

Regular payment increase/ additional single payment

This form is to be used for all Singapore products except Global Portfolio.

Policy number

Details of Policyholder(s)

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

Please complete this Application Form in English and use BLOCK CAPITALS

If you make any mistakes while completing this Application form, please cross out the error and write the new information CLEARLY.

Each correction must be initialed by the person or persons completing the form. Do NOT use correction fluid or other ways of deleting incorrect information.

Please write in INK and use BLOCK CAPITALS.

	First (or only) Policyholder	Second Policyholder
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
2 Surname (as shown on passport/ID card)	<input type="text"/>	<input type="text"/>
3 Forename(s) (as shown on passport/ID card)	<input type="text"/>	<input type="text"/>
4 Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
5 Tax Identification Number (TIN)? If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Registration Number).	<input type="text"/>	<input type="text"/>
6 Are you a Specified US Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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. FPI 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 for the country in which you have obtained new citizenship.

Details of Policyholder(s) (continued)

- 7 Do you want to update your contact/ address details as part of this application?
- First (or only) Policyholder** Yes ☐ No ☐
- Second Policyholder** Yes ☐ No ☐

For update of residential address, please also enclose a clear certified copy of the address proof dated no more than 6 months old.

Please provide new details

Premium details

For regular premium products

<input type="text"/>	<input type="text"/>	+	<input type="text"/>	<input type="text"/>	=	<input type="text"/>	<input type="text"/>
Currency	Current regular payment amount		Currency	Additional regular payment amount		Currency	New regular payment amount

Effective date (MM/YYYY)

For regular premium products and Global Wealth Manager

Additional single payment amount

<input type="text"/>	<input type="text"/>
Currency	Amount

Important notes

1. Please see your product brochure and policy/contract conditions for the minimum increase payment amounts and currency options.
2. The frequency of payment must match the original payment frequency.
3. Please leave at least one month between the date of notification and the effective date to allow new payment arrangements to be processed.
4. Regular payment increases can only take effect on the next regular payment due date. For example if you pay annually on the date of your next annual payment.

Payment methods

For regular premium increase

Kindly ensure you quote your policy number as reference when setting up the bank transfer; and include the originating bank account holder's name and account number in the set up proof.

☐ Please tick this box if you are currently using GIRO or credit card payment and would like to use the existing payment method

☐ If you are using a Bank Standing Order (BSO), please set up a replacement payment method with your bank for the total amount and send us a copy of the payment set up as proof.

Our bank details are below:

For Singapore dollar payments only

Please remit to HSBC Singapore, 10 Marina Boulevard, Marina Bay Financial Tower 2, #44-01 HSBC Building, Singapore 018983, SWIFT Code: HSBCSGSG. The beneficiary account name is **Friends Provident International (Singapore Branch)** and the beneficiary account number is 147-110001-003.

For non-Singapore Dollar payments only

Please remit to Bank HSBC, 27-32 Poultry, London, EC2 2BX, United Kingdom.
Account name: Friends Provident International Limited. Swift /BIC code: MIDLGB22

USD Account number : 400515-69521429 IBAN: GB38MIDL40051569521429
HKD Account number : 400515-69521410 IBAN: GB66MIDL40051569521410
GBP Account number : 400515-69521445 IBAN: GB91MIDL40051569521445
EUR Account number : 400515-69521437 IBAN: GB16MIDL40051569521437
AUD Account number : 400515-77464146 IBAN: GB02MIDL40051577464146 (Purpose Saver Only)

Choice of mirror funds

Please leave this section blank if you wish your existing fund choice to remain unchanged. For regular premium product, if you want to change only your investment for future premium, please indicate the funds in which you wish to invest, up to a maximum of 10, showing the percentage of each investible payment. The total percentage must add up to 100% (please note we can only accept whole percentages).

If you would like to switch funds, please complete the Switch/Redirection Request form.

Please note that the whole payment will be applied to your plan based on this fund choice, not just the increased amount.

Fund code	Mirror fund	% of premium (we only accept whole percentages)
		Total 100%

Source of funds

SOURCE OF FUNDS DETAILS

The Isle of Man Financial Services Authority requires all Isle of Man life companies to make enquiries as to how the policyholder(s) 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 of 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>.

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

	Policyholder 1	Policyholder 2
Annual salary plus bonuses		
1 Annual salary this year (include currency)		
2 Bonuses this year (include currency)		
3 Annual income last year (include currency)		
4 Bonuses last year (include currency)		
5 Occupation		
6 Employer's company name		
7 Nature of business		

Source of funds (continued)

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"/>

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"/>

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"/>

Policyholder 1

Policyholder 2

Pension transfer

18 Amount received (include currency)	<input type="text"/>	<input type="text"/>
19 Received from	<input type="text"/>	<input type="text"/>
20 Date received (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

Property or asset sale

21 Amount received (include currency)	<input type="text"/>	<input type="text"/>
22 Address of property sold or asset type	<input type="text"/>	<input type="text"/>
23 How long held	<input type="text"/>	<input type="text"/>
24 Date of sale (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

Company profits

25 Profits this year (include currency)	<input type="text"/>	<input type="text"/>
26 Profits last year (include currency)	<input type="text"/>	<input type="text"/>
27 Industry	<input type="text"/>	<input type="text"/>

Source of funds (continued)

Company sale

28 Amount received (include currency)	<input type="text"/>	<input type="text"/>
29 Company name	<input type="text"/>	<input type="text"/>
30 Company industry	<input type="text"/>	<input type="text"/>
31 Date received (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

Other such as maturing investment, lottery or betting win, gift or inheritance (for inheritance, please state from who, for maturing investment please confirm how long held).

32 Amount received (include currency)	<input type="text"/>	<input type="text"/>
33 Source	<input type="text"/>	<input type="text"/>
34 Date received (DD/MM/YYYY)	<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.

Declaration

I/We* declare that this Application was signed in	<input type="text"/>	(country)
and the advice was given in	<input type="text"/>	(country)

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

First (or only) Policyholder

Second Policyholder

Signature(s)	<input type="text"/>	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

Beneficial owner details

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

Beneficial owner details (cont.)

Additional information

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

Beneficial Owner 1

Beneficial Owner 2

Signature(s)

Date (DD/MM/YYYY)

Data privacy

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy - please visit www.fpinternational.sg/legal/privacy-and-cookies.jsp to view the full policy or this can be provided on request from our Data Protection Officer.

Further information

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 October 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
Website: www.fidrec.com.sg/contact-us

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.

Friends Provident International Limited: Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Isle of Man incorporated company number 11494C. Authorised and regulated by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. **Singapore branch:** 182 Cecil Street, Level 17 Frasers Tower, Singapore 069547. Registered in Singapore No. To6FC6835J. Licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme. Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.