

US national declaration

Please use BLOCK CAPITALS. *Delete as applicable.

Declaration

Date (dd/mm/yyyy)

200,00,000		
To be completed by United States nationals at the time of making an application to Friends Provident International		
Name(s) of Proposed Policyholder(s):		
Troposeu Folieyriolaer(s).		
Policy number (if known):		
Name of the policy for which you are applying, and date of application:	Contract Name	Date
I/We* hereby confirm that I/we* understand the United States tax consequences of my/our* investment in the above policy. In particular I/we* understand that the terms of the policy do not comply with the qualifying conditions laid down by s7702 and s817 of the Internal Revenue Code, and that the policy will not benefit from the tax treatment that applies to policies that comply with these conditions.		
I/We* further understand that I/we* will not hold Friends Provident International liable for any adverse US tax consequences suffered by me/us* as a result of my investment in the policy.		
I/We* also undertake to pay any annual tax liability, State Premium Tax, Federal Excise Tax or any other State or Federal tax which may be due under the policy and, in the event that Friends Provident International are pursued for any such taxes in the United States, I/we* hereby permit Friends Provident International to make good the liability from the assets linked to the policy.		
I/We* understand that if at any time during the te unable to accept instructions from me/us* to:	rm of the policy I am/we are* resident in the Unit	ed States, Friends Provident International will be
reinstate paid-up premiumsincrease regular premiumsaccept additional single premiums		
Signature(s) of Proposed Policyholder(s)		

