.

PART 3 - Investment Adviser contact details

Telephone / Fax number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px; text-align: center;">/</td> </tr> </table>	/
/		
Email address		

For completion by the Applicant(s)

Minimum Premium GBP 75,000 (or USD 112,500, EUR 112,500, HKD 900,000, SEK 1,125,000, CHF 187,500, AUD 225,000, JPY 15,000,000)

Please write in INK and use BLOCK CAPITALS

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 GBP/USD/Other* 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. Investment Criteria

2. Risk Criteria

3. Investment restrictions

(a) **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.

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

- Shares in the Friends Provident 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.

(b) **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[†], 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.

[†] "Collective Investment" as defined in section 235 of the UK Financial Services and Markets Act 2000.

- (c) The discretionary 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 account, without the prior formal approval of FPIL.
- (d) Any stocks purchased as a result of an instruction from the Manager, shall be purchased at the open market price, as shown on the contract note issued by the stockbroker.
- (e) FPIL is the beneficial owner of all of the assets held within the Reserve policy, which are held in FPIL's name.

Signature(s)

Applicant

Second Applicant

Signature
Date

Signature
Date

To be completed if an existing portfolio is to be transferred into a new Reserve

Please write in INK and use BLOCK CAPITALS

Asset Exchange Scheme

This form must be completed if an existing asset/share portfolio is to be transferred into Reserve. A Power of Attorney is included to enable the transfer on your behalf if you wish (not suitable for use by Trustees, certain Jersey-based securities or for US securities).

Guidance notes to assist you to complete the form

The Authority for Asset Exchange, which includes a Power of Attorney, is intended, once signed, to be a legally binding document. Consequently, it is essential that a number of formalities are complied with. We have set out below what we believe to be the matters which will apply to every case. There may however be other issues which apply because of your circumstances or the laws of the country in which you sign the document, and we would therefore suggest that if you have any queries you seek professional advice. The Power of Attorney included within this form is granted to Friends Provident International Limited.

1. The document must be signed in ink by every person who is a registered holder of any of the Assets listed in Section 10 overleaf, in the presence of a witness.
2. The witness must sign the document in ink and should give his or her full name, address and occupation.
3. Each signature must be witnessed separately. If the same person witnesses more than one signature, the witness must give the details in respect of each signature.
4. If there are any alterations or changes to the document, each one should be initialled (in the margin) by all signatories and all witnesses.
5. If it is necessary to use any supplementary sheets, these should also be signed by all signatories and witnesses, and dated.

Authority for Asset Exchange

1. As the registered owner(s) of the Assets listed in the Schedule overleaf ("the Assets") I/we*

in connection with my/our* Application for Reserve hereby irrevocably authorise FRIENDS PROVIDENT INTERNATIONAL LIMITED:

- (i) To enter in the Schedule printed after this Authority the current holdings of Assets represented by the certificates listed in Section 8.
 - (ii) To transfer any or all of these Funds to the relevant Managers on my/our* behalf at its absolute discretion and to account to me/us* for the full value of the transfer.
 - (iii) To transfer any or all of these Securities on my/our* behalf at its absolute discretion and in accordance with Stock Exchange practice, to Friends Provident International Limited at the bid price or mid price quoted in the Financial Times or, if not quoted in the Financial Times, quoted by a Stockbroker, at the time of the transfer and to receive on my/our* behalf and to account to me/us* for the full value of the transfer.
 - (iv) Return to me/us* any of the Assets that are not transferred as aforesaid.
2. I/We* understand that the exchange of these assets/shares may result in a Capital Gains Tax liability, depending on my/our* country of residence, and I/we* further understand that no allowance will be made for the discharge of this liability, which I/we* shall have to meet from other sources.
 3. I/We* understand that any transfers effected under 1 (ii) or (iii) above will normally take place as soon as possible following receipt of this completed authority, the relevant Share Certificates and/or other documents of title and signed Application Form(s).
 4. I/We* undertake that I/we* shall account to Friends Provident International Limited for all dividends, interest or other rights or benefits received or receivable by me/us* and to which the purchaser or transferee of the said Assets is entitled, and to ensure that such purchaser or transferee shall be entitled to exercise all rights, whether voting or otherwise, in respect of the said Assets.
 5. POWER OF ATTORNEY †
For the purpose of carrying the foregoing into effect I/we* hereby appoint Friends Provident International Limited as my/our* Attorney on my/our* behalf to execute or sign any such deed, transfer or other document as may be required and to do any other act, matter or thing which they consider necessary or expedient for carrying into effect any of the transfers or other matters authorised hereunder in the same manner and as fully and effectively in all respects as I/we* could do if personally present.
† N.B. This authority is not suitable for use by Trustees, or for certain Jersey-based securities, or for US Securities.
 6. I/We* hereby undertake to ratify everything that Friends Provident International Limited shall do or purport to do under the said power and upon request, to sign and return to Friends Provident International Limited forthwith, all documents necessary to effect such transfers. I/We* hereby confirm that I/we* have all the necessary power and authority to transfer the Assets and that none of them is subject to any lien, charge or encumbrance or third party rights. I/We* confirm that I am/we are* not a director/directors* (or closely related to a director) of or

Schedule

Please complete the Assets in Section 8 above.

DO NOT COMPLETE THIS SCHEDULE, which will be completed by Friends Provident International Limited under the authority contained in Section 1(i) above. Friends Provident International Limited will only enter in the Schedule those Assets listed in Section 8 or the actual holding derived from them. This ensures that the details are up to date and allows, for example, recent scrip issues or name changes.

A BONDS / NUMBER OF SHARES/UNITS TO BE EXCHANGED	B FULL NAME OF ASSET	C ISIN / SEDOL NUMBER OF ASSET

In accordance with the Power of Attorney contained in Section 5 of the Authority executed by

we, Friends Provident International Limited, hereby request you, the relevant Manager, to exchange the Assets listed above as indicated.

Dated the of (month) (year)

Authorised Signatory for and on behalf of Friends Provident International Limited

Full name

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

The Isle of Man Insurance & Pensions Authority, through its Anti-Money Laundering Standards, requires all Isle of Man Life Companies to obtain information and documentary evidence on the source of wealth of new investors. This emphasises its determination to maintain the highest possible standards of business practice within the Island. These Standards form part of the global drive to counter money laundering and terrorism and assist us all to safeguard the industry and, ultimately, protect our investors.

Friends Provident International Limited (FPIL) has established three categories of countries in order to determine where we will seek supporting evidence to support source of wealth. Our approach to categorising each country is determined by a number of factors. We take into account the current FATF status of each country, the ranking in the Corruption Perceptions Index published by Transparency International, the level of regulation within each country's financial systems and the general political and economic climate.

These notes should be read in conjunction with the current list of countries in all categories, which is available in PDF format on request. The list can also be downloaded from our website at www.fpinternational.com

FPIL Source of Wealth evidence requirements

FPIL will base the premium levels at which supporting evidence is to be provided on the following categories of business.

- **Category 1: Low-Risk**

This means that the policyholder must reside in one of the countries listed in Category 1, the broker must be regulated in a Category 1 country and the bank account from which premium is paid must be in a Category 1 country. These requirements are cumulative, not alternatives.

- **Category 2: Medium-Risk**

- **Category 3: Higher-Risk**

For all applicants, please complete the Source of Wealth section of this application form with the details outlined in Column 2 of the Source of Wealth Table on page 23. Additional supporting documentation, as detailed in column 3 of the Source of Wealth Table will be required where the premium is equal to or in excess of:

Premium Limits	
Category 1 country	USD 1,500,000 GBP 750,000 EUR 1,125,000 HKD 11,700,000
Category 2 country	USD 600,000 GBP 300,000 EUR 450,000 HKD 4,680,000
Category 3 country	USD 200,000 GBP 100,000 EUR 150,000 HKD 1,560,000

Please note, every investment is reviewed on a case-by-case basis, therefore Friends Provident International Limited reserves the right to request additional information or documentation where it is felt that this may be warranted.

What **YOU** need to provide

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)
<p>1 Savings from salary (basic and/or bonus) <i>If you own or part-own the company where you are employed, please follow the guidance detailed in 8 below</i></p>	<ul style="list-style-type: none"> • Salary per annum • Employer's name • Employer's address 	<ul style="list-style-type: none"> • Original or certified copy of a payslip (or bonus payment) from within the last three months • Letter from employer confirming salary • Latest audited accounts (if self-employed) and Company bank statement
<p>2 Occupational Pension Scheme</p>	<ul style="list-style-type: none"> • Details and Certificate of Incorporation for sponsoring company (paying premium) 	<ul style="list-style-type: none"> • Original or certified copy of a payslip (or bonus payment) from within the last three months • Certified copy of sponsoring Company's latest audited accounts
<p>3 Maturity or surrender of life policy</p>	<ul style="list-style-type: none"> • Policy provider • Policy number/reference • Date of surrender • Amount received 	<ul style="list-style-type: none"> • Certified copy of closing statement • Letter confirming surrender
<p>4 Sale of shares or other investments/liquidation of investment portfolio</p>	<ul style="list-style-type: none"> • Description of shares/units/deposits • Name of seller • How long held • Sale amount • Date funds received 	<ul style="list-style-type: none"> • Certified investment/savings certificates, contract notes, or surrender statements • Bank statement clearly showing receipt of funds and investment company name • Signed letter detailing funds from a regulated accountant
<p>5 Sale of property</p>	<ul style="list-style-type: none"> • Sold property address • Date of sale • Total sale amount 	<ul style="list-style-type: none"> • Signed letter from Solicitor • Certified copy sale contract • Signed letter from Estate Agent
<p>6 Inheritance</p>	<ul style="list-style-type: none"> • Name of deceased • Date of death • Relationship to applicant • Date received • Total amount • Solicitor's details 	<ul style="list-style-type: none"> • Grant of Probate (with a copy of the will), which must include the value of the estate • Signed letter from Solicitor
<p>7 Company Sale</p>	<ul style="list-style-type: none"> • Name and nature of company • Date of sale • Total amount • Applicant's share 	<ul style="list-style-type: none"> • Signed letter from Solicitor or regulated accountant • Copy of contract of sale, plus bank statement showing proceeds • Copies of media coverage (if applicable) as supporting evidence
<p>8 Company Profits</p>	<ul style="list-style-type: none"> • Name and address of company • Country of registration and number • Nature of company • Amount of annual profit 	<ul style="list-style-type: none"> • Certified copy of latest audited company accounts
<p>9 Gift</p>	<ul style="list-style-type: none"> • Date received • Total amount • Reason for gift • Relationship to applicant • Certified identification documents for donor • Donor's source of wealth - please follow standard requirements 	<ul style="list-style-type: none"> • 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
<p>10 Employer paying premium</p>	<ul style="list-style-type: none"> • Employer letter • Country of incorporation • Incorporation number 	<ul style="list-style-type: none"> • Employer letter, Certificate of Incorporation and certified copy of latest audited company accounts

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



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 letter should be returned with your Application Form.

Please use BLOCK CAPITALS.

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	SWIFT/BIC Code (if applicable)*
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Account 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

Please remit to the Hong Kong & Shanghai Banking Corporation Limited, Main Office, 1 Queen's Road, Central, Hong Kong, SWIFT Code HSBCHKHH, for credit to Friends Provident International Limited and the beneficiary account number shown below.

- US Dollar Transfer - Account No. 511-667693-201
- Sterling Transfer - Account No. 511-667693-202
- Euro Transfer - Account No. 511-667693-220
- HK Dollar Transfer - Account No. 511-667693-001

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)
----------------------------	--------------------------

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	Date

My/Our* Address

Section B

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

(to be completed by Friends Provident International Limited)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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

