

Application form

Financial adviser details

| | |
|-------------------|----------------------|
| Company name | <input type="text"/> |
| Adviser name | <input type="text"/> |
| FPI agency number | <input type="text"/> |

Contact details for acknowledgement/queries on the application.

| | |
|------------------|----------------------|
| Contact name | <input type="text"/> |
| Telephone number | <input type="text"/> |
| Email address | <input type="text"/> |

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) | <input type="text"/> |
|---|----------------------|

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.

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

Payment reference number

| | |
|-------------------------------------|----------------------|
| Payment reference number (if known) | <input type="text"/> |
|-------------------------------------|----------------------|

Please contact Friends Provident International Limited – Singapore branch (Friends Provident International) to obtain a pre-allocated payment reference number if desired.

Please tick to confirm you have included with this application:

| | |
|--|--------------------------|
| Personal policy illustration | <input type="checkbox"/> |
| Verification of client identity* | <input type="checkbox"/> |
| Verification of client address* | <input type="checkbox"/> |
| Method of payment details* | <input type="checkbox"/> |
| Source of wealth (including supporting documents, where required*) | <input type="checkbox"/> |

* suitably certified as being a true copy of the original

Details of information required for source of wealth can be found on pages 12 to 16.

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

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

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

Please complete all details in Section 1

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

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

A valid email address is required to enable us to send fund information to the applicant(s) – see page 6. If this is left blank, or if the applicant or second applicant does not have an email address, we will be unable to process the proposal.

Please note that even if the premium has been received and banked, the policy will not be issued until all documentation has been received and validated

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 half or 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 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.
- c) Which is wholly owned by investors who are Accredited Investors or who would be eligible to be Accredited Investors.

3) A trustee:-

- a) Of a trust of which all property and rights of any kind whatsoever held on trust for the beneficiaries of the trust exceed SGD 10 million; or
- b) Of a trust in which all the beneficiaries are Accredited Investors or would be eligible to be Accredited Investors

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 retail investor/non-Accredited investor unless you opt in to 'Accredited Investor' as defined above. Please note that as a non-Accredited Investor, you have access to a limited range of funds as compared to those that are available for an Accredited Investor.

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

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

First (or only) Applicant

☐

Second Applicant

☐

(applicable for joint policyholders only)

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

Replacement of life policies

- 1 Does the policyholder have any existing life insurance policy(ies) with Friends Provident International or any other financial institutions? Yes ☐ No ☐ **If Yes, please complete the following table.**

| Name of company | Country of insurance | Type of policy | Sum assured | Year issued |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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? 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 Purpose Saver

Please tick the appropriate box(es):

Retirement funding ☐

Education funding ☐

Medium to long-term savings ☐

For a special event ☐

(please complete)

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

Additional information/Special instructions

Section 1: Policy details for Purpose Saver

Details of applicant

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

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

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

Please write in black ink and use BLOCK CAPITALS.

| | First (or only) applicant | Second applicant |
|--|---|---|
| 1 Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/> | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/> |
| 2 Surname (as shown on NRIC or passport) | <input type="text"/> | <input type="text"/> |
| 3 First name(s) (as shown on NRIC or passport) | <input type="text"/> | <input type="text"/> |
| 4 Aliases (If Yes, please specify) | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> |
| 5 Unique identification number (NRIC or passport) | <input type="text"/> | <input type="text"/> |
| 6 Marital status | Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="text"/> | Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="text"/> |
| 7 Date of birth (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 8 Country of Birth | <input type="text"/> | <input type="text"/> |
| 9 Residential address | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 10 How long have you lived at this address? | <input type="text"/> | <input type="text"/> |
| 11 Home telephone number | <input type="text"/> | <input type="text"/> |
| 12 Work telephone number | <input type="text"/> | <input type="text"/> |
| 13 Mobile telephone number | <input type="text"/> | <input type="text"/> |
| 14 Email address (mandatory) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 15 Correspondence address (if different to residential address) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 16 Correspondence address telephone number (if any) | <input type="text"/> | <input type="text"/> |

Policy details (cont.)

Details of applicant (cont.)

First (or only) applicant

Second applicant

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

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

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

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

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

Yes ☐ No ☐

Yes ☐ No ☐

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

- 20 Nature of business

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

- 22 Employer's name

- 23 Please give your annual earned income
Currency, e.g. SGD

Currency Amount

Currency Amount

- 24 Are you or any immediate family member or beneficial owner previously or currently entrusted with prominent public functions* in Singapore or a foreign country; or a close associate** of one who is/was entrusted with prominent public functions in Singapore or a foreign country?

Yes ☐ No ☐

Yes ☐ No ☐

If 'Yes' please provide details:

Name of the person previously or currently entrusted with prominent functions

Your relationship to the person listed above

* 'Prominent public functions' includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislative and senior management of international organisations†.

** 'Close associate' means a natural person who is closely connected to a politically exposed person^, either socially or professionally.

† 'International organisation' means an entity established by formal political agreements between member countries that have the status of international treaties, whose existence is recognised by law in member countries and which is not treated as resident institutional unit of the country in which it is located.

^ 'Politically exposed person' is a natural person who is entrusted with prominent public functions.

Policy details (cont.)

Details of applicant (cont.)

| | First (or only) applicant | Second applicant |
|--|---|---|
| 25 Are you to be a life assured? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 26 Are you in good health? If No, please give details on a separate piece of paper, but please first refer to 'Personal Data Protection Consent' in Declarations below. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Please complete the supplementary form if there are more than two lives assured/applicants. | | |
| 27 Are you to be a Policyholder? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 28 If the policyholder and life assured are different, what is the relationship between them? For example, spouse, partner, minor child or ward under the age of 18. | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| 29 Please explain your insurable interest if the life assured is not one of the following: spouse, partner, minor child or ward under the age of 18. | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| 30 Please confirm the country in which you are a tax resident. Please provide your tax identification number, e.g. NRIC or passport numbers. If you or the second applicant are a US citizen or hold a US passport or green card, you will be considered tax resident in the US even if you live outside the US. You must include your US tax identification number in this section. If you or the second applicant are tax resident in more than one country, please provide details in the 'Additional information' section on page 5. | <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Country <input style="width: 150px;" type="text"/> </div> <div style="display: flex; justify-content: space-between;"> Tax identification number <input style="width: 150px;" type="text"/> </div> | <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Country <input style="width: 150px;" type="text"/> </div> <div style="display: flex; justify-content: space-between;"> Tax identification number <input style="width: 150px;" type="text"/> </div> |
| <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 on page 5.</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> | | |
| 31 In which country do you have nationality/citizenship status? If you have more than one nationality/citizenship status, please set out all countries of which you are a national/citizen, as well as the relevant tax identification number, e.g. NRIC or passport numbers, in the 'Additional information' section on page 5. | <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Country <input style="width: 150px;" type="text"/> </div> <div style="display: flex; justify-content: space-between;"> Tax identification number <input style="width: 150px;" type="text"/> </div> | <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Country <input style="width: 150px;" type="text"/> </div> <div style="display: flex; justify-content: space-between;"> Tax identification number <input style="width: 150px;" type="text"/> </div> |
| <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 on page 5.</p> | | |
| 32 Are you an ultimate Beneficial Owner(s)* of this policy? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p>(If the answer is Yes, you do not need to complete the beneficial ownership details on pages 27 and 28)</p> | | |

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

Policy details (cont.)

Premium details

Total premium

The currency of your Purpose Saver plan will be the currency in which you pay your premium.

Currency USD ☐ SGD ☐ GBP ☐ EUR ☐ HKD ☐ AUD ☐

Premium frequency Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Premium amount

You must intend to save a minimum premium amount based on your chosen premium frequency and currency over your selected Target Saving Period.

| Currency | Annually | Half-yearly | Quarterly | Monthly |
|--------------------------|----------|-------------|-----------|---------|
| US dollars (USD) | 18,000 | 9,000 | 4,500 | 1,500 |
| Singapore dollars (SGD) | 24,000 | 12,000 | 6,000 | 2,000 |
| Sterling (GBP) | 12,000 | 6,000 | 3,000 | 1,000 |
| Euro (EUR) | 18,000 | 9,000 | 4,500 | 1,500 |
| HK dollars (HKD) | 144,000 | 72,000 | 36,000 | 12,000 |
| Australian dollars (AUD) | 24,000 | 12,000 | 6,000 | 2,000 |

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 wealth information will be required.

Premium acceleration

Please indicate the annual acceleration rate of your regular premium during the Target Saving Period. You can select a percentage between 1% - 20% per annum.

The regular premium during the Target Saving Period will be increased at the rate of % per annum.

Number of policy segments

Please indicate the number of segments you wish your plan to be issued as (minimum 1, maximum 10).

If the box is left blank, the plan will be issued as ten individual segments.

Valuation currency

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

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

US dollars (USD) ☐ Singapore dollars (SGD) ☐ Sterling (GBP) ☐

Euro (EUR) ☐ HK dollars (HKD) ☐ Australian dollars (AUD) ☐

Target Saving Period

Please indicate Target Saving Period 3 years ☐ 4 years ☐ 5 years ☐

The target saving period must be three, four or five years from inception of the policy ('Target Saving Period').

The maximum age of the youngest life assured at the end of the chosen Target Saving Period is 80. Please be aware that you should only invest in this product if you intend to pay the contribution for the whole of your chosen Target Saving Period.

Policy details (cont.)

Payment methods

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

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

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

Friends Provident International Limited (Singapore branch)

182 Cecil Street

Level 17 Frasers Tower

Singapore 069457

By telegraphic transfer

☐

Please submit all relevant documents per instructions stated on **Bank Details for Bank Transfer** on page 25 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 standing order

☐

Please submit all relevant documents per instructions stated on **Bank Details for Bank Transfer** on page 25 and return it to Friends Provident International with this application form.

By Interbank Giro

☐

Please complete the **Application for Interbank Giro (Singapore dollar payments only)** on page 21 and return it to Friends Provident International with this application form. Please also include a cheque, payable to Friends Provident International Limited (Singapore branch), for the first premium.

By credit card

☐

For first premium only. The charges on the first premium will be currently waived. Please complete the Credit card authority on Page 23 (Section 1 only) and provide address/telephone/signature and date, and return it to Friends Provident International with this application form.

☐

For second premium payment onwards at a charge of 1.95% of each premium paid. Please complete the Credit card authority on Page 23 (Section 1 and 2) and return it to Friends Provident International with this application form.

Policy details (cont.)

Choice of mirror funds

Please indicate the mirror funds in which you wish your policy to invest, 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)**. The minimum investment amount for each mirror fund is USD 75 for monthly premium and USD 1,500 for additional single premium. **Failure to include all relevant information accurately may delay the processing of your application. Please refer to our fund centre on our website to ensure funds to be invested are acceptable for Singapore products.**

| Fund code | Mirror fund | Percentage of premium |
|----------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | | 100% |

Model portfolio

☐ Please tick the box if the above selected funds follow one of the model portfolios as advised by Morningstar.

Section 2: Source of wealth

Source of wealth

Please refer to the source of wealth table which is available in PDF format on our website, www.fpinternational.sg (click Knowledge -> Guides -> Source of Wealth) for the evidential requirements to support sources of wealth.

| | First (or only) applicant | Second applicant |
|---|---|---|
| Income and savings from salary (basic and/or bonus) | <input type="checkbox"/> | <input type="checkbox"/> |
| If self-employed or a company share owner, please refer to 'Company profits'. | | |
| Current annual salary | Currency <input type="text"/> Amount <input type="text"/> | Currency <input type="text"/> Amount <input type="text"/> |
| Employer's name | <input type="text"/> | <input type="text"/> |
| Employer's address | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Nature of business | <input type="text"/> | <input type="text"/> |
| Maturity or surrender of life policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount received | Currency <input type="text"/> Amount <input type="text"/> | Currency <input type="text"/> Amount <input type="text"/> |
| Policy provider | <input type="text"/> | <input type="text"/> |
| Policy number/reference | <input type="text"/> | <input type="text"/> |
| Date of maturity or surrender (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> |
| Sale of shares or other investments/ liquidation of investment portfolio | <input type="checkbox"/> | <input type="checkbox"/> |
| Description of shares/units/deposits (i.e. name/where held) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Name of seller | <input type="text"/> | <input type="text"/> |
| Length of time held | Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> | Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> |
| Sale amount | Currency <input type="text"/> Amount <input type="text"/> | Currency <input type="text"/> Amount <input type="text"/> |
| Date funds received (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"/> |
| Sale of property | <input type="checkbox"/> | <input type="checkbox"/> |
| Sold property address | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Total sale amount | Currency <input type="text"/> Amount <input type="text"/> | Currency <input type="text"/> Amount <input type="text"/> |
| Date of sale (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"/> |

Source of wealth (cont.)

| | First (or only) applicant | Second applicant |
|----------------------------------|--|--|
| Company sale | <input type="checkbox"/> | <input type="checkbox"/> |
| Company name | <input type="text"/> | <input type="text"/> |
| Nature of company | <input type="text"/> | <input type="text"/> |
| Total sale amount | Currency <input type="text"/> Amount <input type="text"/> | Currency <input type="text"/> Amount <input type="text"/> |
| Date of sale (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Client's share | <input type="text"/> % | <input type="text"/> % |
| Inheritance | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of deceased | <input type="text"/> | <input type="text"/> |
| Date of death (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Relationship to applicant | <input type="text"/> | <input type="text"/> |
| Total amount | Currency <input type="text"/> Amount <input type="text"/> | Currency <input type="text"/> Amount <input type="text"/> |
| Date received (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Solicitor's name | <input type="text"/> | <input type="text"/> |
| Solicitor's firm's name | <input type="text"/> | <input type="text"/> |
| Solicitor's address | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Divorce settlement | <input type="checkbox"/> | <input type="checkbox"/> |
| Total amount received | Currency <input type="text"/> Amount <input type="text"/> | Currency <input type="text"/> Amount <input type="text"/> |
| Date funds received (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Name of divorced partner | <input type="text"/> | <input type="text"/> |

Source of wealth (cont.)

| | First (or only) applicant | Second applicant |
|---|---|---|
| Company profits | <input type="checkbox"/> | <input type="checkbox"/> |
| Company name | <input type="text"/> | <input type="text"/> |
| Company address | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Nature of company | <input type="text"/> | <input type="text"/> |
| Amount of annual profit | Currency <input type="text"/> Amount <input type="text"/> | Currency <input type="text"/> Amount <input type="text"/> |
| Client's share | <input type="text"/> % | <input type="text"/> % |
| Gift | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide all of the following: | | |
| • Letter from donor explaining the reason for the gift and the source of donor's wealth | | |
| • Certified identification documents for donor | | |
| Total amount | Currency <input type="text"/> Amount <input type="text"/> | Currency <input type="text"/> Amount <input type="text"/> |
| Date funds received (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"/> |
| Relationship to applicant | <input type="text"/> | <input type="text"/> |
| Donor's source of wealth | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |

Source of wealth (cont.)

| | First (or only) applicant | Second applicant |
|--|--|--|
| Employer paying premium | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide the following: | | |
| • Employer letter | | |
| Country of incorporation | <input type="text"/> | <input type="text"/> |
| Incorporation number | <input type="text"/> | <input type="text"/> |
| Retirement income | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement date (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Previous occupation | <input type="text"/> | <input type="text"/> |
| Name of last (final) employer | <input type="text"/> | <input type="text"/> |
| Address of last (final) employer | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Pension income source | <input type="text"/> | <input type="text"/> |
| Fixed deposit – savings | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of institution where savings held | <input type="text"/> | <input type="text"/> |
| Date account established (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Details of how savings acquired | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Source of wealth (cont.)

Second applicant

11

7

Currency

11

Amount

11

Currency

| | |
|--|--|
| | |
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Amount

Page 10 of 10

10

| | | | |
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7

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Years

1

Months

11

Years

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Months

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[illegible][illegible]

Section 3 – Declarations

Important notes

- 1 A specimen policy document and/or copy of this completed form are available on request.
- 2 You are advised to satisfy yourself/yourself that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the policy.
- 3 You should seek guidance from your usual financial adviser as to the suitability of the policy to your own particular circumstances. Purpose Saver should be regarded as a medium to long-term investment.
- 4 Each policy is governed by and shall be construed in accordance with the laws of Singapore.

5 Liquidity information

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

Declarations

Attention is drawn to the following declarations. If the application form requests information which has to be assessed by Friends Provident International before acceptance, you must disclose all facts which are material. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal. If you are in doubt as to the relevance of any particular information you should disclose it, as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.

1 General declarations

I/We declare that this application was signed in

(country)

and the advice was received in

(country)

I/We further declare that all the information provided in this application form, including this Declaration, is complete and true to the best of my/our knowledge and belief. I/We agree that they, together with any other statements made to a medical examiner in the event of a medical examination or to Friends Provident International, now or in the future, shall form the basis of the contract under the law of Singapore. I/We 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** stated above.
- iii) I/We acknowledge that Friends Provident International is not responsible for any loss suffered or reduction in the value of my/our policy arising from my/our investment. Friends Provident International does not have any responsibility for the management of the underlying fund and Friends Provident International does not recommend any asset as a suitable investment.
- iv) I/We confirm that I am/we are happy to receive information about the mirror funds and the underlying funds by electronic mail.
- v) I/We confirm that I am/we are happy to receive the underlying fund reports prepared by the managers.

Declarations (cont.)

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

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

I/We confirm that the investment for this policy has not been sourced from my/our Central Provident Fund (CPF) account. I/We understand that Friends Provident International will report this business in its register of Singapore policies.

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

4 Cancellation rights

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

A separate cooling off period will apply to a subsequent premium in relation to that new premium only.

5 Premium tax/Withholding tax

I/We acknowledge that in the event of any premium tax or withholding tax being levied in my/our country of residence it will be my/our responsibility to increase the premium by an appropriate amount or to settle the liability directly with the relevant tax authorities.

I understand that the Isle of Man Government has and will be entering into a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other territories. I understand that there is a requirement to collect information about customers' tax residence and nationality as part of Isle of Man legislation and that as a financial services company Friends Provident International are legally obliged to collect it. I am aware that you are required to request my tax residency, tax identification number (where applicable) and nationality and will record this information on your records.

I understand that the information that will be reported to the Isle of Man Government is:

- My name, address, jurisdiction of tax residence, Tax Identification Number (TIN) and date of birth
- My Friends Provident International contract number
- The balance or value of the account at the end of the calendar year or at the date the contract was surrendered/encashed
- The sum of any withdrawals taken within the relevant reporting year

6 Fees and commissions

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

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

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

7 Personal Data Protection Consent Declaration

Please read this privacy notice carefully. Please be aware that this is a short version of our privacy notice and you should visit <https://www.fpinternational.sg/legal/privacy-and-cookies.jsp> to view the full policy.

Friends Provident International Limited ("FPIL") is the controller of your personal data processed in connection with this application and product. The data which we process is that which you provide in this form such as your names, contact details and information about medical history. As well as obtaining data directly from yourself, we may obtain additional information from your doctor(s) as further described in this application form.

We use your information to process and underwrite your application, administer your policy and handle any claims, to help detect and prevent fraudulent activity, and for customer profiling and marketing. We only retain your data for as long as is necessary for the maintenance of your contract, or for legal or regulatory requirements.

We may share your data with third parties who provide services to us, some of whom may be located outside of the Isle of Man, European Economic Area (EEA), or country in which your data was collected. In these cases we make sure that your data is protected to the same standards as in the Isle of Man, EEA, or country of data collection. We may also share your data with law enforcement and regulatory bodies, other insurers, your insurance intermediary and their service providers.

Data protection laws require us to tell you what legal basis we use for processing your personal data. In general, the processing is necessary to perform a contract with you, or to take steps requested by you before entering into this contract.

We will not normally carry out any direct marketing campaigns but if we do, we will always contact you first and give you the opportunity to opt in to direct marketing before any communications of this nature take place.

We may process data about you which the law considers to be sensitive, in particular health information. In this case, we base our processing on your freely given, informed, specific consent or that the processing is necessary for the establishment, exercise or defence of legal claims. We may also process this type of data about other people you wish to insure such as family members. Please tell these

people to read this privacy notice and our privacy policy so that they understand how FPIL may use their personal data.

By proceeding with this application:-

- **You understand that we will use information about you, including information about health, for the above purposes.**
- **You are confirming that any other person (e.g. a family member or other individual covered by your insurance policy, or whose information is relevant to use providing this policy coverage) whose information you are providing understands and has no concerns about their information being used in this way.**

Declarations (cont.)

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.

- 8** I/We can confirm that:
- i I/We understand and agree that I/we shall update Friends Provident International immediately on any changes of my/our personal information and any other information provided in relation to this policy.
 - ii I/We have read and understood the Data Protection Declaration on pages 18 and 19.
 - iii To the best of my/our knowledge and belief, all the information provided is complete and true.

The policy is underwritten by Friends Provident International Limited and will be entered in the register of Singapore policies

If a material fact is not disclosed in this application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the financial adviser but was not included in the application. Please check to ensure that you are fully satisfied with the information declared in this application.

| | First (or only) applicant | Second applicant |
|------------------------------|--|--|
| Signature(s) of applicant(s) | <div></div> | <div></div> |
| Date (DD/MM/YYYY) | <div><div></div><div></div><div></div><div></div><div></div></div> | <div><div></div><div></div><div></div><div></div><div></div></div> |

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Section A - To be completed by the Applicant

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

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

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

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

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

| | |
|--|----------------------|
| Bank Account Holder's Name(s) | <input type="text"/> |
| My/Our bank account number | <input type="text"/> |
| Account Holder(s)' contact number(s) | <input type="text"/> |
| My/Our Signature(s) or Thumbprint(s) as per bank's record | <input type="text"/> |

Thumbprint must be verified by the bank

| | | | | | | | | | |
|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Date of Signature (DD/MM/YYYY) | <input type="text"/> | <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 B - To be completed by Friends Provident International Limited (Singapore Branch)

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

Section C - To be completed by the Bank

To: Friends Provident International Limited (Singapore branch)

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

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

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

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

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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) |

Only applicable for Faster Payments

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

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First (or only) applicant

Second applicant

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

| | | |
|--|--|--|
| 1 Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> |
| | Other <input type="text"/> | Other <input type="text"/> |
| 2 First name(s) (as shown on NRIC or passport) | <input type="text"/> | <input type="text"/> |
| 3 Surname (as shown on NRIC or passport) | <input type="text"/> | <input type="text"/> |
| 4 Aliases (If Yes, please specify) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | <input type="text"/> | <input type="text"/> |
| 5 Unique identification number (NRIC or passport) | <input type="text"/> | <input type="text"/> |
| 6 Residential address (Please provide a certified copy of the beneficial owner's verification of address document.) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <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"/> | <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 confirm the country in which you are a tax resident. Please provide your tax identification number, e.g. NRIC or passport numbers. If you or the Second applicant are a US citizen or hold a US passport or green card, you will be considered tax resident in the US even if you live outside the US. You must include your US tax identification number in this section. If you or the second applicant are a tax resident in more than one country, please provide details in the 'Additional information' section on page 5. | Country <input type="text"/> Tax identification number <input type="text"/> | Country <input type="text"/> Tax identification number <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, as well as the relevant tax identification number, e.g. NRIC or passport numbers, in the 'Additional information' section on page 5. | Country <input type="text"/> Tax identification number <input type="text"/> | Country <input type="text"/> Tax identification number <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| 10 Relationship to the policyholder | <input type="text"/> | <input type="text"/> |
| 11 Home telephone number | <input type="text"/> | <input type="text"/> |
| 12 Mobile number | <input type="text"/> | <input type="text"/> |
| 13 Office telephone number | <input type="text"/> | <input type="text"/> |

Not entering a tax identification number may hold up the issue of your policy. If you have left any of the Tax identification number boxes above blank, please give your reason in the Additional information box on page 5.

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.

Not entering a tax identification number may hold up the issue of your policy. If you have left any of the Tax identification number boxes above blank, please give your reason in the Additional information box on page 5.

Continued on next page

Beneficial owner details (cont.)

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

Optional management authority (Form of authority)



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

To: Friends Provident International Limited

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

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

Declaration

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

Authority granting

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

Please tick one box only.

- Option 1:** ☐ **Advisory basis only, my/our signed consent required:** I/We declare that the adviser will discuss any proposed alterations to the composition of the underlying funds held within the plan, and Friends Provident International Limited will only act upon investment instructions that I/we, as plan holder(s), have signed. **Friends Provident International Limited should not action any instructions that have not been signed by me/us.**
- Option 2:** ☐ **Delegated investment management:** I/We declare that I/we have delegated investment decisions to the adviser, who has complete discretionary authority, without consulting me/us first, to make all investment decisions to buy or sell assets, hold cash or other investments, within the boundaries of the investment restrictions details below. **I/We authorise Friends Provident International Limited to act upon the investment instructions of the adviser as if the adviser was the plan holder.**

I/We agree that Friends Provident International Limited shall not be responsible for any loss or liability to the plan, as a result of the actions, or failure to take action, on the adviser’s part, which gives rise to any loss in value to the plan howsoever arising.

I/We and my/our estates undertake to indemnify Friends Provident International Limited, against all claims and actions against Friends Provident International Limited, in respect of any loss and all costs and expenses arising from the activities of the adviser (including, but not limited to, the cost of defending in any court of Law such claim, demand or action against Friends Provident International Limited and the cost of recovering the investments held by the adviser).

Remuneration

Please tick one box only.

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

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

Continued on next page

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):**

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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

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

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

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

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

Signature(s) of the adviser(s)

Date (DD/MM/YYYY)

Name of the adviser

Name of authorised Signatories
(please print name)

Name of the adviser

Telephone/Fax number

Email address

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

The information given in this document is based on Friends Provident International's understanding of current Singapore law and taxation practice as at June 2020, which may change in the future. Individuals are advised to seek professional independent advice and no liability can be accepted for the 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
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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