

# FRIENDS Wealth Solutions Bond

Application Form



# FRIENDS Wealth Solutions Bond

## Important.

This Application should only be completed after you have received a Key Features leaflet and an Illustration for this Bond. Please ask your financial adviser if you have not already received these. This Application should be completed using BLOCK CAPITALS throughout and boxes ticked where appropriate.

### A. Life (Lives) to be Assured - the person(s) on whose life (lives) the Bond is to be written

	First Life	Second Life (if Joint Life)
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Address*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Town <input type="text"/>	Town <input type="text"/>
	County <input type="text"/>	County <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Daytime telephone number (including STD code)	<input type="text"/>	<input type="text"/>
Home telephone number (including STD code)	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Date of birth**	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\* Unless instructions are given to the contrary, all communications will be sent to the address of the First Life to be Assured or, if the section below has been completed, to the address of the First Applicant.

\*\* Maximum age is 90 next birthday. For Joint Life Bonds one of the Lives Assured must be under the age of 90.

### B. Applicant(s) - the person(s) in whose name(s) the Bond is to be issued

This section does not need to be completed if the Life to be Assured is the Single Applicant under a Single Life Bond or if the Lives to be Assured are the Joint Applicants under a Joint Life Bond.

	First Applicant	Second Applicant (if Joint Application)
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Town <input type="text"/>	Town <input type="text"/>
	County <input type="text"/>	County <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Daytime telephone number (including STD code)	<input type="text"/>	<input type="text"/>
Home telephone number (including STD code)	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Date of birth*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
What is the Applicant(s) relationship or interest in the person or people named in Part A above?	<input type="text"/>	<input type="text"/>

\* Minimum age 18 attained. The applicant (or at least one of the joint applicants) must be under the age of 90.



**F. Regular withdrawal instructions** - Complete this section **ONLY** if you want to take regular withdrawals. Please do not complete this section if you have chosen an income distribution fund.

Frequency of payment: 

Yearly	
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Half-yearly	
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Four-monthly	
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Quarterly	
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Monthly	
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Amount of withdrawal required (minimum £40 each payment) 

£	
---	--

 per payment or 

	%	
--	---	--

 pa of the original investment

Date first payment required 

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 (not earlier than 14 days after commencement of the Bond)

Notes:

- (i) Unless the Regular Withdrawal % column in Section E has been completed, all regular withdrawals will be provided by cashing in units in proportion to the values of units within each fund in which you are invested. If you have chosen to take regular withdrawals from a specified fund (or funds) and there are insufficient units in that fund to provide the withdrawal we will pay the withdrawal (and future withdrawals) by cashing in units as above.
- (ii) An early cash-in charge will apply if the total of all your regular withdrawals exceed 5% per year of the original investment during the first five years. Occasional withdrawals may also be subject to a charge. Any unused allowance will be carried forward to subsequent years.
- (iii) Please remember that under current legislation there may be a liability to higher rate tax or entitlement to age-related personal allowance or tax credits may be affected where withdrawals in any one year exceed 5% of the original investment.
- (iv) The minimum amount remaining must be £3,000.

**Details of Bank/Building Society account to be credited:**

Name of account holder

Roll number (if applicable)

Sort code 

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 Account number 

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Name of Bank/Building Society

Address of branch 



  

Town
County

Postcode 

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**G. Income distribution instructions** - Complete this section **ONLY** if you have chosen an income distribution fund or funds. Your bond will not be set up if this section is not completed.

**Details of Bank/Building Society account to be credited:**

Name of account holder

Roll number (if applicable)

Sort code 

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 Account number 

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Name of Bank/Building Society

Address of branch 



  

Town
County

Postcode 

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## H. Source of wealth

Industry guidance on anti-money laundering and financial crime has led to us including the following questions on the source of wealth. We need this information from the Applicant(s).

	First Applicant	Second Applicant (if applicable)
Current annual income/pension (gross) from employment or occupation	£ <input type="text"/>	£ <input type="text"/>
Please specify employment or occupation (including retired)	<input type="text"/>	<input type="text"/>

Note: "Source of wealth" is the **reason(s)** for having funds available for investment. Typical sources of wealth are shown below. It is not the actual location of the funds such as an account number or name.

	First Applicant	Second Applicant (if applicable)
Please tick as appropriate	Savings from income <input type="checkbox"/>	Savings from income <input type="checkbox"/>
	Sale of investments <input type="checkbox"/>	Sale of investments <input type="checkbox"/>
	Sale of house or land <input type="checkbox"/>	Sale of house or land <input type="checkbox"/>
	Inheritance or gift <input type="checkbox"/>	Inheritance or gift <input type="checkbox"/>
	Other (please specify below) <input type="checkbox"/>	Other (please specify below) <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>

## I. Declaration by the Applicant(s)

I submit this Application with a view to applying for a FRIENDS Wealth Solutions Bond on Friends Provident's normal terms and conditions (which I am aware are available on request). I understand that the contract will commence on the acceptance of this application by Friends Provident.

I authorise Friends Provident to pay the withdrawals as requested in the regular withdrawal scheme section by way of a partial surrender in full satisfaction and discharge of the surrendered portions of the Bond.

I agree Friends Provident will use the information I give (as well as information about me relating to any existing policy I have with Friends Provident) for administration, research and statistical purposes. I agree Friends Provident may pass information about my policy to my financial adviser, to reinsurers and any agency appointed by Friends Provident for these purposes. (These agencies may be located in countries outside the UK that do not have laws to protect your information. Details of the companies and countries involved in your case will be provided on request. Friends Provident will remain responsible for making sure that the information is held securely).

I also agree Friends Provident may pass the information to third parties for the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

I would like Friends Provident to use the information supplied to let me know about other products and services in the Friends Provident  group of companies that may interest me.

	First Applicant	Second Applicant (if applicable)
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

