

Assignment of policy

To change the legal ownership of a life assurance policy

This form should be fully completed in BLOCK LETTERS and returned in original copy with the following:

- Original certified copy of identity and address document of the assignee(s) and beneficial owner(s).
- Address proof has to be dated within the last 3 months

All certified copies must be submitted in original paper form, we are unable to accept evidence by email or fax.

All documentation provided must be certified as a true copy of the original by either:

- 1 A Notary Public, solicitor or lawyer; or
- 2 Your financial adviser (if he/she is authorised to do so).

Important Notes

- The existing life assured(s) will not be removed after the Assignment.
- Any Optional Management Authority or Appointment of Investment Adviser previously set up will be revoked by this Assignment.
The assignee(s) to sign and resubmit a new Optional Management Authority/ Appointment of Investment Adviser form if deemed fit.

If you need to make any amendment, please countersign against it. Please do not use correction fluid or any other method for deleting incorrect information.

I, the undersigned ('Assignor(s)'), do HEREBY ASSIGN unto the person(s) ('Assignee(s)'), whose name(s) and address(es) are set out below, or to his/her executors, administrators and assign, as the case may be, the policy(ies) of assurance issued by Friends Provident International, particulars of which are given below and all sums thereby assured or payable thereunder, to hold unto the Assignee(s) absolutely.

Current policyholder details (Assignor)

	Current policyholder 1 (Assignor)	Current policyholder 2 (Assignor)
1 Full name of current policyholder(s)	<input type="text"/>	<input type="text"/>
2 Aliases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
if Yes, (please specify)	<input type="text"/>	<input type="text"/>
3 Residential address	<input type="text"/>	<input type="text"/>
4 Policy number(s) (all relevant policy numbers must be listed)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5 Please give an explanation for the assignment.	<input type="text"/>	
6 Relationship between Assignor and Assignee	<input type="text"/>	
7 Has the policy been assigned in exchange for money, or in exchange for something of monetary value?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', please confirm the amount or value received (further information may be required) <input type="text"/>

New/continuing policyholder details (Assignee)

Please note that where an existing policyholder is going to remain a policyholder after assignment, their name should be inserted as an assignor and assignee and must complete both the relevant sections for the assignor and assignee.

New policyholder 1 (Assignee)

New policyholder 2 (Assignee)

1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
2 Full name of new/ continuing policyholder(s)	<input type="text"/>	<input type="text"/>
3 Aliases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
if Yes , (please specify)	<input type="text"/>	<input type="text"/>
4 If assigning segments please state the segment numbers	<input type="text"/>	<input type="text"/>
5 Unique identification number (NRIC or Passport)	<input type="text"/>	<input type="text"/>
6 Date of Birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Residential address	<input type="text"/>	<input type="text"/>
8 Correspondence address (if different to residential address)	<input type="text"/>	<input type="text"/>
9 Email address (mandatory)	<input type="text"/>	<input type="text"/>
10 Contact number	<input type="text"/>	<input type="text"/>
11 Occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>
12 Please list all countries in which you are tax resident. Please provide your tax identification number for each country. If you are a US citizen or hold a US passport or green card, you will be considered tax resident in the US even if you live outside the US. You must include your US tax identification number in this section.	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Tax identification number <input type="text"/>

If you are unsure of your status as a tax resident, your tax identification number, or you have any other tax queries, we strongly recommend you seek professional tax guidance. If you have left any of the tax identification number boxes above blank, please give your reason in the Additional information box below.

13 In which countries do you have nationality/citizenship status? If you have more than one nationality/ citizenship status, please set out all countries of which you are a national/ citizen, as well as the relevant tax identification number(s), where applicable.	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>
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If you have left any of the tax identification number boxes above blank, please give your reason in the Additional information box on the next page.

Additional information/Special instructions

Please let us know in the space below of any additional information we need to be aware of relating to your tax status.

14 Are you an ultimate Beneficial Owner(s)* of this policy?

Yes

☐

No

☐

Yes

☐

No

☐

(if **No**, please complete the questions on the beneficial owner details section)

For the Assignee

Politically exposed person information

Individual

Are you or any immediate family member or beneficial owner previously or currently entrusted with prominent public functions* in Singapore or a foreign country; or a close associate** of one who is/was entrusted with prominent public functions in Singapore or a foreign country?

Yes

☐

No

☐

If **Yes**, please provide details:

Name of the person previously or currently entrusted with prominent functions

Your relationship to the person listed above

If there is more than one politically exposed person, please complete an additional form, a copy of which can be obtained from your financial adviser.

* 'Prominent public functions' includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislative and senior management of international organisations[†].

** 'Close associate' means a natural person who is closely connected to a politically exposed person[^], either socially or professionally.

[†] 'International organisation' means an entity established by formal political agreements between member countries that have the status of international treaties, whose existence is recognised by law in member countries and which is not treated as resident institutional unit of the country in which it is located.

[^] 'Politically exposed person' is a natural person who is entrusted with prominent public functions.

Source of wealth for the purchase of the policy and regular premium payments

Do not complete if no monetary exchange has occurred for a single premium policy.

Income and savings from salary (basic and/or bonus)

☐ Current annual salary Currency Amount

If self-employed or a company share owner, please refer to 'Company profits'.

Employer's name

Employer's address

Nature of business

Sale of shares or other investments/ liquidation of investment portfolio

☐ Description of shares/units/deposits (i.e. name/where held)

Name of seller

Length of time held Years Months

Sale amount Currency Amount

Date funds received

Other source of wealth

Please provide as much detail as possible.

☐

If required, we will contact you for supporting supplementary evidence of source of wealth.

Source of payment (for regular premiums only)

Continuation of existing method of payment:

If No, please tick one of the following future method of payment.

Yes ☐ No ☐

Credit Card ☐

Direct Charge Authority form completed

Yes ☐ No ☐

Bank Standing Order ☐

Bank Standing Order form completed or forwarded certified copy of standing order instruction given to your bank

Yes ☐ No ☐

Direct Debit Authorisation (GIRO) ☐

GIRO form completed

Yes ☐ No ☐

Your financial adviser can provide a copy of the above forms.

Investment Declarations

Before you invest in any assets through your Global Portfolio policy, Friends Provident International 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 Global Portfolio policy is to be linked.
- ii I/We acknowledge that it is my/our responsibility to ensure that the asset is suitable bearing in mind my/our investment objectives and attitude to risk, and my/our status as an accredited or a non-accredited investor.
- 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 If/we I choose to invest into assets aimed at non retail (qualified/professional) investor, I/we acknowledge that it is my/our responsibility to obtain, read and understand the fund prospectus or equivalent offering documents as appropriate.
- v I/We acknowledge that Friends Provident International is not responsible for the investment performance or any loss suffered or reduction in the value of my/our Global Portfolio policy, arising from my/our chosen investment. Friends Provident International does not have any responsibility for the management of the assets within my/our Global Portfolio policy and Friends Provident International does not approve any asset as a suitable investment.
- vi I/We acknowledge that Friends Provident International 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 Friends Provident International 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.
- x I/we have declared my investor status on the application form and understand that if I/we do not declare this, Friends Provident International will assume I am/we are a retail investor.
- xi I/we acknowledge that some of the investments made available by Friends Provident International may be Experienced, Professional, Qualified or Sophisticated Investor Funds as defined under the applicable legislation. I/we realise that these types of investment are not intended for general sale to retail investors.
- xii I am/we are aware that Friends Provident International will be regarded by the asset manager as the investor for the purposes of investment.
- xiii I/we accept that some investments involve a high level of risk and that it is my/our responsibility to read the investment documentation, including any risk warnings, provided by the investment manager.
- xiv I/we have discussed with my financial adviser whether such an asset is appropriate to my/our investment portfolio.
- xv I/we accept that Friends Provident International requires me/us to confirm that I/we have read and understood the investment documentation and risk warnings for any asset I/we wish to invest in.
- xvi For investment into Non Retail assets, I/we acknowledge that Friends Provident International will require me/us to sign an additional declaration confirming that I/we qualify and meet the required standards to be able to invest.
- xvii I am/we are aware that the declaration must be signed before Friends Provident International can place the investment and, in all cases, Friends Provident International has the right to decline the investment without providing a reason.

Personal Data Protection Consent Declaration

Please read this privacy notice carefully. Please be aware that this is a short version of our privacy notice and you should visit <https://www.fpinternational.sg/legal/privacy-and-cookies.jsp> to view the full policy.

Friends Provident International Limited ("FPIL") is the controller of your personal data processed in connection with this application and product. The data which we process is that which you provide in this form such as your names, contact details and information about medical history. As well as obtaining data directly from yourself, we may obtain additional information from your doctor(s) as further described in this application form.

We use your information to process and underwrite your application, administer your policy and handle any claims, to help detect and prevent fraudulent activity, and for customer profiling and marketing. We only retain your data for as long as is necessary for the maintenance of your contract, or for legal or regulatory requirements.

We may share your data with third parties who provide services to us, some of whom may be located outside of the Isle of Man, European Economic Area (EEA), or country in which your data was collected. In these cases we make sure that your data is protected to the same standards as in the Isle of Man, EEA, or country of data collection. We may also share your data with law enforcement and regulatory bodies, other insurers, your insurance intermediary and their service providers.

Data protection laws require us to tell you what legal basis we use for processing your personal data. In general, the processing is necessary to perform a contract with you, or to take steps requested by you before entering into this contract.

Personal Data Protection Consent Declaration (cont.)

We will not normally carry out any direct marketing campaigns but if we do, we will always contact you first and give you the opportunity to opt in to direct marketing before any communications of this nature take place.

We may process data about you which the law considers to be sensitive, in particular health information. In this case, we base our processing on your freely given, informed, specific consent or that the processing is necessary for the establishment, exercise or defence of legal claims. We may also process this type of data about other people you wish to insure such as family members. Please tell these people to read this privacy notice and our privacy policy so that they understand how FPIL may use their personal data.

By proceeding with this application:

- You understand that we will use information about you, including information about health, for the above purposes.
- You are confirming that any other person (e.g. a family member or other individual covered by your insurance policy, or whose information is relevant to use providing this policy coverage) whose information you are providing understands and has no concerns about their information being used in this way.

NOTE: If you have any concerns about use of information for these purposes, you should not proceed with this application as we may be unable to provide you with a policy. You can also contact us at any time if you would like to ask us to cease using your information, but this may result in your policy being cancelled.

You have various rights in relation to your personal data including accessing your data, and in some limited circumstances objecting to processing or having your data erased.

You can find out more information about how to exercise these rights and details of who to contact with queries on our privacy practices by viewing our full privacy policy available on our website <https://www.fpinternational.sg/legal/privacy-and-cookies.jsp> or it can be provided upon request from our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA.

I/We can confirm that:

- i I/We understand and agree that I/we shall update Friends Provident International immediately on any changes of my/our personal information and any other information provided in relation to this policy.
- ii I/We have read and understood the Data Protection Declaration on page 5.
- iii To the best of my/our knowledge and belief, all the information provided is complete and true.

The policy is underwritten by Friends Provident International Limited and will be entered in the register of Singapore policies

If a material fact is not disclosed in this form, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the financial adviser but was not included in the application. Please check to ensure that you are fully satisfied with the information declared in this application.

I understand that the Isle of Man Government has and will be entering into a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other territories. I understand that there is a requirement to collect information about customers' tax residence and nationality as part of Isle of Man legislation and that as a financial services company Friends Provident International is legally obliged to collect it. I am aware that Friends Provident International is required to request my tax residency, tax identification number (where applicable) and nationality and will record this information.

I understand that the information that will be reported to the Isle of Man Government is:

- My name, address, jurisdiction of tax residence, tax identification number and date of birth.
- My Friends Provident International policy number.
- The balance or value of my account at the end of the calendar year or at the date the policy was cashed in.
- The sum of any withdrawals taken within the relevant reporting year.

I/We* further declare that all the information provided in this form, including these Declarations, are complete and true to the best of my/our* knowledge and belief.

Signature(s) of Assignee(s)

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Full Name

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Date (DD/MM/YYYY)

Signatures

In witness whereof I/we have executed this document as a deed this Date Month Year

Please note we will be unable to proceed with the assignment if this document is not dated or completed on different dates or submitted with incomplete supporting documents.

Signed as a deed and delivered by Assignor(s). All current policyholder(s) must sign.

Signature(s) of **Assignor(s)**

Full Name

Date (DD/MM/YYYY)

Signature(s) of **Assignee(s)**

Full Name

Date (DD/MM/YYYY)

Please note that the one witness must not be related to the Assignor(s) or the Assignee(s)
In the presence of

Signature of witness

Date (DD/MM/YYYY)

Full name

Residential Address

Occupation

This Deed of Assignment shall be governed by and construed in accordance with the Law of Singapore.

- 1 This deed is suggested for guidance and consideration only, and in consultation with your financial adviser.
- 2 The assignment does not include any guarantee of the Assignor's title to the policy.
- 3 The assignment of a policy could have tax consequences.
- 4 Friends Provident International Limited is not a party to this Deed of Assignment and assumes no responsibility for the validity or legality of the Assignment.

Beneficial owner details

	Beneficial Owner 1	Beneficial Owner 2
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 First name(s) (as shown on NRIC or passport)	<input type="text"/>	<input type="text"/>
3 Surname (as shown on NRIC or passport)	<input type="text"/>	<input type="text"/>
4 Aliases	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(If Yes , please specify)	<input type="text"/>	<input type="text"/>
5 Unique identification number (NRIC or passport) (Please provide an original certified copy of beneficial owner's verification of identity document.)	<input type="text"/>	<input type="text"/>
6 Residential address (Please provide an original certified copy of beneficial owner's verification of address document.)	<input type="text"/>	<input type="text"/>
7 Date of birth (DD/MM/YYYY)	<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"/>
8 Please list all countries in which you are tax resident. Please provide your tax identification number for each country. If you are a US citizen or hold a US passport or green card, you will be considered tax resident in the US even if you live outside the US. You must include your US tax identification number in this section.	Country <input type="text"/> Tax identification number <input type="text"/>	Country <input type="text"/> Tax identification number <input type="text"/>
	<p>Not entering a tax identification number may hold up the issue of your policy. If you have left any of the Tax identification number boxes above blank, please give your reason in the Additional information box behind.</p> <p>If you are unsure of your status as a tax resident, your tax identification number, or you have any other tax queries, we strongly recommend you seek professional tax guidance in order to avoid delaying your application.</p>	
9 In which country do you have nationality/ citizenship status? If you have more than one nationality/ citizenship status, please set out all countries of which you are a national/ citizen, as well as the relevant tax identification number, e.g. NRIC or passport numbers, in the 'Additional information' behind.	Country <input type="text"/> Tax identification number <input type="text"/>	Country <input type="text"/> Tax identification number <input type="text"/>
	<p>Not entering a tax identification number may hold up the issue of your policy. If you have left any of the Tax identification number boxes above blank, please give your reason in the Additional information box behind.</p>	
10 Relationship to the policyholder	<input type="text"/>	<input type="text"/>
11 Contact number	<input type="text"/>	<input type="text"/>

Beneficial owner details (cont.)

Additional information

Please let us know, in the space below, of any additional information about the beneficial owner(s) we need to be aware of relating to this application. If there are more than two beneficial owners, please also provide their details in the space below.

Signature(s) of Beneficial Owner(s)

Date (DD/MM/YYYY)