

Application form

Global Wealth Advance (GWA)

Global Wealth Manager (GWM)

For use by Singapore financial advisers only

For use with the following products:

- Global Wealth Advance Please choose **only** one product.
Global Wealth Manager Complete sections relating to your product choice.

Financial adviser details

Company name
Adviser name
FPI agency number

Contact details for acknowledgement/queries on the application.

Contact name
Telephone number
Email address

1 I have submitted the equivalent of Sections 11, 12 and 13 of the Life Insurance Advisory Form (Life Insurance Association, Singapore).

2 Choose either of the following:

- a) The client(s) and I have completed the needs analysis according to the Life Insurance Association's Life Insurance Advisory Form.
b) The client(s) have opted not to carry out the needs analysis according to the Life Insurance Association's Life Insurance Advisory Form.

Signature (to be signed by the adviser)

3 Client(s) must endorse if option 2(b) above has been selected:

I/We have opted not to carry out the complete needs analysis according to the Life Insurance Association's Life Insurance Advisory Form with my/our adviser.

If a material fact is not disclosed in this application, 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 and/or representative but was not included in the application. Please check to ensure that you are fully satisfied with the information declared in this application.

First (or only) applicant

Second applicant

Signature

Date (dd/mm/yyyy)

Please tick to confirm you have included with this application:

- Total distribution cost summary (Global Wealth Manager only)**
Personal policy illustration (Global Wealth Advance only)
Verification of client identity*
Verification of client address*
Method of payment details*
Source of funds (including supporting documents, where required*)

*suitably certified as being a true copy of the original
Details of information required for source of funds can be found on pages 13 to 15.

Failure to disclose relevant information may delay the processing of your application.

This application form should be read in conjunction with the current edition of the following documents:

- Product summary
- Product brochure
- Fund centre
- Policy conditions
- Product highlights sheet
- Your Guide to Life Insurance
- Your Guide to Investment-Linked Insurance Plans
- Personal policy illustration

Please complete all details in Section 1

Please provide all relevant information and documentation so that we can process your application as soon as possible. Further information may be required during the validation process (i.e. questions arising from the information provided).

If you make any mistakes while completing this form, please cross out the error and write the new information as clearly as possible and please initial any correction.

A valid email address is required to enable us to send fund information to the applicant(s) – see page 7. If this is left blank, or if the applicant or second applicant does not have an email address, we will be unable to process the proposal.

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.

Specified US Person means a US citizen or tax resident individual who has a US residential/correspondence address or who either holds a US Passport, a US Green Card or who was born in the US and has not yet renounced their US citizenship.

More information on US FATCA can be found at: www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA.

If you choose Yes to being a Specified US Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

If you choose No but you have a US residential/correspondence address, hold a US Passport, a US Green Card or you were born in the US, you will need to provide us with documentary evidence that you are in the process of or have renounced your US Citizenship. Friends Provident International Limited can accept a certified copy of your DS-4083 form (also known as CLN – Certificate of Loss of Nationality) and/or a certified copy of your passport in which you are obtaining new citizenship.

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS APPLICATION FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY ISSUED HEREUNDER MAY BE VOID.

Declaration

Introduction

In an effort to meet your investment needs, Friends Provident International Limited (FPIL) may be able to offer certain products ("Restricted Securities") to you, which can only be made available to "Accredited Investors" as defined under the Securities and Futures Act 2001 ("SFA"), Section 4A.

Please obtain from your financial adviser and/or representative details and information about the various risks that may be present if you opt in to an Accredited Investor status.

As an Accredited Investor, you are expected to have adequate knowledge to assess the prospectus and any other material that describes the chosen investment and are sufficiently experienced to understand the structure and risks associated with the chosen investment.

Specific Declarations

These declarations apply at the time of the initial investment and remain valid for the duration of the investment and should be kept in a safe place.

- I/We declare that I/we have the adequate knowledge and experience to assess the investments prospectus and/or such other marketing material associated with it, together with any advantages and risks that may arise.

AND

- I/We are an "Accredited" Investor as defined under Section 4A of the Securities and Futures Act 2001 ("SFA") as an
 - An individual:-
 - Whose net personal assets exceed in value SGD 2 million or its equivalent in a foreign currency (net equity of an individual's primary residence can only contribute up to SGD 1 million of the SGD 2 million threshold) or such other amount as the Monetary Authority of Singapore (MAS) may prescribe in place of the first amount; or
 - Whose financial assets (net of any liabilities) exceed in value SGD 1 million (or its equivalent in a foreign currency) or such other amount that MAS may prescribe in place of the first amount, where "financial asset" means
 - A deposit as defined in section 4B of the Banking Act 1970;
 - An investment product as defined in section 2(1) of the Financial Advisers Act 2001; or
 - Any other asset as may be prescribed by regulations made under section 341 of the SFA; or
 - Whose income in the preceding 12 months is not less than SGD 300,000 (or its equivalent in a foreign currency) or such other amount as MAS may prescribe in place of the first amount.
 - A corporation:-
 - With net assets exceeding SGD 10 million in value (or its equivalent in a foreign currency), as determined by the most recent audited balance-sheet of the corporation; or
 - Where it is not required to prepare audited accounts regularly, with net assets exceeding SGD 10 million in value as determined by a balance sheet of the corporation certified by the corporation as giving a true and fair view of the corporation state of affairs as at the date of the balance sheet in the preceding 12 months; or
 - Which is wholly owned by investors who are Accredited Investors.
 - A trustee:-
 - Of a trust of which all property held on trust for the beneficiaries of the trust exceed SGD 10 million; or
 - Of a trust in which all the beneficiaries of the trust are Accredited Investors; or
 - Of a trust in which all settlors are Accredited Investors, and the settlors have reserved powers and powers to revoke the trust.

Confirmation of Opt In to Accredited Investor Status

From 8 January 2019, an Opt-in regime is implemented in Singapore whereby by default you will be deemed to be a non Accredited investor unless you opt in to 'Accredited Investor' as defined above. Please note that as a non-Accredited Investor, you have access to a limited range of funds as compared to those that are available for an Accredited Investor.

A joint policyholder who is otherwise individually not eligible for Accredited Investor status is allowed by law to be treated as an Accredited Investor if the other policyholder is an Accredited Investor.

Please tick the box(es) below only if you wish to opt in:

First (or only) Applicant

Second Applicant
(applicable for joint policyholders only)

Replacement of life policies

1 Does the policyholder have any existing life insurance policy(ies) with Friends Provident International or any other financial institutions? Yes No

If Yes, please complete the following table.

Name of company	Country of insurance	Type of policy	Sum assured	Year issued

2 Is this proposal intended to replace any policies with any financial institutions including Friends Provident International? Yes No

If Yes, please complete the following table.

Name of company	Country of insurance	Type of policy	Sum assured	Year issued

Warning: It is usually disadvantageous to replace an existing life insurance policy or investment-linked life insurance policy with a new one. Some of the disadvantages are:

- i) You may not be insurable on standard terms or may have to pay a higher premium in view of older age or the financial benefits accumulated over the years may be lost.
- ii) You may incur penalties for terminating the existing policy.
- iii) You may incur transaction costs without gaining any real benefit from the replacement.

In your own interest, we would advise that you consult your present insurer before making a financial decision, hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest.

Your reason for applying for Global Wealth Advance or Global Wealth Manager

Please tick the appropriate box(es):

Retirement funding Education funding Medium to long-term savings

For a special event (please complete)

If no reason has been ticked, we will assume this is required for medium to long-term savings.

Additional information/Special instructions

Section 1: Policy details for Global Wealth Advance or Global Wealth Manager

Details of applicant

To be completed by each investor who is the current legal owner of the premium(s). Name to be stated as you wish it to appear on the Policy Documents which should be the same as shown on your National Registration Identity Card (NRIC) or passport.

Please refer to the 'Verification of identity and address' document, for requirements of what you need to provide to support the verification of your identity and address. This can be obtained from your financial adviser and/or representative.

From 1 July 2014, we are required by law to ask where you are tax resident and obtain your tax identification number(s). It is possible to be tax resident in more than one country and you should seek professional advice if you are not sure where you are tax resident.

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"/> 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 Surname (as shown on NRIC or passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on NRIC or passport)	<input type="text"/>	<input type="text"/>
4 Aliases (if Yes, please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
5 Unique identification number (NRIC or passport)	<input type="text"/>	<input type="text"/>
6 Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="text"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other <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"/>
8 Country of birth	<input type="text"/>	<input type="text"/>
9 Residential address	<input type="text"/>	<input type="text"/>
10 How long have you lived at this address?	<input type="text"/>	<input type="text"/>
11 Home telephone number	<input type="text"/>	<input type="text"/>
12 Work telephone number	<input type="text"/>	<input type="text"/>
13 Mobile number (mandatory)	<input type="text"/>	<input type="text"/>
14 Email address (mandatory)	<input type="text"/>	<input type="text"/>

Correspondence details

Please note that any correspondence we are required to send to you will be sent to the address you provide here. If no correspondence address is supplied we will use the current residential address of the first applicant.

15 Address and postcode for	You <input type="checkbox"/> Your financial adviser <input type="checkbox"/> A friend <input type="checkbox"/> A family member <input type="checkbox"/>	You <input type="checkbox"/> Your financial adviser <input type="checkbox"/> A friend <input type="checkbox"/> A family member <input type="checkbox"/>
16 If this address is for you, please provide details of additional property	<input type="text"/>	<input type="text"/>

Policy details (continued)

Details of applicant (continued)

First (or only) Applicant

Second Applicant

- 17 You will receive your policy documents and all correspondence relating to your plan, unless you indicate otherwise below. Copies will also be sent to your financial adviser.

Alternatively, please tick here if you would prefer us to send your policy documents and all correspondence relating to your plan to your financial adviser only.

I/We acknowledge that the above indication of preference does not prohibit direct responses to enquiries from yourselves or my/our financial adviser.

- 18 Occupation (If retired, please state former occupation.)

- 19 Are you a director or do you own a company?

Yes No

Yes No

If yes, please provide the 'Company profits' details in the **Source of funds** section of this form.

- 20 Nature of business

- 21 If retired, please give retirement date. (DD/MM/YYYY)

- 22 Employer's name

- 23 Please give your annual earned income

Currency, e.g. SGD

Currency, e.g. SGD

Amount

Amount

- 24 Are you to be a Life Assured?

Yes No

Yes No

- 25 Are you in good health? If No, please give details on a separate piece of paper, but please first refer to 'Personal Data Protection Consent' in Declarations below.

Yes No

Yes No

Please complete the supplementary form if there are more than two Lives Assured/Applicants.

- 26 Are you to be a Policyholder?

Yes No

Yes No

- 27 If the Policyholder and Life Assured are different, what is the relationship between them? For example, spouse, partner, minor child or ward under the age of 18.

- 28 Please explain your insurable interest if the Life Assured is not one of the following: Spouse, partner, minor child or ward under the age of 18.

Please write in ink and use BLOCK CAPITALS.

Details of applicant (continued)

First (or only) Applicant

Second Applicant

29 Are you a specified US Person?

Yes No

Yes No

Please see completion notes for a definition of Specified US Person and for the information a Specified US Person must provide.

30 Please confirm the countries in which you are a tax resident. Please provide your tax identification number, e.g. NRIC or passport numbers. If you or the second applicant 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
Tax identification number

Country
Tax identification number

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 on page 6.

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.

31 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' section on page 6.

Country
Tax identification number

Country
Tax identification number

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 on page 6.

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

Yes No

Yes No

(If the answer is Yes, you do not need to complete the beneficial ownership details on pages 25 and 26)

* 'Beneficial Owner', as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism, means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement. To avoid confusion and doubt, 'Beneficial Owner' does not mean the nominated beneficiary(ies) under the policy.

Politically Exposed Persons

A Politically Exposed Person (PEP) is a person who is, or who has been, entrusted with prominent public functions. This also includes their close family members and their close associates.

Examples of PEPs include 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 legislature and senior management of international organisations.

1 Are you, any of your family members or beneficial owner, or any of your close associates a PEP?

Yes No

If Yes, please provide the following details and complete the supplementary Source of Wealth Form.

2 Surname

3 Forename(s)

4 Position held as PEP

5 Country position held

6 Date position held From To

7 If the PEP is a family member or close associate, please confirm the relationship

Policy details (continued)

Global Wealth Advance only

Total premium

The currency of your Global Wealth Advance plan will be the currency in which you pay your premium.

Currency	USD	<input type="checkbox"/>	SGD	<input type="checkbox"/>	GBP	<input type="checkbox"/>	EUR	<input type="checkbox"/>	HKD	<input type="checkbox"/>
Premium frequency	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Half-yearly	<input type="checkbox"/>	Yearly	<input type="checkbox"/>		
Premium amount	<input type="text"/>									

You must intend to save a minimum total premium amount of USD 50,000 (or SGD 75,000, GBP 33,333, EUR 50,000, HKD 400,000) over your selected savings term.

If the person(s) paying the premiums is/are a third party, e.g. the applicant's partner or employer, additional verification of identity and source of funds information will be required.

Number of policy segments

Global Wealth Advance will be issued as ten individual segments.

If required, please indicate the number of segments you wish your plan to be issued as (minimum 1, maximum 10). If the box is left blank, the plan will be issued as ten individual segments.

Valuation currency

If you wish to receive valuations of your plan in a different currency from the plan currency, please tick the appropriate box.

If no selection is made, valuations will be produced in the plan currency.

US Dollar (USD)	<input type="checkbox"/>	Singapore Dollar (SGD)	<input type="checkbox"/>	Sterling (GBP)	<input type="checkbox"/>	Euro (EUR)	<input type="checkbox"/>	HK Dollar (HKD)	<input type="checkbox"/>
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Payment term

Please indicate payment term (in figures)

The payment term must be not less than five years or more than 25 years from inception of the policy.

The maximum age of the youngest life assured at the end of the chosen payment term is 75. Please be aware that you should only invest in this product if you intend to pay the contribution for the whole of your chosen payment term.

Premium amount

Minimum premium (Based on a contractual term of 10 years and above)

USD 420	SGD 630	GBP 280	EUR 420	HKD 3,360
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Global Wealth Manager only

The currency of your Global Wealth Manager plan will be the currency in which you pay your premium.

Currency	USD	<input type="checkbox"/>	SGD	<input type="checkbox"/>	GBP	<input type="checkbox"/>	EUR	<input type="checkbox"/>	HKD	<input type="checkbox"/>
Premium amount	<input type="text"/>									

If the person(s) paying the premiums is/are a third party, e.g. the applicant's partner or employer, additional verification of identity and source of funds information will be required.

Number of policy segments

If required, please indicate the number of segments you wish your plan to be issued as (minimum 5, maximum 25). If the box is left blank, the plan will be issued with five individual segments.

Valuation currency

If you wish to receive valuations of your plan in a different currency from the plan currency, please tick the appropriate box.

If no selection is made, valuations will be produced in the plan currency.

US Dollar (USD)	<input type="checkbox"/>	Singapore Dollar (SGD)	<input type="checkbox"/>	Sterling (GBP)	<input type="checkbox"/>	Euro (EUR)	<input type="checkbox"/>	HK Dollar (HKD)	<input type="checkbox"/>
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Policy details (cont.)

Payment methods

For Global Wealth Advance or Global Wealth Manager

Important note: This method is for payment of the first premium, half-year or yearly premiums and single premiums. Please make cheque payable to 'Friends Provident International Limited (Singapore branch)' with ref: policy number and send directly to the address below.

By telegraphic transfer Please submit all relevant documents per instructions stated on **Bank Details for Bank Transfer** on page 24 and return it to Friends Provident International with this application form. I confirm the telegraphic transfer is to be paid for by debit of funds from my/our account.

By cheque (only applicable for SGD cheques issued in Singapore)

Friends Provident International Limited (Singapore branch)

**182 Cecil Street
Level 17 Frasers Tower
Singapore 069547**

For Global Wealth Advance only

By PayNow 1st Payment only.

By credit card A charge of 1.95% is taken on each premium paid. This charge is not applied for the initial premium. Please complete the Credit card authority on page 23 and return it to Friends Provident International with this application form.

By standing order Please submit all relevant documents per instructions stated on **Bank Details for Bank Transfer** on page 24 and return it to Friends Provident International with this application form.

By Interbank Giro Please complete the **Application for Interbank Giro (Singapore dollar payments only)** on page 21 and return it to Friends Provident International with this application form. Please also include either a credit card payment or a personal cheque, payable to Friends Provident International Limited (Singapore branch), for the first two months premiums.

Policy details (continued)

Choice of mirror funds

Please indicate the mirror funds in which you wish your policy to invest, up to a maximum of ten, showing the percentage of each investable premium you wish to be invested in each mirror fund. The total percentage must add up to 100% (please note we can only accept whole percentages). Failure to include all relevant information accurately may delay the processing of your application. Please refer to our fund centre on our website to ensure funds to be invested are acceptable for Singapore products.

Fund code	Mirror fund	Percentage of premium
<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"/>	<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"/>
Total		100%

Section 2: Source of funds

Source of funds

SOURCE OF FUNDS DETAILS

We are required to make enquiries as to how an applicant has acquired the monies to be used as payment for their plan. This reflects our commitment to maintain the highest possible standards of business practice and to counter money laundering and the financing of terrorism.

Friends Provident International has adopted a risk-based approach to meet these regulations, categorising our products and countries that we will accept business from into Standard or Higher risk. We have categorised countries according to their level of compliance with international regulatory standards.

Full details of the source of funds procedures can be obtained from your financial adviser and/or representative or can be downloaded from <https://advisers.fpinternational.com/documents/source-of-funds.pdf>.

You must complete the following details below in all cases and for both applicants as applicable.

	Applicant 1	Applicant 2
Annual salary plus bonuses		
1 Annual salary this year (include currency)	<input type="text"/>	<input type="text"/>
2 Bonuses this year (include currency)	<input type="text"/>	<input type="text"/>
3 Annual income last year (include currency)	<input type="text"/>	<input type="text"/>
4 Bonuses last year (include currency)	<input type="text"/>	<input type="text"/>
5 Occupation	<input type="text"/>	<input type="text"/>
6 Employer's company name	<input type="text"/>	<input type="text"/>
7 Nature of business	<input type="text"/>	<input type="text"/>

If you are retired, please tell us your previous occupation, salary, employer and date of retirement.

8 Previous occupation	<input type="text"/>	<input type="text"/>
9 Salary (include currency)	<input type="text"/>	<input type="text"/>
10 Employer's company name	<input type="text"/>	<input type="text"/>
11 Date retired (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Other unearned income

12 Amount received (include currency)	<input type="text"/>	<input type="text"/>
13 Received from	<input type="text"/>	<input type="text"/>
14 Date received (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Where your source of funds for this application is from any of the following, please provide details.

Savings

15 Amount received (include currency)	<input type="text"/>	<input type="text"/>
16 Bank where savings held	<input type="text"/>	<input type="text"/>
17 How and for how long were the savings accumulated?	<input type="text"/>	<input type="text"/>

Section 2: Source of funds (continued)

Source of funds (continued)

	Applicant 1	Applicant 2
Maturity or surrender of life policy	<input type="checkbox"/>	<input type="checkbox"/>
18 Amount received	Currency <input type="checkbox"/> Amount <input type="text"/>	Currency <input type="checkbox"/> Amount <input type="text"/>
19 Policy provider	<input type="text"/>	<input type="text"/>
20 Policy number/reference	<input type="text"/>	<input type="text"/>
21 Date of maturity or surrender (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Sale of shares or other investments/ liquidation of investment portfolio	<input type="checkbox"/>	<input type="checkbox"/>
22 Description of shares/units/ deposits (i.e. name/where held)	<input type="text"/>	<input type="text"/>
23 Name of seller	<input type="text"/>	<input type="text"/>
24 Length of time held	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
25 Sale amount	Currency <input type="checkbox"/> Amount <input type="text"/>	Currency <input type="checkbox"/> Amount <input type="text"/>
26 Date funds received (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Company sale	<input type="checkbox"/>	<input type="checkbox"/>
27 Company name	<input type="text"/>	<input type="text"/>
28 Nature of company	<input type="text"/>	<input type="text"/>
29 Total amount	Currency <input type="checkbox"/> Amount <input type="text"/>	Currency <input type="checkbox"/> Amount <input type="text"/>
30 Date of sale (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
31 Client's share	<input type="text"/> %	<input type="text"/> %
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>
32 Name of deceased	<input type="text"/>	<input type="text"/>
33 Date of death (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
34 Relationship to applicant	<input type="text"/>	<input type="text"/>
35 Total amount	Currency <input type="checkbox"/> Amount <input type="text"/>	Currency <input type="checkbox"/> Amount <input type="text"/>
36 Date received (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Section 2: Source of funds (continued)

Source of funds (continued)

	Applicant 1	Applicant 2
37 Solicitor's name	<input type="text"/>	<input type="text"/>
38 Solicitor's firm's name	<input type="text"/>	<input type="text"/>
39 Solicitor's address	<input type="text"/>	<input type="text"/>
Pension transfer		
40 Amount received (include currency)	<input type="text"/>	<input type="text"/>
41 Received from	<input type="text"/>	<input type="text"/>
42 Date received (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Property or asset sale		
43 Amount received (include currency)	<input type="text"/>	<input type="text"/>
44 Address of property sold or asset type	<input type="text"/>	<input type="text"/>
45 How long held	<input type="text"/>	<input type="text"/>
46 Date of sale (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Company profits		
47 Profits this year (include currency)	<input type="text"/>	<input type="text"/>
48 Profits last year (include currency)	<input type="text"/>	<input type="text"/>
49 Industry	<input type="text"/>	<input type="text"/>
Others such as lottery or betting win or gift.		
50 Amount received (include currency)	<input type="text"/>	<input type="text"/>
51 Source/reason etc. Please provide as much detail as possible.	<input type="text"/>	<input type="text"/>
52 Date received (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Friends Provident International reserves the right to request further documentary evidence of source of funds should it be considered necessary.

Section 3 – Declarations

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/yourself that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the policy.
- 3 You should seek guidance from your usual financial adviser and/or representative as to the suitability of the policy to your own particular circumstances. Global Wealth Advance or Global Wealth Manager should be regarded as a medium to long-term investment.
- 4 Each policy is governed by and shall be construed in accordance with the laws of Singapore.

5 Liquidity information

Some of our mirror funds, and also some of the underlying funds may have restrictions on their ability to pay cash due to the type of investments they hold. This could limit your ability to raise cash from the mirror fund in the future, although any restriction is only likely to occur in extreme market conditions. Information and definitions for our mirror funds are available on www.fpinternational.sg (click Fund centre). Friends Provident International recommends that you visit our website and take time to read and understand the definitions. Investment into funds via our mirror funds should be considered a long-term investment. You, in conjunction with your financial adviser and/or representative, 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 Friends Provident International 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 policy being invalid.

1 General declarations

I/We declare that this application was signed in

(country)

and the advice was received in

(country)

I/We further declare that all the information provided in this application form, including this Declaration, is 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 Friends Provident International, now or in the future, shall form the basis of the contract under the law of Singapore.

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 Friends Provident International's Branch Office situated at 182 Cecil Street, Level 17 Frasers Tower, Singapore 069547 and that no other employees or third parties have the necessary authority to create a binding contract.

I/We acknowledge that Friends Provident International and my/our financial adviser have entered into an agreement ('terms of business') which sets out the basis upon which Friends Provident International 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 Friends Provident International. I/We acknowledge that my/our financial adviser, or any other, has no authority to act as the agent of Friends Provident International or to state, suggest or imply that it has such authority.

2 Fund Acknowledgement

Before you invest in any of the mirror funds we offer through your 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 acknowledge that it is my/our responsibility to ensure that the mirror fund is suitable bearing in mind my/our investment objectives and attitude to risk and any appropriate legislative restrictions.
- ii) I/We confirm that I/we understand that certain mirror funds may have restrictions on their ability to raise cash in the future, and that further details are included in the Prospectus of the underlying funds issued by the respective Fund Manager. I/We further understand the risks associated with investment in these mirror funds and I/we have read and understood the liquidity information in **Important notes** above.
- iii) I/We acknowledge that Friends Provident International is not responsible for any loss suffered or reduction in the value of my/our policy arising from my/our investment. Friends Provident International does not have any responsibility for the management of the underlying fund and Friends Provident International does not recommend any asset as a suitable investment.
- iv) I/We confirm that I am/we are happy to receive information about the mirror funds and the underlying funds by electronic mail.
- v) I/We confirm that I am/we are happy to receive the underlying fund reports prepared by the managers.

Declarations (cont.)

3 Declarations

I/We understand that I/we may choose the mirror funds to which my/our policies are to be linked. Consequently, Friends Provident International shall not be responsible for the investment performance or for any loss or liability arising from my/our choice of mirror funds, however arising.

I/We confirm that I/we have seen and received a copy of the Product Summary, Life Insurance Advisory Form, Policy conditions, Product Highlight Sheets, Your Guide to Life Insurance, Your Guide to Investment-Linked Insurance Plans and Personal Policy Illustration (Global Wealth Advance only)/Total Distribution Cost Summary (Global Wealth Manager only) and that the contents of these documents have been explained to my/our satisfaction.

I/We confirm that the investment for this policy has not been sourced from my/our Central Provident Fund (CPF) account.

I/We understand that Friends Provident International will report this business in its register of Singapore policies.

I am/We are aware that tax evasion is a criminal offence and I/we will not use this policy to evade tax. I/We understand that Friends Provident International has statutory obligations to report suspicions of criminal wrongdoing including tax evasion to law enforcement agencies or other relevant authorities in the locations where it operates. I am/We are responsible for my/our own tax affairs and I/we hereby declare that I/we understand my/our personal tax obligations and responsibilities and I/we have complied with all legal requirements to make declarations to tax authorities and pay the tax that I/we owe. As appropriate and necessary I/we have taken, or will take, legal advice in relation to my/our tax affairs and in particular, my/our tax obligations as they apply to this application.

4 Cancellation rights

I/We understand that if I am/we are resident in Singapore, or have signed this application form in Singapore, I am/we are able to cancel my/our policy during a 30-day period after I/we have received the policy. I/We understand that Friends Provident International will reflect any change in the market value of the assets which back the policy when it works out the amount to be returned to me/us. The cancellation period begins when you receive the cancellation notice and all contractual documentation and lasts for 30 days. A separate cooling off period will apply to a subsequent premium in relation to that new premium only.

5 Premium tax/Withholding tax

I/We acknowledge that in the event of any premium tax or withholding tax being levied in my/our country of residence it will be my/our responsibility to increase the premium by an appropriate amount or to settle the liability directly with the relevant tax authorities. 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 are legally obliged to collect it. I am aware that you are required to request my tax residency, tax identification number (where applicable) and nationality and will record this information on your records.

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 (TIN) and date of birth
- My Friends Provident International contract number
- The balance or value of the account at the end of the calendar year or at the date the contract was surrendered/encashed
- The sum of any withdrawals taken within the relevant reporting year

6 Fees and commissions

I am/We are aware that certain investments suggested by the adviser from time to time may contain commission paid by the fund manager to my/our adviser.

I/We understand that full details of any commissions paid in respect of certain investments held within the Global Wealth Advance/Global Wealth Manager policy are available on request from my/our adviser.

I/We acknowledge that the above fees and commissions are in addition to Friends Provident International's Global Wealth Advance/Global Wealth Manager policy charges and any annual fee taken on my/our Global Wealth Advance/Global Wealth Manager policy by my/our adviser.

7 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.

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.

Declarations (cont.)

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.

Financial adviser representative

I have appointed to act as my financial adviser representative.

I agree to FPIL disclosing all information relating to my plan to my appointed financial adviser representative. I will let FPIL know in writing if I decide to change my appointed financial adviser representative.

8 I/We can confirm that:

- 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.
- I/We have read and understood the Data Protection Declaration on pages 17 and 18.
- 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 application, 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 and/or representative but was not included in the application. Please check to ensure that you are fully satisfied with the information declared in this application.

	First (or only) applicant	Second applicant
Signature(s) of applicant(s)	<input type="text"/>	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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Section A - To be completed by the Applicant

Only available in Singapore dollars for clients with local bank accounts and for regular premium paying plans.

This form must be submitted in original-ink. Amendments made on this form must be countersigned by Applicant(s) and/or Bank Account Holder(s). The use of correction tape/fluid is not allowed.

As the processing time for GIRO application may take up to two months, please pay two months premiums by personal cheque or credit card.

Name of Billing Organisation ('BO')	<input type="text" value="Friends Provident International Limited"/>
Name of Policyholder(s)	<input type="text"/>
Policy Number	<input type="text"/>
Policyholder(s)' Bank Name e.g. DBS, OCBC, HSBC, or others (please specify)	<input type="text"/>

- a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c) This authorisation will remain in force until terminated by your written notice. Please advise us in writing by giving one month's notice before the next deduction date.

Bank Account Holder's Name(s)	<input type="text"/>
My/Our bank account number	<input type="text"/>
Account Holder(s)' contact number(s)	<input type="text"/>
My/Our Signature(s) or Thumbprint(s) as per bank's record	<input type="text"/>
	Thumbprint must be verified by the bank
Date of Signature (DD/MM/YYYY)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Section B – To be completed by Friends Provident International Limited (Singapore Branch)

	Bank	Branch	Account number
Friends Provident International Limited Bank	7 2 3 2	1 4 7	1 1 0 0 0 1 0 0 3
Friends Provident International Limited (Singapore branch) Policy Reference Number	<input type="text"/>		

Section C – To be completed by the Bank

To: Friends Provident International Limited (Singapore branch)

This application is hereby **approved**. (Please tick.)

This application is hereby **rejected** for the following reason(s) indicated below. (Please tick.)

<input type="checkbox"/> Signature/Thumbprint differs from financial institution's records	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Signature/Thumbprint incomplete/unclear	<input type="checkbox"/> Amendments not countersigned by customer
<input type="checkbox"/> Account operated by signature/thumbprint	<input type="checkbox"/> Other (please specify below)

Name of approving/rejecting officer (please print)	<input type="text"/>
Authorised signature	<input type="text"/>
Date of Signature (DD/MM/YYYY)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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Preferred: Please provide your card details via our secure online facility at www.fpinternational.com/creditcard



If you prefer to complete this form, please do NOT send it to us via email. We automatically review email content and attachments and delete anywhere when credit or debit card numbers are detected. We adhere to the Payment Card Industry Data Security Standard (PCI DSS) which does not deem email to be a secure form of communication. We can only accept this form via post or fax via the below contact details.

For New Business application, please complete and submit together with your application form.

Please use block capitals.

To: Friends Provident International Limited, 182 Cecil Street, Level 17 Frasers Tower, Singapore 069547
Customer Service Hotline: +65 6320 7399 Fax: +44 (0) 1624 821284

I authorise you to debit my Mastercard VISA

Section 1

Name of issuing company or bank

Country of issue

Card number

Card expiry date¹ (MM/YY)

Name on card

with the sum of² (figures)
 (words)

Currency USD GBP SGD HKD EUR

in respect of premiums for my policy number

Section 2

Collection on the⁴ (premium due date) (DD/MM/YYYY)

and on the same day until further notice or cancelled in writing Monthly Quarterly Half-yearly Yearly

Address of card holder (as held by the card provider)
Postcode Country

The cardholder's address should be the same as that of the applicant(s). If it is not, please provide a reason why.

Telephone number (daytime including country and area code)

Email address

Signature

Date (DD/MM/YYYY)

Important notes

- When your current card expires please update your card details on our secure online facility at www.fpinternational.com/creditcard. Alternatively, you can complete a new Direct Charge Authority Form and post it to the address shown on top of this form.
- When your credit card payment is first set up, certain checks will be administered, including a pre-authorisation check. A nominal amount may show on your account, but the pre-authorisation is not a charge and no money will be deducted from your account.
- Where premiums are paid by card, the card charge (if applicable) will be collected in addition to the total premium amount meaning we will collect the total premium amount plus the card charge from your card. The card charge will be used to cover the charges imposed by the card issuing company. Fees or transmission charges for incoming or outgoing payments may be taken by banking partners. We do not levy any additional payment charges but reserve the right to pass on any fees or charges taken by banking partners.
- Collection may happen one working day prior to regular collection date. If it is not successful we will attempt 2 more times which will be after regular collection date. If first 3 collection attempts fail, only for 1 missed premium, there is an additional collection attempt 8 working days from the regular collection date.
- If a payment is declined, we will automatically inform the premium payer by email, or by post if no email address is provided. For monthly premium, we will request a dual payment the following month, and on consecutive months until missed premiums have been paid. No more than two premiums should be collected each month.
- Please note that some cards cannot be used outside their country of issue and therefore we strongly recommend that you contact your card issuer to ensure your card can be used in this instance.

Bank details for bank transfer

For setting up a recurring Bank Standing Order (BSO) or one-time remittance with your bank directly, please quote our bank details below.



Kindly also take note on the following points:

1. Use the bank details in the same currency as your premium currency.
2. To facilitate matching of premium received to the correct policy, please quote your policy number as the reference number.
3. To ensure the full premium is received and applied to the policy without delay, kindly ensure to buffer in any bank and agent bank charges in the total amount transferred. For the relevant charges, please check with your bank directly.
4. Provide us a copy of the set-up/remittance document proof showing these details:
 - a. Your bank name
 - b. Your bank account holder(s) name(s)
 - c. Your account number
 - d. Amount and date of transfer
 - e. Reference number quoted

Only applicable to applicants paying Singapore dollars

Account Name : Friends Provident International Limited (Singapore branch)
Account Number : 147-110001-003
Bank Address : HSBC Singapore, 10 Marina Boulevard, Marina Bay Financial Centre Tower 2, #44-01, Singapore 018983
SWIFT Code : HSBCSGSG

Only applicable to applicants paying US dollars, Sterling, Euro and HK dollars

Account Name : Friends Provident International Limited
Bank Address : Bank HSBC, 27-32 Poultry, London, EC2 2BX, United Kingdom
SWIFT/BIC code : MIDLGB22

HKD Account number	: 400515-69521410	IBAN	: GB66MIDL40051569521410
USD Account number	: 400515-69521429	IBAN	: GB38MIDL40051569521429
EUR Account number	: 400515-69521437	IBAN	: GB16MIDL40051569521437
GBP Account number	: 400515-69521445	IBAN	: GB91MIDL40051569521445

Only applicable for Faster Payments

Account Name : Friends Provident International Limited (Singapore Branch)
Account Number : 9545-40235531
Bank Address : Isle of Man Bank Limited, East Region, Douglas
Sort Code : 60-95-45



First (or only) applicant

Second applicant

Please advise who the ultimate Beneficial Owner(s)* are of this policy by completing the relevant details below and provide a certified copy of their NRIC or passport.

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"/>
		Other <input type="text"/>	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 (If Yes, please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
5	Unique identification number (NRIC or passport)	<input type="text"/>	<input type="text"/>
6	Residential address (Please provide a certified copy of the 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	Are you a specified US Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please see completion notes for a definition of Specified US Person and for the information a Specified US Person must provide.

9	Country of Birth	<input type="text"/>	<input type="text"/>
10	Please confirm the country in which you are a tax resident. Please provide your tax identification number, e.g. NRIC or passport numbers. If you or the Second applicant 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. If you or the second applicant are a tax resident in more than one country, please provide details in the 'Additional information' section on page 26.	Country <input type="text"/> Tax identification number <input type="text"/>	Country <input type="text"/> Tax identification number <input type="text"/>

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 on page 26.

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.

11	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' section on page 26.	Country <input type="text"/> Tax identification number <input type="text"/>	Country <input type="text"/> Tax identification number <input type="text"/>
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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 on page 26.

Continued on next page

Beneficial owner details (cont.)

Details of applicant (cont.)

12 Relationship to the policyholder	<input type="text"/>	<input type="text"/>
13 Home telephone number	<input type="text"/>	<input type="text"/>
14 Mobile number	<input type="text"/>	<input type="text"/>
15 Office telephone number	<input type="text"/>	<input type="text"/>

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.

* 'Beneficial Owner', as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism, means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

To avoid confusion and doubt, 'Beneficial Owner' does not mean the nominated beneficiary(ies) under the policy.

Optional management authority (Form of authority)



Please complete this form in English, using block capitals and black ink. If you make a mistake, please cross it out and correct it, initialling any amendments. Please do not use correction fluid or any other method for deleting incorrect information.

To: Friends Provident International Limited

Part 1: For completion by the plan holder(s)

Full name(s) of plan holder(s) (‘the plan holder(s)’) <input type="text"/>
Name of plan <input type="text"/>
Plan numbers or application dated (‘the plan’) <input type="text"/> <input type="text"/>
Name of investment adviser (‘the adviser’) <input type="text"/>
Agency number (with Friends Provident International) <input type="text"/>

Declaration

I/We declare that I/we wish to appoint the adviser to be the investment adviser of the underlying assets held within the plan. I/We request Friends Provident International Limited to enter into any formal agreements required by the adviser to facilitate this appointment.

Authority granting

I/We grant the adviser authority to act in the following capacity (please read the two options carefully before indicating the authority you wish to grant your adviser).

Please tick one box only.

- Option 1:** **Advisory basis only, my/our signed consent required:** I/We declare that the adviser will discuss any proposed alterations to the composition of the underlying funds held within the plan, and Friends Provident International Limited will only act upon investment instructions that I/we, as plan holder(s), have signed. **Friends Provident International Limited should not action any instructions that have not been signed by me/us.**
- Option 2:** **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 details below. **I/We authorise Friends Provident International Limited to act upon the investment instructions of the adviser as if the adviser was the plan holder.**

I/We agree that Friends Provident International Limited shall not be responsible for any loss or liability to the plan, 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 plan howsoever arising.

I/We and my/our estates undertake to indemnify Friends Provident International Limited, against all claims and actions against Friends Provident International Limited, 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 Friends Provident International Limited and the cost of recovering the investments held by the adviser).

Remuneration **Please tick one box only.**

- I/We have agreed with the adviser that a fee will not be paid.
- Annually:** I/We have agreed to pay the adviser a fee at the rate of 0.25% 0.5% 0.75% 1.00% per annum of the bid value of the plan[†] on each anniversary of the commencement of the plan. I/We wish to make a series of withdrawals from the plan in order to pay the fees and request Friends Provident International Limited to effect these withdrawals by cancelling units allocated to the plan and subsequently to pay the fee to the adviser as my/our agent.
- Quarterly:** I/We have agreed to pay the adviser a fee at the rate of 0.15% 0.20% 0.25% per quarter of the bid value of the plan[†] on each quarterly anniversary of the commencement of the plan. I/We wish to make a series of withdrawals from the plan in order to pay the fees and request Friends Provident International Limited to effect these withdrawals by cancelling units allocated to the plan and subsequently to pay the fee to the adviser as my/our agent.

[†] For regular premium contracts, the value of any initial units will not be included in the bid value of the plan for the calculation and payment of the fee. Therefore, unless a single premium has been paid, both annual and quarterly payments will commence on the second anniversary of the commencement of the plan. For these plans quarterly payments will commence on the first quarter after completion of the initial unit period and annual payments will commence on the third plan anniversary.

Part 1: For completion by the Plan holder(s) (continued)

Please note: The tax treatment of withdrawals from your plan will be determined by your country of residence. If you are resident in the UK, please note that a fee paid to a third party from your plan is treated as a withdrawal and may, in certain circumstances, be taxable. For further information on tax considerations, please refer to your financial adviser and/or representative.

Payment can only be made if there are sufficient accumulation units available. If there are insufficient accumulation units to pay the fee we will remove the Optional Management Authority (OMA) fee from our records and it will be your responsibility to request reinstatement should accumulation units become available. The OMA authority granted will remain in place.

I/We authorise Friends Provident International Limited to act upon this authority until I/we revoke the authority in writing.

Signature(s) of
plan holder(s)

Date

Part 2: For completion by the adviser (i.e. the investment adviser firm)

Declaration

I/We have read and understand the conditions outlined above and agree to act in accordance with them. I/We confirm that the capacity in which I/we shall act as investment adviser will be (please indicate below, by ticking the appropriate box):

Advisory basis only (Policyholder(s) has/have selected Option 1 above). I/We confirm that I/we and my/our relevant employees, servants or agents hold the appropriate authorisation from the Monetary Authority of Singapore ('MAS') (MAS Financial Advisers License/Financial Adviser Representative's License) enabling me/us and my/our relevant employees, servants or agents to provide financial advisory services to the Policyholder(s). I/We understand that Friends Provident International can only act upon investment instructions that have been signed by the Policyholder(s).

My/Our Financial Adviser (FA) License Number is

Delegated investment management (Policyholder(s) has/have selected Option 2 above). I/We confirm that I/we and my/our relevant employees, servants or agents hold the appropriate MAS authorisation (MAS Capital Markets Service License/Capital Markets Service Representative's License) enabling me/us and my/our relevant employees, servants or agents to provide investment instructions to Friends Provident International, and that I/we have the agreement of the policyholder(s) to manage the investments (including mirror funds) held in this the policy on a full discretionary basis, including but not limited to making investment decisions for switching between mirror funds whose performance will notionally be used to calculate the value of the policy and submitting investment instructions on the policyholder(s)' behalf (as his/their agent).

My/Our Capital Markets Service (CMS) License Number is

I/We confirm that I/we and my/our relevant employees, servants or agents hold the appropriate license from MAS to provide the services to the policyholder(s) in the capacity above and I/we shall use my/our best endeavour to act in the best interest of the policyholder(s) and ensure my/our relevant employees, servants or agents act competently, honestly and fairly to the policyholder(s).

I/We confirm that I/we have complied with all relevant rules and regulations in Singapore where I am/we are licensed to provide the financial advisory services and/or conduct the regulated activities as mentioned above. I/We undertake to continue to using my/our best endeavour to comply with all relevant rules and regulations. I/We confirm that I/we shall promptly notify Friends Provident International of any changes (including but not limited to any revocation/cancellation or suspension) to my/our authorisation and any disciplinary action taken against me/us.

Signature(s) of the adviser(s)

Date (DD/MM/YYYY)

Name of the adviser

Name of authorised Signatories
(please print name)

Name of the adviser

Telephone/Fax number

Email address

Note: If applicable, please provide us with a list of the Authorised Signatories including individual signatures and the respective licence details. Please return the original document to this office to receive acknowledgement. In instances where a faxed copy is sent initially, we will allow a period of eight weeks for the original to be received. In the event it is not, this authority may be revoked.



The information given in this document is based on the understanding of Friends Provident International of current laws and Isle of Man taxation practice as at May 2023, which may change in the future. No liability can be accepted for any personal tax consequences of this policy 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 deposits accounts are unlikely to apply in the event of failure of such an investment held within investment-linked life insurance policies.

Complaints we cannot settle may be referred to the Financial Insurance Disputes Resolution Centre Limited ('FIDReC') for assistance within six months from the date you failed to reach an agreement with Friends Provident International. You can contact FIDReC at:

36 Robinson Road
#15-01
City House
Singapore 068877
Tel: +65 6327 8878;
Fax: +65 6327 8488 / 6327 1089
Website: www.fidrec.com.sg
Email: info@fidrec.com.sg

Some telephone communications with Friends Provident International are recorded and may be randomly monitored.

The legal interpretation is that each policy is governed by and shall be construed in accordance with the laws of Singapore.

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