

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.

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.

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