

Application form

For use by pension trustees only

For use by Singapore financial advisers only

For use with the following pension schemes (please chose only one scheme):

QROPS

☐

UK SIPP

☐

Financial adviser details (To be completed by financial adviser)

Company name

Agency name

Agency number

Contact details for acknowledgement/queries on the application.

Contact name

Telephone number

Mobile 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 but was not included in the application. Please check to ensure that you are fully satisfied with the information declared in this application.

Applicant (on behalf of trust company)

Applicant (on behalf of trust company)

Signature(s)

Date (DD/MM/YYYY)

Please ensure that all relevant certified documentation is enclosed with this application

Trust

Copy of 'Appointment of Trustees' document (usually the Trust Deed and Scheme Rules)

☐

Sources of funds – original or certified copy of the payment remittance

☐

Pension trustee and the persons appointed to act on its behalf

Copy of Certificate of Incorporation or Screenshot of Company Registry (e.g. ACRA bizfile and ACRA QuestNet)

☐

Evidence of the registered office address if it is not evidenced in the above items. If this is not the address on the application we require evidence that the address is being used and confirmation of why there is a difference

☐

Copy of latest audited annual report or Certificate of good standing or other constitutional document

☐

Memorandum and articles of association

☐

Board resolution authorising the persons to act on behalf of the company and/or Trustee, or an equivalent

☐

List of authorised signatories showing the specimen signatures

☐

Verification of identity and Address (VOI and VOA) documentation of natural persons authorised to act on behalf of the company (at minimum those who deal directly with us)

☐

List of directors and identity

Copy of company registry (e.g. ACRA bizfile and ACRA QuestNet), or Director Register, or Certificate of Incumbency to evidence the list of directors

☐

VOI and VOA documentation for at least two directors (one of which must be an Executive Director). At least one VOI document must bear a clear photograph of the natural person.

☐

All other persons with executive authority

VOI and VOA of at least the Chief Executive Officer as a person with executive authority.

☐

List of beneficial owners other than those advised above, and identity

Copy of share register

☐

VOI and VOA of beneficial owners. Please refer to the definition of beneficial owners on pages 8 and 10.

☐

Note 1: For verification of identity and verification of address, please refer to page 27.

Note 2: All documents to be suitably certified.

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

- Global Wealth Manager Product Summary
- Global Wealth Manager Product Brochure
- Fund Guide
- Global Wealth Manager Policy Conditions
- Product highlights sheet
- Your Guide to Life Insurance
- Your Guide to Investment-Linked Insurance Plans
- Your total distribution cost summary

Please provide all relevant information and documentation so that we can process your application as soon as possible. If you do not provide all relevant information, it may cause a delay in the processing of your application. Further information may be required during the validation process (i.e. questions arising from the information provided).

A valid email address is required to enable us to send fund information to the Applicant. If this is left blank, or if the 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.

Please complete this form using BLOCK CAPITALS throughout. Please tick boxes where applicable and follow the instructions provided in each section. Please use Section 09 - Application Checklist before submitting your application, to make sure that you provide us with everything we need to process your application.

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 25(5) OF THE INSURANCE ACT OF SINGAPORE (CAP. 142), 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 ("SFA"), Section 4A.

Please obtain from your financial adviser 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 (CAP.289) ("SFA") as an
 - 1) An individual:-
 - (a) 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
 - (b) 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
 - i. A deposit as defined in section 4B of the Banking Act;
 - ii. An investment product as defined in section 2(1) of the Financial Advisers Act; or
 - iii. Any other asset as may be prescribed by regulations made under section 341 of the SFA; or
 - (c) 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.
 - 2) A corporation:-
 - (a) 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
 - (b) 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
 - (c) Which is wholly owned by investors who are Accredited Investors.
 - 3) A trustee:-
 - (a) Of a trust of which all property held on trust for the beneficiaries of the trust exceed SGD 10 million; or
 - (b) Of a trust in which all the beneficiaries of the trust are Accredited Investors; or
 - (c) 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 be an 'Accredited Investor' as defined above. Please note that as a non-Accredited Investor, you have access to a limited range of funds 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:

On behalf of the trustees

☐

Replacement of life policies (Please answer this in respect of member)

- 1 Do the trustee of this scheme have any existing life insurance policy(ies) with Friends Provident International or any other financial institutions in respect of the member? Yes ☐ No ☐

If Yes, please complete the following table.

Name of company	Country of insurance	Type of policy	Sum assured	Year issued
<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"/>

- 2 Is this proposal intended to replace any policies with any financial institutions including Friends Provident International in respect of the member? Yes ☐ No ☐

If Yes, please complete the following table.

Name of company	Country of insurance	Type of policy	Sum assured	Year issued
<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"/>

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 Manager

Please tick the appropriate box:

Retirement funding Yes ☐ No ☐

If no, please disclose

If no reason has been ticked, we will assume Global Wealth Manager is required for retirement funding.

Additional information/Special instructions

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

To be completed by the applicant who is the current legal owner of the premium to be invested. Name(s) to be stated as they appear on either your National Registration Identity Card (NRIC) or passport, as applicable.

Please refer to 'Further information' for requirements to support verification of identity and address on page 27.

Please write in ink and use block capitals.

Section 1: Setting up your policy

Part A: Pension trustee

1. Company name	<input type="text"/>
2. Registered address or business address	<input type="text"/>
3. Principal place of business (if different from above)	<input type="text"/>
4. Date of establishment, incorporation or registration	<input type="text"/>
5. Place of incorporation or registration	<input type="text"/>
6. Unique identification number (incorporation number or business registration number)	<input type="text"/>
7. Regulated by/Authorisation number	<input type="text"/>
8. Global Intermediary identification Number (FATCA GIIN)	<input type="text"/>
9. Work telephone number	<input type="text"/>
10. Email address (mandatory)	<input type="text"/>
11. Correspondence address (if different from above)	<input type="text"/>
12. Correspondence address phone number	<input type="text"/>
13. Work telephone number of contact person(s)	<input type="text"/>
14. Email address(es) of contact person(s) (mandatory)	<input type="text"/>

You will receive policy documents and all correspondence relating to the policy, unless you indicate otherwise below. Copies will also be sent to your financial adviser. (Please refer to page 19 to provide instructions regarding valuation statements' dispatch.)

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

☐

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

Section 1: Setting up your policy (continued)

Part A: Details of directors of trust company

(If there are more than two directors, please provide details on a separate sheet.)

	First director	Second director
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, birth certificate or passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on NRIC, birth certificate or passport)	<input type="text"/>	<input type="text"/>
4 Aliases	Yes <input type="checkbox"/> No <input type="checkbox"/> (if Yes, please specify) <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 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.	Country <input type="text"/>	Country <input type="text"/>
7 Are you a Specified US Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8 Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>
9 If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Registration Number).	<input type="text"/>	<input type="text"/>
10 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"/>
11 Country of residence	<input type="text"/>	<input type="text"/>
12 Residential address	<input type="text"/>	<input type="text"/>
13 Work telephone number	<input type="text"/>	<input type="text"/>
14 Email address (mandatory)	<input type="text"/>	<input type="text"/>
15 Nature of business	<input type="text"/>	<input type="text"/>
16 Do you have executive authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17 Are you a Beneficial Owner(s) of the trust?#	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(If the answer is Yes, you do not need to go to page 14 and complete the beneficial ownership details.)

'Beneficial Owner', as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism, refers to the natural person who ultimately owns 25% or more 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. This includes but not limited to members, the trustees, the protector (if any), the beneficiaries of the trust (including every beneficiary that falls within a designated characteristic or class), and any natural person exercising ultimate ownership, ultimate control or ultimate effective control over the trust (including through a chain of control or ownership). To avoid confusion and doubt, 'Beneficial Owner' does not mean the nominated beneficiary(ies) under the policy.

Section 1: Setting up your policy (continued)

Part A: Details of directors of corporate trustee (continued)

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 political figures, member of the judiciary, diplomatic service officers, managers and supervisors of state owned enterprises and senior ranking military officers.

- 1 Are you, any of your family members 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

Part B: Details of other persons with executive authority

(If there are more than two persons with executive authority, please provide details on a separate sheet.)

- 1 Are there any other persons who have executive authority other than the directors advised in Part A?

Yes ☐ No ☐

If Yes, please complete the entire section.

First person with executive authority

Second person with executive authority

- 2 Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other

Other

- 3 Surname (as shown on NRIC or passport)

- 4 First name(s) (as shown on NRIC or passport)

- 5 Aliases

Yes ☐ No ☐

Yes ☐ No ☐

(if Yes, please specify)

- 6 Unique identification number (NRIC or passport)

- 7 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.

Country

Country

- 8 Are you a Specified US Person?

Yes ☐ No ☐

Yes ☐ No ☐

- 9 Tax Identification Number (TIN)

- 10 If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Registration Number).

- 11 Date of birth (DD/MM/YYYY)

- 12 Country of residence

- 13 Residential address

- 14 Work telephone number

- 15 Fax number

- 16 Email address (mandatory)

- 17 Nature of business

- 18 Are you a Beneficial Owner(s) of the trust?#

Yes ☐ No ☐

Yes ☐ No ☐

(If the answer is Yes, you do not need to go to page 14 and complete the beneficial ownership details.)

'Beneficial Owner', as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism, refers to the natural person who ultimately owns 25% or more 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. This includes but not limited to members, the trustees, the protector (if any), the beneficiaries of the trust (including every beneficiary that falls within a designated characteristic or class), and any natural person exercising ultimate ownership, ultimate control or ultimate effective control over the trust (including through a chain of control or ownership).

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

Part B: Details of other persons with executive authority (continued)

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 political figures, member of the judiciary, diplomatic service officers, managers and supervisors of state owned enterprises and senior ranking military officers.

First person with executive authority

Second person with executive authority

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

Yes ☐ No ☐

Yes ☐ No ☐

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

2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/>	<input type="text"/>
4 Position held as PEP	<input type="text"/>	<input type="text"/>
5 Country position held	<input type="text"/>	<input type="text"/>
6 Date position held	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 If the PEP is a family member or close associate, please confirm the relationship	<input type="text"/>	<input type="text"/>

Section 1: Setting up your policy (continued)

Part C: Lives assured details

(If there are more than four lives assured, please provide details on a separate sheet.)

	First Life Assured	Second Life Assured
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 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/>	<input type="text"/>
9 Nationality (all nationalities to be advised, if more than one)	<input type="text"/>	<input type="text"/>
10 Contact number	<input type="text"/>	<input type="text"/>
11 Email address (mandatory)	<input type="text"/>	<input type="text"/>
12 Relationship to scheme	<input type="text"/>	<input type="text"/>

Section 1: Setting up your policy (continued)

Part C: Lives assured details

(If there are more than four lives assured, please provide details on a separate sheet.)

	Third Life Assured	Fourth Life Assured
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 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"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/>	<input type="text"/>
9 Nationality (all nationalities to be advised, if more than one)	<input type="text"/>	<input type="text"/>
10 Contact number	<input type="text"/>	<input type="text"/>
11 Email address (mandatory)	<input type="text"/>	<input type="text"/>
12 Relationship to scheme	<input type="text"/>	<input type="text"/>

Section 1: Setting up the policy (continued)

Part D: Details of beneficial owners other than those advised previously

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 identity card or passport.

If there are more than two beneficial owners, please provide details on a separate sheet.

	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 Surname (as shown on NRIC or passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on NRIC, birth certificate 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 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"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/>	<input type="text"/>
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.	Country <input type="text"/>	Country <input type="text"/>
10 Are you a Specified US Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11 Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>
12 If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Registration Number).	<input type="text"/>	<input type="text"/>
13 Email address (mandatory)	<input type="text"/>	<input type="text"/>
14 Home telephone number	<input type="text"/>	<input type="text"/>
15 Mobile number	<input type="text"/>	<input type="text"/>
16 Position or occupation (if retired, please state former position and occupation)	<input type="text"/>	<input type="text"/>
17 Nature of business	<input type="text"/>	<input type="text"/>

Section 1: Setting up the policy (continued)

Part D: Details of beneficial owners other than those advised previously (continued)

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 political figures, member of the judiciary, diplomatic service officers, managers and supervisors of state owned enterprises and senior ranking military officers.

	Beneficial Owner 1	Beneficial Owner 2
1 Are you, any of your family members or any of your close associates a PEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide the following details and complete the supplementary Source of Wealth Form.		
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/>	<input type="text"/>
4 Position held as PEP	<input type="text"/>	<input type="text"/>
5 Country position held	<input type="text"/>	<input type="text"/>
6 Date position held	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 If the PEP is a family member or close associate, please confirm the relationship	<input type="text"/>	<input type="text"/>

Section 2: Policy details

Source of funds

The Isle of Man Financial Services Authority requires all Isle of Man life companies to make enquiries as to how an applicant has acquired the monies to be used as payment for their plan. This reflects the Isle of Man's 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 on the source of funds procedures can be obtained from your financial adviser or can be downloaded from <https://advisers.fpinternational.com/documents/source-of-funds.pdf>.

Full details on the source of funds procedures can be obtained from your financial adviser or can be downloaded from www.fpinternational.sg.

Transfer of pension	<input type="checkbox"/>
Pension scheme name	<input type="text"/>
Pension scheme number	<input type="text"/>
Total amount received	Currency <input type="text"/> Amount <input type="text"/>
Date of transfer (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"/>

Transfer of pension	<input type="checkbox"/>
Pension scheme name	<input type="text"/>
Pension scheme number	<input type="text"/>
Total amount received	Currency <input type="text"/> Amount <input type="text"/>
Date of transfer (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"/>

Transfer of pension	<input type="checkbox"/>
Pension scheme name	<input type="text"/>
Pension scheme number	<input type="text"/>
Total amount received	Currency <input type="text"/> Amount <input type="text"/>
Date of transfer (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"/>

Transfer of pension	<input type="checkbox"/>
Pension scheme name	<input type="text"/>
Pension scheme number	<input type="text"/>
Total amount received	Currency <input type="text"/> Amount <input type="text"/>
Date of transfer (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"/>

Section 2: Policy details (continued)

Source of funds (continued)

Other source of funds
Please provide as much detail as possible.

☐

Section 2: Policy details (continued)

Premium amount

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

Currency USD ☐ SGD ☐ GBP ☐ EUR ☐ HKD ☐

Premium amount

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 as 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) ☐ Singapore Dollar (SGD) ☐ Sterling (GBP) ☐ Euro (EUR) ☐ HK Dollar (HKD) ☐

Payment methods

Important note: Please make cheque payable to 'Friends Provident International Limited (Singapore branch)' with ref: policy number and send directly to the address below.

Please tick the appropriate box and follow the instructions carefully. **Please note that cash is not an acceptable payment method.**

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.

Withdrawal instructions

I/We request Friends Provident International to make the following withdrawal:

- | 1 | Withdrawal amount |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | USD/SGD/GBP/EUR/HKD* <input type="text"/> Amount <input type="text"/> |
| | OR <input type="text"/> % of total premium |
| | OR maximum withdrawal without triggering a surrender penalty (please tick box) <input type="checkbox"/> |
| 2 | Frequency (tick one) <input type="checkbox"/> once only <input type="checkbox"/> yearly <input type="checkbox"/> half-yearly <input type="checkbox"/> quarterly <input type="checkbox"/> monthly |
| 3 | Date the regular withdrawal is due to commence <input type="text"/> |

*Circle where necessary (for the currency on the withdrawal amount box)

Section 2: 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
<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"/>

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 as to the suitability of the policy to your own particular circumstances. 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, particularly our specialist ones, and also some of the underlying funds may have restrictions on their ability to pay cash due to the type of investments they hold. This could limit your ability to raise cash from the 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 at www.fpinternational.sg. Friends Provident International recommends that you visit our website and take time to read and understand the definitions. Investment into specialist funds via our mirror funds should be considered a long-term investment. You, in conjunction with your financial adviser, should consider the amount you invest via your policy if it is likely that you will need access to your capital quickly in the future.

Section 3: Declarations

Trustee declarations

Attention is drawn to the following declarations. Where we have asked for information that we need to assess before we can accept your application, 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

We, the current trustees of the trust created on the day of (month) (year)

(name of the trust)

confirm the following to Friends Provident International Limited (Singapore Branch):

- a) That we have the necessary powers of investment to invest in policies of life assurance.
- b) That the Trustees detailed in Section 1 of this application form are the current Trustees of the trust.
- c) The principal beneficiary/scheme member is

Full name

Address

Nationality

Date of birth
(DD/MM/YYYY)

- d) That without prejudice to the generality of this clause, all the trust company's required authorised signatories must sign all types of instructions (for example, instructions to change underlying investments, make cash withdrawals, total surrender of the policy).
- e) That we will advise Friends Provident International in writing immediately of any changes in the trustees.

Section 3: Declarations (continued)

Trustee declarations (continued)

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 have received, read and have been given an explanation of all the printed materials relevant to this policy and I/we have been acquainted with the charges made by Friends Provident International.

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** on previous page.
- 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.

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 Total Distribution Cost Summary (Global Wealth Manager only) and that the contents of these documents have been explained to my/our satisfaction.

Section 3: Declarations (continued)

Trustee declarations (continued)

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

We understand that if we are resident in Singapore, or have signed this application form in Singapore, we are able to cancel our policies during a 30-day period after we have received the policy. 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 us.

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 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.

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.

Section 3: Declarations (continued)

Trustee declarations (continued)

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 of 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

I have appointed (company name) to act as my financial adviser.

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

I confirm that this application was signed in (give country)

Applicant 1

Applicant 2

Signed

Date (dd/mm/yyyy)

7 We can confirm that:

- i We have seen and received the Global Wealth Manager Product Brochure, Global Wealth Manager Product Summary, Total Distribution Cost Summary, Your Guide to Life Insurance, Your Guide to Investment-Linked Insurance Plans, and prospectuses (if any) of any assets which you wish to invest in your Global Wealth Manager.
- ii We understand and agree that we shall update Friends Provident International immediately on any changes of our personal information and any other information provided in relation to this policy.
- iii We have read and understood the Personal Data Protection Declaration on page 22.
- iv We understand that the policy is underwritten by Friends Provident International 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 but was not included in the application. Please check to ensure that you are fully satisfied with the information declared in this application.

	Applicant (on behalf of trust company)	Applicant (on behalf of trust company)
Signature(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

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, HK dollars and AUD 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
AUD Account number	: 400515-77464146	IBAN	: GB02MIDL40051577464146 (For Purpose Saver only)

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 Applicant on behalf of Trust company

Full name(s) of plan holder(s)
(‘the plan holder(s)’)

Name of plan

Plan numbers or application dated (‘the plan’)

Name of investment adviser (‘the adviser’)

Agency number (with Friends Provident International)

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 Applicant on behalf of Trust company (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.

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
applicant on behalf of trust company

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.

Further information

Verification of identity and address Guidelines for individual applicants

This checklist will help make sure you have provided everything we need to process your application.

Verification of identity - must be provided for all directors / partners named within the application.

Please send a **suitably certified copy** of their Passport, National Identity Card or Drivers Licence showing their photograph(s) and signature. If you are unable to provide either of the please provide a reason why and contact us to discuss other acceptable documents before sending in your application.

Applicants

I have provided identification ☐

If you are unable to provide Identification please confirm why below:

Verification of current residential address - must be provided for all applicants

Please send a **suitably certified copy** of at least on of the following documents for each director / partner named in the application. If they are unable to provide any of the documents listed below, please complete our confirmation of residential address form to provide us with the reasons why no documents are available. This document will guide you on what further documents can be obtained and can be found at <https://advisers.fpinternational.sg/documents/SERV05-Confirmation-of-residential-address.pdf>

Please tick which documents you have sent us

Applicant 1	Applicant 2	Type of document	Conditions
<input type="checkbox"/>	<input type="checkbox"/>	A recent account statement from a regulated bank, building society or credit card company	The document must be no more than 6 months old If the statement or bill has been issued electronically, it must clearly show the address of your property
<input type="checkbox"/>	<input type="checkbox"/>	A recent mortgage statement from a regulated lender	
<input type="checkbox"/>	<input type="checkbox"/>	A recent rates, council tax or utility bill (mobile phone bills are not acceptable)	
<input type="checkbox"/>	<input type="checkbox"/>	Correspondence from a central or local government agency	The document should be no more than 6 months old, or the most recent version where issued annually
<input type="checkbox"/>	<input type="checkbox"/>	A photographic driving licence	The document must be in date and valid The same document cannot be used to evidence your identity
<input type="checkbox"/>	<input type="checkbox"/>	A photographic national identity card	
<input type="checkbox"/>	<input type="checkbox"/>	A full tenancy agreement	The agreement must be in date The agreement must be signed by all parties
<input type="checkbox"/>	<input type="checkbox"/>	Proof of ownership of your property, such as lawyer's confirmation of a property purchase or a legal document recognising title to the property	The document must be signed by all appropriate parties

Please refer to our identity and address verification guidelines for further information on who can suitably certify your documentation. Further information can be found at <https://advisers.fpinternational.sg/documents/id01-id-and-address-verification-guidelines-individuals.pdf>

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 November 2022, 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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