

Trustee Application form (Singapore)

For use with existing trusts

Financial adviser details (To be completed by financial adviser)

Company name	<input type="text"/>
Agency name	<input type="text"/>
Agency number	<input type="text"/>

Contact details for acknowledgement/queries on the application.

Contact name	<input type="text"/>
Telephone number	<input type="text"/>
Mobile 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)

3 Client(s) must endorse if option 2(b) above has been selected:

I/We have opted not to carry out the complete needs analysis according to the Life Insurance Association's Life Insurance Advisory Form with my/our Adviser. ☐

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

	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)
Signature(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)
Signature(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

For use with the following Singapore products:

Please tick appropriate product. Complete sections relating to your product choice.

Global Portfolio ☐ Global Wealth Advance ☐ Global Wealth Manager ☐ Purpose Saver ☐

Policy number

Policy number if known

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

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

Personal Charging Structure illustration (Global Portfolio only)

☐

Please enclose certified copies of the following documentation

For each trust

Copy of 'Appointment of Trustees' document (usually the Trust Deed or Declaration)

☐

For each individual trustee

Verification of identity

☐

Verification of address such as utility bill (or suitable alternative)

☐

Where a shareholder is a company, trust or nominee, then we are required to look behind this structure to obtain a certified copy of the identification documents relating to the ultimate beneficial owner.

For corporate trustees

Copy of Certificate of Incorporation

☐

Copy of latest audited accounts

☐

Copy of Share Register

☐

Copy of signatory list and signing powers

☐

Evidence of the registered office address (if this is not the address on the application, we require evidence that the address is being used and confirmation of why there is a difference).

Please supply ID for directors, one of which must be an executive director

Director 1: Verification of identity

☐

Director 1: Verification of address

☐

Director 2: Verification of identity

☐

Director 2: Verification of address

☐

Verification of identity and address for any shareholder owning 25% or more

☐

Copy of directors list

☐

Source of wealth supporting documentation (where required)

☐

* suitably certified as being a true copy

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

- The relevant product summary
- The relevant product brochure
- The relevant charge fliers
- The relevant policy conditions
- Your Guide to Life Insurance
- Your Guide to Investment Linked plans
- Fund Center
- Product Highlight Sheets
- Prospectuses (if any) of any assets which you wish to invest in (Global Portfolio)
- Your Total Distribution Cost Summary and Personal Charging Structure Illustration (Global Portfolio only)
- Your Total Distribution Cost Summary (Global Wealth Manager only)
- Your Personal Policy Illustration (Global Wealth Advance only)

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

A valid email address is required to enable us to send fund information to the Applicant. If this is left blank, or if the Applicant does not have an email address, we will be unable to process the proposal.

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

Please complete this form in English, using block capitals. 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.

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.

Your investment structure (Global Portfolio only)

Collective

☐

Personalised

☐

QROPS trustees and members should take advice if the member returns to the UK.

Discretionary fund manager (Global Portfolio only)

Do you wish to appoint a discretionary fund manager?

Yes – full

☐

Yes – partial

☐

No

☐

If Yes, please complete the 'Appointment of Discretionary Fund Manager and Custodian' form on page 41 and 42.

Different minimum premiums may apply depending on the option chosen, please refer to the Global Portfolio Current Charges Fliers for further details.

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:-

On behalf of the trustees

☐

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

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

If Yes, please complete the following table.

Name of company	Country of insurance	Type of policy	Sum assured	Year issued

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

If Yes, please complete the following table.

Name of company	Country of insurance	Type of policy	Sum assured	Year issued

Warning: It is usually disadvantageous to replace an existing life insurance policy or investment-linked life insurance policy with a new one. Some of the disadvantages are:

- i) You may not be insurable on standard terms or may have to pay a higher premium in view of older age or the financial benefits accumulated over the years may be lost.
- ii) You may incur penalties for terminating the existing policy.
- iii) You may incur transaction costs without gaining any real benefit from the replacement.

In your own interest, we would advise that you consult your present insurer before making a financial decision, hear from both sides and make a careful comparison. You can then be sure that you are making a decision that is in your best interest.

Your reason for applying for Global Portfolio

Special instructions

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

To be completed if the applicant(s) is/are a corporate trustee(s).

To be completed by each applicant who is the current legal owner of the premium(s). Name(s) to be stated as they appear on either your ID card or passport, as applicable.

Please refer to 'What you need to provide' for requirements to support verification of identity and address on page 42 and 43.

Please write in ink and use block capitals.

Section 1: Setting up your policy

Part A: Corporate trustees

1 Company name	<input type="text"/>
2 Registered address	<input type="text"/> <input type="text"/>
3 Country of registration	<input type="text"/>
4 Registration number	<input type="text"/>
5 Regulated by	<input type="text"/>
6 Authorisation number	<input type="text"/>
7 Telephone number	<input type="text"/>
8 Fax number	<input type="text"/>
9 Email address (mandatory)	<input type="text"/>
10 Correspondence address (if different from above)	<input type="text"/> <input type="text"/>
11 Correspondence address phone number	<input type="text"/>
12 Contact name	<input type="text"/>
13 Telephone number	<input type="text"/>
14 Fax number	<input type="text"/>

You will receive your policy documents and all correspondence relating to your policy, unless you indicate otherwise below. Copies will also be sent to your financial adviser. (Please refer to page 22 to provide instructions regarding valuation statements dispatch.)

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

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Section 1: Setting up your policy (continued)

Part A: Directors' details

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

	First director	Second director
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Nationality	<input type="text"/>	<input type="text"/>
10 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	Third director	Fourth director
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Nationality	<input type="text"/>	<input type="text"/>
10 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

To be completed if the applicant(s) is/are a non-corporate trustee(s).

Please refer to 'What you need to provide' for requirements to support verification of identity and address on page 42 and 43. Please write in ink and use block capitals.

Section 1: Setting up your policy (continued)

Part B: Trustee for correspondence

1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>												
2 Surname (as shown on ID card/passport)	<input type="text"/>												
3 First name(s) (as shown on ID card/passport)	<input type="text"/>												
4 ID card/passport number	<input type="text"/>												
5 Country of issue	<input type="text"/>												
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
7 Residential address	<input type="text"/> <input type="text"/>												
8 Nationality	<input type="text"/>												
9 Email address (mandatory)	<input type="text"/>												
10 Home telephone number	<input type="text"/>												
11 Work telephone number	<input type="text"/>												
12 Mobile number	<input type="text"/>												
13 Fax number	<input type="text"/>												
14 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.	<table><tr><td>Country 1</td><td><input type="text"/></td></tr><tr><td>Tax identification number</td><td><input type="text"/></td></tr><tr><td>Country 2</td><td><input type="text"/></td></tr><tr><td>Tax identification number</td><td><input type="text"/></td></tr><tr><td>Country 3</td><td><input type="text"/></td></tr><tr><td>Tax identification number</td><td><input type="text"/></td></tr></table>	Country 1	<input type="text"/>	Tax identification number	<input type="text"/>	Country 2	<input type="text"/>	Tax identification number	<input type="text"/>	Country 3	<input type="text"/>	Tax identification number	<input type="text"/>
Country 1	<input type="text"/>												
Tax identification number	<input type="text"/>												
Country 2	<input type="text"/>												
Tax identification number	<input type="text"/>												
Country 3	<input type="text"/>												
Tax identification number	<input type="text"/>												
15 Position or occupation (if retired, please state former occupation)	<input type="text"/>												

If necessary, please supply any additional information on a separate sheet of paper. 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 6.

You will receive your policy documents and all correspondence relating to your policy, unless you indicate otherwise below. Copies will also be sent to your financial adviser. (Please refer to page 22 to provide instructions regarding valuation statements dispatch.)

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

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Section 1: Setting up your policy (continued)

Part B: Other trustees

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

	Second trustee	Third trustee
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Nationality	<input type="text"/>	<input type="text"/>
10 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11 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 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Tax identification number <input type="text"/>
	<p>If necessary, please supply any additional information on a separate sheet of paper. 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 6.</p>	
12 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

Section 1: Setting up your policy (continued)

Part B: Other trustees (continued)

	Fourth trustee	Fifth trustee
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7 Country of residence	<input type="text"/>	<input type="text"/>
8 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Nationality	<input type="text"/>	<input type="text"/>
10 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11 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 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Tax identification number <input type="text"/>
<p>If necessary, please supply any additional information on a separate sheet of paper. 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 6.</p>		
12 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

Section 1: Setting up your policy (continued)

Part C: Entity tax compliance questionnaire

Please answer **all** questions.

- 1 Is the applicant a US specified person? Yes ☐ No ☐ If Yes, please state the tax identification number below.
- 2 Is the applicant UK resident? Yes ☐ No ☐ If Yes, please state the tax identification number below.

If you have answered No to either of the above, please state the countries where the trust is resident for tax purposes.
Country 1
Tax identification number
Country 2
Tax identification number
Country 3
Tax identification number
- 3 Is the applicant a Financial Institution issued with a GIIN? Yes ☐ No ☐ If Yes, please indicate GIIN number
If a GIIN is yet to be issued, please notify us when received.
- 4 Is the applicant a financial institution without a GIIN? Yes ☐ No ☐ If Yes, please state the reason. If you have answered Yes, you may wish to contact us prior to submitting this application.
- 5 Is the applicant a trustee of a UK pension scheme registered under Part 4 of the Finance Act 2004? Yes ☐ No ☐
- 6 Is the applicant exempt from FATCA/AEOI IGA reporting? Yes ☐ No ☐ If Yes, please state the reasons.
- 7 Is the applicant a trustee documented trust? Yes ☐ No ☐ If Yes, please indicate the sponsoring entity's GIIN number.
- 8 Is the applicant an actively trading non-financial institution (including trading companies)? Yes ☐ No ☐
- 9 Is the applicant a non-trading entity (including family trusts where a professional trustee is not being used, and investment holding companies)? Yes ☐ No ☐ If Yes, complete pages 13 and 14 for all controlling persons. Please note that you do not need to provide information for those who have already been included in Section 1, Part B.

Please contact us if you believe that none of the above are applicable to the Entity.

Section 1: Setting up your policy (continued)

Part D: Controlling persons details

For a trust, this includes Settlor, Trustee, Protector (if any), beneficiaries of absolute trusts with 25% or more entitlement and any other person who can exercise overall control over the trust.

	Controlling person 1	Controlling person 2
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/passport number	<input type="text"/>	<input type="text"/>
5 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7 Nationality	<input type="text"/>	<input type="text"/>
8 Please list all countries in which you are tax resident. Please provide you 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 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Tax identification number <input type="text"/>
<p>If necessary, please supply any additional information on a separate sheet of paper. 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 6.</p>		
9 What makes this individual a controlling person?	<input type="text"/>	<input type="text"/>
10 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

Section 1: Setting up your policy (continued)

Part D: Controlling persons details (continued)

	Controlling person 3	Controlling person 4
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/passport number	<input type="text"/>	<input type="text"/>
5 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"/>
6 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7 Nationality	<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 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Tax identification number <input type="text"/>
<p>If necessary, please supply any additional information on a separate sheet of paper. 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 6.</p>		
9 What makes this individual a controlling person?	<input type="text"/>	<input type="text"/>
10 Position or occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>

Part E: Politically exposed persons

If you, the trustee, or any party connected to this application, could be defined as a politically exposed person (PEP) (for examples and guidance, refer to important notes), please provide details.

1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>
4 Connection to policy	<input type="text"/>
5 Position held as a PEP	<input type="text"/>
6 In what country is/was the position held?	<input type="text"/>

Section 1: Setting up your policy (continued)

Part F: Lives assured details

(If more than four lives assured are required, please complete the supplementary form for Additional lives assured.)

	First Life Assured	Second Life Assured
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
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"/>
Country of residence	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Relationship to trust	<input type="text"/>	<input type="text"/>
	Third Life Assured	Fourth Life Assured
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
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"/>
Country of residence	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Relationship to trust	<input type="text"/>	<input type="text"/>

Section 2: Policy details

Source of wealth

Please refer to the source of wealth table which is available on our website or from your financial adviser, for the evidential requirements to support source of wealth.

Income and savings from salary (basic and/or bonus)

If self-employed or a company share owner, please refer to 'Company profits' following.

<input type="checkbox"/>	Current annual salary	Currency <input type="text"/>	Amount <input type="text"/>
	Employer's name	<input type="text"/>	
	Employer's address	<input type="text"/>	
		<input type="text"/>	
	Nature of business	<input type="text"/>	

Maturity or surrender of life policy

<input type="checkbox"/>	Amount received	Currency <input type="text"/>	Amount <input type="text"/>
	Policy provider	<input type="text"/>	
	Policy number/reference	<input type="text"/>	
	Date of maturity or surrender	<input type="text"/>	<input type="text"/>

Sale of shares or other investments/ liquidation of investment portfolio

<input type="checkbox"/>	Description of shares/units/ deposits (i.e. name/where held)	<input type="text"/>	
		<input type="text"/>	
	Name of seller	<input type="text"/>	
	Length of time held	Years <input type="text"/>	Months <input type="text"/>
	Sale amount	Currency <input type="text"/>	Amount <input type="text"/>
	Date funds received	<input type="text"/>	<input type="text"/>

Sale of property

<input type="checkbox"/>	Sold property address	<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
	Date of sale	<input type="text"/>	<input type="text"/>
	Total sale amount	Currency <input type="text"/>	Amount <input type="text"/>

Company sale

<input type="checkbox"/>	Company name	<input type="text"/>	
	Nature of business	<input type="text"/>	
	Date of sale	<input type="text"/>	<input type="text"/>
	Total sale amount	Currency <input type="text"/>	Amount <input type="text"/>
	Client's share	<input type="text"/> %	

Section 2: Policy details (continued)

Source of wealth (continued)

Inheritance

<input type="checkbox"/>	Name of deceased	<input type="text"/>
	Date of death	<input type="text"/> <input type="text"/> <input type="text"/>
	Relationship to applicant	<input type="text"/>
	Date received	<input type="text"/> <input type="text"/> <input type="text"/>
	Total amount	Currency <input type="text"/> Amount <input type="text"/>
	Solicitor's name	<input type="text"/>
	Solicitor's firm's name	<input type="text"/>
	Solicitor's address	<input type="text"/> <input type="text"/> <input type="text"/>

Divorce settlement

<input type="checkbox"/>	Date funds received	<input type="text"/> <input type="text"/> <input type="text"/>
	Total amount received	Currency <input type="text"/> Amount <input type="text"/>
	Name of divorced partner	<input type="text"/>

Company profits

<input type="checkbox"/>	Company name	<input type="text"/>
	Company address	<input type="text"/> <input type="text"/> <input type="text"/>
	Nature of company	<input type="text"/>
	Amount of annual profit	Currency <input type="text"/> Amount <input type="text"/>

Asset (share) exchange

If the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets (Reserve only).

<input type="checkbox"/>	Origin and means of wealth	<input type="text"/> <input type="text"/> <input type="text"/>
--------------------------	----------------------------	--

Gift

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

<input type="checkbox"/>	Date funds received	<input type="text"/> <input type="text"/> <input type="text"/>
	Total amount	Currency <input type="text"/> Amount <input type="text"/>
	Relationship to applicant	<input type="text"/>
	Donor's source of wealth	<input type="text"/> <input type="text"/> <input type="text"/>

Section 2: Policy details (continued)

Source of wealth (continued)

Employer paying premium

Please provide the following:

- Employer letter

☐ Country of incorporation
 Incorporation number

Retirement income

☐ Retirement date
 Previous occupation

 Name of last (final) employer

 Address of last (final) employer

 Pension income source

Fixed deposit – savings

☐ Name of institution where savings held
 Date account established
 Details of how savings acquired

Dividend payment

☐ Date of receipt of dividend
 Total amount received Currency Amount
 Name of Company paying dividend

 Length of time the shares have been held in the Company Years Months

Other source of wealth

Please provide as much detail as possible.

☐

Section 2: Policy details (continued)

Total premium

We wish to invest USD ☐ GBP ☐ SGD ☐ EUR ☐ Other ☐ Amount

Premium Frequency (Global Wealth Advance/Purpose Saver only) Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Please refer to the relevant product brochure for the minimum premium.

For Global Portfolio only: In the event of asset exchanges, please complete the asset exchange form which is available from your financial adviser.

Premium acceleration (Purpose Saver only)

Please indicate the annual acceleration rate of your regular premium during the Target Saving Period. You can select a percentage between 15 - 20% per annum.

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

Target Saving Period (Purpose Saver only)

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 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.

Number of policy segments

For Global Portfolio, please indicate number of policy segments required (Maximum 100, minimum 1)

If the box is left blank, then 100 segments will be issued.

For Global Wealth Manager, please indicate number of policy segments required (Maximum 25, minimum 5)

If this box is left blank, then 5 policies will be issued.

For Global Wealth Advance/Purpose Saver, please indicate number of policy segments required (Maximum 10, minimum 1)

If this box is left blank, then 10 policies will be issued.

Plan currency

Please select the currency in which you wish your policy to be denominated (this will be the policy currency in which your policy is valued, and total premium figure calculated).

USD ☐ GBP ☐ SGD ☐ EUR ☐ AUD* Purpose Saver Only ☐ Other

Section 2: Policy details (continued)

Optional Withdrawals

Investors may choose to receive a regular withdrawals from their policy. The current minimum individual withdrawals are provided in the relevant product brochure. The level of withdrawals may be varied or stopped altogether by giving written notice to Friends Provident International Limited (Friends Provident International).

For Global Portfolio only: regular withdrawals must be funded by either available cash in the General Transaction Account or by the provision of a dealing instruction. Failure to ensure available funds could result in delays with regular withdrawal payments. No asset will be sold to meet regular withdrawals without instructions.

Withdrawal instructions

Note that we dispatch payments on the 1st and 14th of the month — please indicate the date you prefer in the appropriate box below.

We wish to receive USD ☐ GBP ☐ SGD ☐ EUR ☐ Other ☐ Amount

Payable (tick one box only) Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Commencing (tick the date which applies) 1st ☐ 14th ☐ of (month) (year)

We request Friends Provident International to pay the benefits by telegraphic transfer. Please transfer the benefits into our account (must be policyholder's account).

Bank details for payment

Sort code (if applicable) - -

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account name

Bank name

Bank address

Section 2: Policy details (continued)

Payment methods (Global Portfolio)

Option 1

Use this option if you are paying by personal cheque or if you wish **Friends Provident International Limited** to collect the premium from your bank on your behalf. Please tick the appropriate box and follow the instructions carefully.

By personal cheque

☐

Please make cheques payable to **Friends Provident International Limited**.
Only applicable for SGD cheques issued in Singapore.

By telegraphic transfer

☐

Please refer to the **bank details for bank transfer** section on page 51.

Option 2

Use this option if you are making your own arrangements for payment by **Telegraphic Transfer**.

I have arranged for the premium to be paid by **telegraphic transfer** (Ref: Pre-Allocated Bond Number, if known)

and I have forwarded a certified copy of the Bank Application Form to Friends Provident International.

Source of payment

I confirm the telegraphic transfer is to be paid for by debit of funds from my personal bank account. The details of this account are:

Sort code (if applicable)

 - -

SWIFT/BIC code
(if applicable)

IBAN (if applicable)

Account number

Account name

Bank name

Bank address

Section 2: Policy details (continued)

Valuations (for Global Portfolio)

Please select one option only.

Option 1 – We confirm that we require monthly and quarterly valuations to be sent to us by electronic mail to the email address provided on page 7. A copy will be sent to our introducing financial adviser. We understand if this option is selected, paper copies will not be provided to us, and we will receive a valuation in digital format.

☐

If this option is selected, trade contract notes will also be sent by electronic mail. All emails will be encrypted using WINZIP software and a PDF reader will be required. A password will be sent to us directly to access this file.

Please note for discretionary policies electronic mail is not available. Valuations will be sent by post.

or

Option 2 – We confirm that we require monthly and quarterly valuations to be sent to us by post. A copy will be sent to our introducing financial adviser. We understand if this option is selected, email copies will not be provided to us.

☐

If this option is selected, trade contract notes will be sent in paper format.

If both of the above boxes are left blank, valuations will be sent direct to the introducing financial adviser.

Reports (Global Portfolio)

Where available, we will provide documents or reports from providers of the underlying assets in which your Global Portfolio invests, including prospectuses and reports and accounts. We will charge the ad hoc charge (see the Current Charges document) for every document which we forward to you. Please tick the box if you do NOT want to receive these reports.

We do not wish to receive any documents or reports from providers of the underlying assets in which our Global Portfolio invests.

☐

Section 2: Policy details (continued)

Payment methods (Global Wealth Advance/Global Wealth Manager/Purpose Saver)

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 below.

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

By cheque

☐

Friends Provident International Limited (Singapore branch)

182 Cecil Street

Level 17 Frasers Tower

Singapore 069547

By telegraphic transfer

☐

Please submit all relevant documents per instructions stated on **Bank Details for Bank Transfer** on page 49 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.

For Global Wealth Advance/Purpose Saver only

By standing order

☐

Please submit all relevant documents per instructions stated on **Bank Details for Bank Transfer** on page 49 and returned 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 45 and returned it to Friends Provident International with this application form. Please also include either a credit card payment or a personal cheque, payable to Friends Provident International Limited (Singapore branch), for the first two months premiums.

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 47 (Section 1 only) and provide address/telephone/signature and date, and return it to Friend 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 47 (Section 1 and 2) and return it to Friends Provident International with this application form.

Section 2: Policy details (continued)

Investment Instructions (Global Portfolio)

Friends Provident International will require you to declare that you meet the criteria for a professional (non-retail) investor if you or your adviser wish to trade professional (non-retail) assets in your Global Portfolio.

If you would like Friends Provident International to place your investments for you, please indicate the assets for your Global Portfolio to invest into below (Note: minimum value of USD 7,500). If there is insufficient room, please use a separate sheet, signed by all applicants. **Charges will be deducted from the General Transaction Account; therefore, if an overdrawn balance is to be avoided, please ensure sufficient cash is retained in line with your investment strategy.**

Caution: The choices you make here depend on whether you are an 'Accredited' or a 'Non-Accredited' investor. Please refer to the Investment options – Important notes on pages 32 and 33.

Some of the funds which are available to you are classed as non-retail funds aimed at non-retail (qualified/professional) investors. In these circumstances an additional declaration may be required. For more information please contact your financial adviser.

Currency	Units Shares/Bonds/ Cash amount	SEDOL/ISIN (essential) [†]	Full security/fund name description
<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"/>
<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"/>

[†] If no SEDOL or ISIN is provided, Friends Provident International accepts no liability for the funds selected.

Your investment options (Global Portfolio)

Investment adviser (go to page 38)

☐

Please complete this section if the trustees would like an investment adviser to take authority of the investments.

Discretionary fund manager and
custodian (go to page 41)

☐

Please complete this section if the trustee would like to appoint a discretionary fund manager for your investments.

Asset exchange

☐

You will need to complete a separate Asset Exchange form, please consult your financial adviser.

Section 2: Policy details (continued)

Choice of funds (Global Wealth Manager/Global Wealth Advance/Purpose Saver)

Please indicate the funds in which you wish your policy to invest, up to a maximum of 10, showing the percentage of each investable premium you wish to be invested in each fund. The total percentage must add up to 100% (please note we can only accept whole percentages). **Failure to include all relevant information accurately may delay the processing of your application.**

Fund code	Fund	Percentage of premium (must total 100%)
Total		100%

Model portfolio

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

Important notes (Global Portfolio)

- 1 A specimen policy document and/or copy of this completed form are available on request.
- 2 You are advised to satisfy yourself/selves 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 financial adviser as to the suitability of the policy to your own particular circumstances. Global Portfolio 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 Investment acknowledgement

Global Portfolio gives you an investment choice from a very wide-ranging menu of investments. Some of the funds which are available to you are classed as non-retail funds aimed at non retail (qualified/professional) investors. If you were investing in such a fund directly yourself, rather than through your Global Portfolio policy, you may have to declare that:

- You have read and understood the information supplied to you and understand the nature of any risks involved.
- You have discussed with your independent financial adviser whether such an asset is appropriate to your investment portfolio.
- You are eligible and able to invest into the fund and have the level of investment knowledge and experience required by the fund manager.
- You meet certain minimum financial requirements.

Please note that different jurisdictions may impose different criteria on the generally accepted definition of a non retail (qualified/professional) investor. Full definitions, restrictions and investor requirements can be found in each fund's prospectus/terms and conditions, which are available from the fund manager or your financial adviser. We recommend that you obtain, read and fully understand a copy of the prospectus/terms and conditions for your chosen investment.

6 Liquidity information

Some funds may have restrictions on their ability to pay redemptions due to the type of underlying investments they hold. This could limit your ability to raise cash from the fund in the future.

Investment into non retail 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 for Global Portfolio only

Declarations (Global Portfolio)

Attention is drawn to the following declarations. Where we have asked for information that we need to assess before we can accept your application, you must disclose all facts which are material. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal. If you are in doubt as to the relevance of any particular information, you should disclose it, as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or the Global Portfolio policy being invalid.

1 General declarations

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

(name of the trust)

(by the Settlor)

(Please include a certified copy of the Trust Settlement/
Declaration of Trust.)

Full name

Address

or

Date of birth

Date of death (if applicable)

confirm the following to Friends Provident International:

- a) That we have the necessary powers of investment to invest in policies of life assurance.
- b) That no person being a beneficiary of the Trust is resident in the Isle of Man.
- c) That the Trustees detailed in Section 1 of this application form are the current Trustees of the trust.
- d) The principal beneficiary/ies is/are:

Full name

Address

Date of birth

Full name

Address

or

Date of birth

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

- e) The nature and purpose of the Trust is

- f) That without prejudice to the generality of this clause, all Trustees (or in the case of a Corporate Trustee, the required number of authorised signatories) must sign all types of instructions (for example, instructions to change underlying investments, make cash withdrawals, total surrender of the policy).

- g) That we will advise Friends Provident International in writing immediately of any changes in the trustees.

- h) The protector (if applicable) of the Trust is.

Full name

Address

Date of birth

Declarations for Global Portfolio only (continued)

Declarations (Global Portfolio)

- i) This application was signed in (country)
- and the advise was received by (country)
the Trustees in

We further declare that all the information provided in this application form, including this Declaration, is complete and true to the best of our knowledge and belief. 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. We have received, read and have been given an explanation of all the printed materials relevant to this policy and we have been acquainted with the charges made by Friends Provident International.

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

We further declare that 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.

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.

We understand that Friends Provident International Limited (Singapore Branch) will report this business in its register of Singapore policies.

We understand that the Singapore 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. We understand that there is a requirement to collect information about customers' tax residence and nationality as part of Singapore legislation and that as a financial services company Friends Provident International is legally obliged to collect it. We are aware that Friends Provident International is required to request the entity's tax residency and tax identification number/global intermediary identification number (where applicable) and where controlling persons are potentially reportable their tax residency, tax identification number (where applicable) and nationality and will record this information on your records.

We understand that for reportable controlling persons, the information that will be reported to the Singapore Government is:

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

We acknowledge that Friends Provident International and 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 our behalf. This agreement categorically states that the financial adviser acts as our agent, and not the agent of Friends Provident International. We acknowledge that 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.

Declarations for Global Portfolio only (continued)

Declarations (Global Portfolio)

2 Investment declarations

Before you invest in any assets through your Global Portfolio policy, we want to ensure that you are aware of the nature and possible risks associated with them. Would you therefore please make the following declarations:

- a) We understand that we may choose the investments to which our Global Portfolio policies are to be linked.
- b) We acknowledge that it is our responsibility to ensure that the asset is suitable, considering our investment objectives and attitude to risk, and our status as an accredited or a non-accredited investor.
- c) We confirm that we understand certain assets may have restrictions on their ability to raise cash in the future, and that further details are included in the prospectus or terms and conditions for the respective investment. We understand the risks associated with investing in these assets.
- d) If I choose to invest into assets aimed at professional investors, I acknowledge that it is my responsibility to obtain, read and understand the fund prospectus or equivalent offering documents as appropriate.
- e) We acknowledge that Friends Provident International is not responsible for the investment performance or any loss suffered or reduction in the value of our Global Portfolio policy, arising from our chosen investment. Friends Provident International does not have any responsibility for the investment management of the assets within our Global Portfolio policy and Friends Provident International does not approve any asset as a suitable investment.
- f) We acknowledge that Friends Provident International reserves the right to reject any asset, for example, if certain administration criteria are not met.
- g) We acknowledge the purchase of our investments may be delayed if Friends Provident International requires a signed declaration in respect of our chosen investments. In the event that a declaration is required, this must be signed by the underlying client(s) and reflect their knowledge and circumstances, rather than that of the appointed Pension Trustees.
- h) We acknowledge that our investments are processed according to the Terms and conditions of the relevant institution that cash is being invested with.
- i) We acknowledge that specific investor protection and compensation schemes that may exist in relation to collective investments and deposit accounts are unlikely to apply in the event of failure of such an investment held within insurance contracts.
- j) I have declared my investor status on the application form and understand that if I do not declare this, Friends Provident International will assume I am a retail investor.
- k) I acknowledge that some of the investments made available by Friends Provident International may be Experienced, Professional, Qualified or Sophisticated Investor Funds as defined under the applicable legislation. I realise that these types of investment are not intended for general sale to retail investors.
- l) I am aware that Friends Provident International will be regarded by the asset manager as the investor for the purposes of investment.
- m) I accept that some investments involve a high level of risk and that it is my responsibility to read the investment documentation, including any risk warnings, provided by the investment manager.
- n) I have discussed with my independent financial adviser whether such an asset is appropriate to my investment portfolio.
- o) I accept that Friends Provident International requires me to confirm that I have read and understood the investment documentation and risk warnings for any asset I wish to invest in.
- p) For investment into Non Retail assets, I acknowledge that Friends Provident International will require me to sign an additional declaration confirming that I qualify and meet the required standards to be able to invest.
- q) I am aware that the declaration must be signed before Friends Provident International can place the investment and, in all cases, Friends Provident International has the right to decline the investment without providing a reason.

3 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.

4 Premium tax/Withholding tax

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

5 Fees and commissions

We are aware that certain investments the financial adviser makes on our behalf, from time to time, may contain fees which exist partly to meet promotion and distribution expenses of the investment, including commission paid to our adviser. We understand that full details of any commissions paid in respect of certain investments held within the Global Portfolio policy are available on request from our adviser.

Declarations for Global Portfolio only (continued)

Declarations (Global Portfolio)

6 Personal Data Protection Consent Declaration

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

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

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

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

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

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

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

By proceeding with this application:-

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

NOTE: If you have any concerns about use of information for these purposes, you should not proceed with this application as we may be unable to provide you with a policy. You can also contact us at any time if you would like to ask us to cease using your information, but this may result in your policy being cancelled.

You have various rights in relation to your personal data including accessing your data, and in some limited circumstances objecting to processing or having your data erased.

You can find out more information about how to exercise these rights and details of who to contact with queries on our privacy practices by viewing our full privacy policy available on our website <https://www.fpinternational.sg/legal/privacy-and-cookies.jsp> or it can be provided upon request from our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA.

7 We can confirm that:

- i We have seen and received the Global Portfolio Product Brochure, Global Portfolio Product Summary, Total Distribution Cost Summary and Personal Charging Structure Illustration, Your Guide to Life Insurance, Your Guide to Investment-Linked Insurance Plans, and prospectuses (if any) of any assets which you wish to invest in your Global Portfolio.
- ii We acknowledge that the above fees and commissions are in addition to Friends Provident International policy charges and any annual fee taken on our Global Portfolio policy by our financial adviser.
- iii We understand and agree that we shall update Friends Provident International immediately on any changes of our personal information and any other information provided in relation to this policy.
- iv We have read and understood the Data Protection Declaration on page 30.
- v We understand that the policy is underwritten by Friends Provident International and will be entered in the register of Singapore policies.

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

Declarations for Global Portfolio only (continued)

Declarations (Global Portfolio)

	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)
Signature(s)	<div></div>	<div></div>
Name (block capitals)	<div></div>	<div></div>
Position	<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>
	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)
Signature(s)	<div></div>	<div></div>
Name (block capitals)	<div></div>	<div></div>
Position	<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>

Investment restrictions – Important notes (Global Portfolio)

Friends Provident International will only trade on the underlying assets in the fund to which your policies are to be linked upon receiving written instruction from you or any party to which you have conferred, in writing, the discretion to make trading decisions. If you wish to appoint a party to make these trading decisions on your behalf, please complete Section 3.

Please note that if an overdraft on your General Transaction Account balance has accrued to more than 5% of the value of Global Portfolio and is not cleared within three months, Friends Provident International does reserve the right, in the absence of instructions from your appointed investment adviser, to place deals to realise sufficient cash to clear the overdraft. Please see the relevant Product Summary for more details.

Important: once this appointment has been accepted by Friends Provident International, we will continue to act on instructions received from your appointed investment adviser until you notify us in writing that the appointment has been revoked.

The following Sections 3 and 4 are to be completed as appropriate if you have chosen to use the services of an Investment Adviser, Discretionary Fund Manager, or if you wish to transfer an existing asset/share portfolio into a new Global Portfolio.

The following lists show the assets permitted within the collective investments and personalised assets versions of this policy, for both Accredited and Non Accredited investors.

It is important that you understand which version you will be investing in and do not invest outside of these parameters.

Each asset will be vetted on an individual basis against our internal criteria and we reserve the right to refuse any asset.

Friends Provident International is the beneficial owner of all of the assets held within the policy, which are held in Friends Provident International's name.

Please note the following investment restrictions that apply:

a) Global Portfolio – Personalised assets version

i) 'Accredited' investors

Most forms of investment are available for inclusion in the Fund including:

- Cash, including bank and building society deposits
- Equities and fixed-interest securities listed on a stock exchange approved by us
- Unit Trusts
- Investment Trusts
- Real Estate Investment Trusts
- Structured Notes and Structured Deposits
- Open Ended Investment Companies (OEICs)
- Hedge Funds, Funds of Hedge Funds and Exchange Traded Funds (ETFs)
- Corporate and Government Bonds

ii) 'Non-Accredited' investors

Where the selected asset is a collective investment, non-accredited investors may only link to collective investment schemes that are authorised or recognised schemes as defined in Sections 286 and 287 of the Singapore Securities and Futures Act (Cap. 289). Equities and fixed-interest securities quoted on a recognised stock exchange and cash deposits are also permissible.

b) Global Portfolio – Collective Investment[†] version

i) 'Accredited' investors

For an asset to be available, it must be structured as follows:

- Authorised or recognised schemes as defined in Sections 286 and 287 of the Singapore Securities & Futures Act (Cap. 289)
- A UK authorised unit trust within the meaning of Section 468 of the UK's Income & Corporation Taxes Act 1988 (ICTA)
- A UK investment trust or an overseas equivalent (excluding warrants), within the meaning of Section 842 ICTA 1988
- UK REIT or an overseas equivalent.
- An open ended investment company (OEIC) within the meaning of Section 236 of the UK Financial Services and Markets Act 2000
- An interest in an Overseas Collective Investment Scheme[†] that is structured as one of the following:
 - an open ended investment company
 - a unit trust
 - Offshore reporting and non-reporting funds
 - Cash, including bank and building society deposits.

[†] 'Collective investment' as defined in Section 235 of the UK Financial Services and Markets Act 2000

• * Authorised Contractual Schemes

* Authorised Contractual Schemes - as defined by section 235A(1) of UK Financial Services and Markets Act 2000.

- Hedge Funds and Exchange Traded Funds (ETFs) are permitted provided they comply with one of the structures above. US and Canadian Mutual Funds are permitted only while Global Portfolio is discretionary managed.

Investment restrictions – Important notes (Global Portfolio)

ii) 'Non-Accredited' investors

Policies held by non-accredited investors may only link to collective investment schemes that are authorised or recognised schemes as defined in Sections 286 and 287 of the Singapore Securities & Futures Act (Cap. 289). Cash deposits are also permissible.

- c) The holding of cash, including bank and building society deposits and the General Transaction Account (or Current Account) is permitted provided it is not held for the purpose of realising a gain on disposal.
- d) The Fund shall not at any time be more than 100% invested, i.e. no overdrafts shall be created nor any other commitments made beyond the extent of the investible cash available in the Fund without the prior formal approval of the Company.
- e) Any assets purchased shall be purchased at the market price, or specified limit price as shown on the contract note issued by the fund manager or stockbroker.
- f) All assets are held to the beneficial ownership of Friends Provident International and in the name of Friends Provident International. All dealing and contract notes must be made in the name of Friends Provident International.

In normal circumstances FPIL will not accept the following assets:

- shares in any company which is part of the group of companies of which Friends Provident International Limited is a member
- commodities
- real property
- futures and options
- precious metals
- UK National Savings and investments products
- US mutual funds, unless a fund is discretionary-managed
- Friends Provident International mirror funds.

Declarations for Global Wealth Manager/Global Wealth Advance/Purpose Saver only

Important notes (Global Wealth Manager/Global Wealth Advance/Purpose Saver)

- 1 A specimen policy document and/or copy of this completed form are available on request.
- 2 You are advised to satisfy yourself/selves 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 financial adviser as to the suitability of the policy to your own particular circumstances. Global Portfolio 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 (Global Wealth Manager/Global Wealth Advance/Purpose Saver)

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

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

(by the Settlor)

Full name

Address

or

Date of birth

Date of death (if applicable)

confirm the following to Friends Provident International:

- a) That we have the necessary powers of investment to invest in policies of life assurance.
- b) That no person being a beneficiary of the Trust is resident in the Isle of Man.
- c) That the Trustees detailed in Section 1 of this application form are the current Trustees of the trust.
- d) The principal beneficiary/ies is/are:

Full name

Address

Date of birth

Declarations for Global Wealth Manager/Global Wealth Advance/Purpose Saver only (continued)

Declarations (Global Wealth Manager/Global Wealth Advance/Purpose Saver)

Full name	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
		or	<input type="text"/>
Date of birth	<input type="text"/>		

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

e) The nature and purpose of the Trust is

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

f) That without prejudice to the generality of this clause, all Trustees (or in the case of a Corporate Trustee, the required number of authorised signatories) must sign all types of instructions (for example, instructions to change underlying investments, make cash withdrawals, total surrender of the policy).

g) That we will advise Friends Provident International in writing immediately of any changes in the trustees.

h) The protector (if applicable) of the Trust is.

Full name	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
			<input type="text"/>
Date of birth	<input type="text"/>		

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/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.
- I/We confirm that I/we understand that certain mirror funds may have restrictions on their ability to raise cash in the future, and that further details are included in the Prospectus of the underlying funds issued by the respective Fund Manager. I/We further understand the risks associated with investment in these mirror funds and I/we have read and understood the liquidity information in **Important notes** on previous page.
- 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.
- I/We confirm that I am/we are happy to receive information about the mirror funds and the underlying funds by electronic mail.
- I/We confirm that I am/we are happy to receive the underlying fund reports prepared by the managers.

3 Declarations

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

I/We confirm that I/we have seen and received a copy of the Product Summary, Life Insurance Advisory Form, Policy conditions, Product Highlight Sheets, Your Guide to Life Insurance, Your Guide to Investment-Linked Insurance Plans and Personal Policy Illustration (Global Wealth Advance/Purpose Saver only)/Total Distribution Cost Summary (Global Wealth Manager only) 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.

Declarations for Global Wealth Manager/Global Wealth Advance/Purpose Saver only (continued)

Declarations (Global Wealth Manager/Global Wealth Advance/Purpose Saver)

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 Global Wealth Manager/Global Wealth Advance/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 Global Wealth Manager/Global Wealth Advance/Purpose Saver policy charges and any annual fee taken on my/our Global Wealth Advance/Global Wealth Manager/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.

Declarations for Global Wealth Manager/Global Wealth Advance/Purpose Saver only (continued)

Declarations (Global Wealth Manager/Global Wealth Advance/Purpose Saver)

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.

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 page 36.
 - 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.

	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)
Signature(s)	<div></div>	<div></div>
Name (block capitals)	<div></div>	<div></div>
Position	<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>
	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)
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Position	<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>

Section 3: Appointment of Investment Adviser

Section A

Part 1 – For completion by the Applicant

Global Portfolio policy number

Name of Investment Adviser company
(‘the Adviser’)

Address of the adviser

Declaration

We declare that we wish to appoint the Adviser to be the Investment Adviser of the underlying assets held within our Global Portfolio policy, in accordance with the Investment Restrictions specified on page pages 32 and 33. We request Friends Provident International to enter into any formal agreements required by the Adviser to facilitate this appointment.

Authority granted

We grant the Adviser authority to act in the following capacity (please read the two options carefully before indicating the authority you have granted to your Investment Adviser):

Please tick one box only.

Option 1: **Advisory basis only, our signed consent required:**

☐

We declare that the Adviser will discuss any proposed alterations to the composition of the Global Portfolio policy with us, and Friends Provident International will only act upon investment instructions that we, as policyholder(s), have signed. **Friends Provident International will not action any instructions that have not been signed by us.**

Option 2: **Delegated Investment Management**

☐

We declare that we have delegated investment decision to the Adviser, who has complete discretionary authority without consulting us first, to make all investment decisions to buy or sell assets, hold cash or other investments, within the boundaries of the investment restrictions detailed below. **We authorise Friends Provident International to act upon the investment instructions of the Adviser as if the Adviser was the policyholder.**

We agree that the Friends Provident International shall not be responsible for any loss or liability to our Global Portfolio policy, as a result of the actions, or failure to take action, on the Adviser’s part, or the part of any legal or natural person appointed by the adviser, which gives rise to any loss in value to our Global Portfolio policy howsoever arising.

We and our estate promise to repay to or reimburse Friends Provident International in respect of all losses, damages, liabilities, actions, proceedings, claims, costs and expenses (including legal expenses) arising from the activities of the Adviser and any legal or natural person appointed by 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 and the cost of recovering the investments held by the Adviser). We authorise Friends Provident International to act upon this authority until we revoke this authority in writing.

Section B

Please tick the appropriate box.

We have agreed with the Adviser that a fee will not be paid.

☐

We authorise Friends Provident International to make a quarterly withdrawal from the Global Portfolio policy of

USD ☐
per quarter

GBP ☐

SGD ☐

EUR ☐

Other ☐

Amount

or

%

a year, up to a maximum of 1.5%, of the value of the Global Portfolio policy at the quarterly valuation point.

We understand that an amount equivalent to this withdrawal shall be payable by Friends Provident International to the Adviser on our behalf.

Section C

Investment restrictions

We agree to the investment options listed on page 24.

Section D

Fees and commissions

We are aware that certain investments the Adviser makes from time to time may contain fees which exist partly to meet promotion and distribution expenses of the investment, including commission paid to our Adviser. We understand that full details of any commissions paid in respect of certain investments held within the Global Portfolio policy are available on request from our Adviser.]

We acknowledge that the above fees and commissions are in addition to Friends Provident International's Global Portfolio policy charges and any Investment Adviser fee taken under Section B.

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

	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)
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Position	<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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Signature(s)	<div></div>	<div></div>
Name	<div></div>	<div></div>
Position	<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>

Part 2 – For completion by the Adviser

Important note

Financial Advisers must be regulated by the Monetary Authority of Singapore (MAS) – and hold a Capital Markets Services (CMS) license to provide delegated advice.

I confirm that I will comply with all legal and regulatory requirements of Singapore. I confirm that I will notify you of any changes to the brokerage including any disciplinary action taken against me or the company.

Signature of Adviser

Name of Adviser

For and on behalf of (Name and address of firm)

Declaration

On behalf of the 'Investment Adviser' named in Part 1, Section A, I have read and understood the Investment Options specified on page 22 and agree to act in accordance with them. The capacity in which I will act as Investment Adviser will be (please indicate below by ticking the appropriate box):

Please tick one box only.

Advisory Basis only.

☐

I confirm that I hold the appropriate authorisation from the Monetary Authority of Singapore (MAS), to provide ongoing investment advice to the Applicant(s). I understand that Friends Provident International can only act upon investment instructions that have been signed by the Applicant(s).

My MAS license number is

Delegated Basis.

☐

I confirm that I hold a CMS license enabling me to provide investment instructions to the Company, and that I have the agreement of the Applicant(s) to issue investment instructions on their behalf.

My CMS license number is

Section 4: Appointment of Discretionary Fund Manager and Custodian[†]

Section A

For completion by the applicant

Global Portfolio policy number

Name of Discretionary Fund Manager and Custodian ('the Manager')

Address

- 1 We declare that we wish for the underlying assets held within our Global Portfolio policy to be placed in a discretionary account, which will be managed on a discretionary basis by the Manager. We further declare that we wish for the custodian or any other legal or natural person appointed by the custodian to hold safe custody of these assets.
- 2 We acknowledge that these investments are held in the name of Friends Provident International and therefore it is necessary for Friends Provident International to enter into a formal agreement (the Agreement) appointing the Manager. We acknowledge that Friends Provident International may modify the Agreement at its absolute discretion, for example where the Agreement allows for the provision of certain investments, but which cannot be held within our Global Portfolio policy.
- 3 We acknowledge that Friends Provident International is only prepared to enter into the Agreement as a result of our request for Friends Provident International to appoint the Manager to manage the assets and for the custodian to hold safe custody of the assets.
- 4 We agree that Friends Provident International shall not be responsible for any loss or liability to our Global Portfolio policy, as a result of the actions, or failure to take action, on the Manager's or custodian's part, or on the part of any legal or natural person appointed by the manager or custodian, which gives rise to any loss in value to our Global Portfolio policy howsoever arising.
- 5 We and our estate promise to repay to or reimburse Friends Provident International in respect of all losses, damages, liabilities, actions, proceedings, claims, costs and expenses (including legal expenses) arising from the activities of the Manager or custodian and any legal or natural person appointed by the Manager or custodian (including, but not limited to, the cost of defending in any court of law such claim, demand or action against Friends Provident International and the cost of recovering the investments). We agree that if Friends Provident International is obliged to pay any money to the Manager or custodian or any legal or natural person appointed by the Manager or custodian under the terms of the Agreement, such money shall be deducted from our Global Portfolio policy.
- 6 We acknowledge that Friends Provident International may terminate the appointment.

Section B

We acknowledge that the Manager will deduct a fee of

USD GBP SGD EUR Other Amount

per quarter

or

%

a year, of the value of the discretionary account at the quarterly valuation point, plus VAT. I acknowledge that the provision of discretionary fund management services by UK and non-UK discretionary fund managers is subject to value added tax (VAT) at the applicable UK rate. We agree that if Friends Provident International is obliged to apply VAT for discretionary fund management services, such money shall be deducted from our Friends Provident International Policy.

We also acknowledge that other fees, including but not limited buying and selling, safe custody and delivery charges will be deducted from the discretionary account, in accordance with the manager's and custodian's rates for such charges in force from time to time.

[†] Important Note: If the Discretionary Fund Manager is resident in Singapore and does not hold a Capital Markets Services (CMS) license, we will not be able to accept their appointment. Discretionary Fund Manager is not licensed by the Monetary Authority of Singapore, the Discretionary Fund Manager will not be advising/dealing with customer such that there are infringements against the Financial Advisers Act and/or the Securities and Futures Act.

Section C

We acknowledge that Friends Provident International may if it so wishes but without being under an obligation to do so, agree the investment criteria, risk criteria, and investment restrictions set out below:

- 1 **Investment criteria** (for example Cautious, Balanced, Aggressive)
- 2 **Risk criteria** (for example Low, Medium, High)
- 3 **Investment restrictions** we agree to the investment restrictions listed on page 32 and 33.
- 4 **Named Investor Status.**

Retail Investor	<input type="checkbox"/>	Non Retail Investor	<input type="checkbox"/>
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Retail Investor:

A Retail investor is an investor who is not a Non Retail (Qualified/Professional) Investor.

Non Retail Investor (Qualified/Professional):

1. A government, governmental institutions and authorities, or the companies fully owned by any of the aforementioned.
2. International bodies and organizations.
3. A person or entity licensed to engage in a commercial business, provided that one of the purposes of its business is managing investments, including:
 - a. A person, body corporate, partnership, trust or other unincorporated association whose ordinary business or professional activity includes acquiring, underwriting, managing, holding or disposing of investments, whether as principal or agent or giving advice about investments;
 - b. Any director or partner of or consultant to a person referred to in paragraph (a);
 - c. A functionary to a professional investment vehicle or an associate of a functionary to a professional investment vehicle;
 - d. An employee, director or shareholder of or consultant to a person in (c) who is acquiring the investment as part of his remuneration or an incentive arrangement or by way of co-investment;
 - e. A trustee of a family trust settled by or for the benefit of one or more persons referred to in paragraphs (c) or (d);
 - f. A trustee or operator of any employment benefit or executive incentive scheme or trust established for the benefit of persons referred to in paragraphs (c) or (d) or their dependents;
 - g. A government, local authority, public authority or supra-national body in the Isle of Man or elsewhere.
4. A natural person who declares that their annual income is not less than £250,000, or their net equity, with the exception of their main home, exceeds £1,000,000.
 In addition all managers will be issued with a revised Permitted Investments Schedule, which will illustrate which asset types can be held by clients depending on their status as a Retail or Non Retail investor.

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

	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)
Signature(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Position	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date (DD/MM/YYYY)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)	Applicant (Where the trustees are individuals, each trustee should sign. Where the trustee is a company, the authorised signatories should sign on behalf of the company)
Signature(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Position	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date (DD/MM/YYYY)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Further information

Verification of identity and address Guidelines for individual applicants

Friends Provident International Limited (FPIL) is regulated by the Isle of Man Financial Services Authority and follows their Guidance Notes on Anti-Money Laundering and Countering the Financing of Terrorism for insurers. 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.

Verification is required for all new business relationships and transactions. Where a firm is unable to verify the identity of an applicant, by law it is unable to proceed any further with the transaction.

These guidelines list the information we require and how you can ensure it is suitably certified.

Transactions may be delayed or refused if any documents required for anti-money laundering are outstanding.

Verification of identity

Please send a suitably certified copy* of one of the following documents showing your photograph clearly:

- a** Passport;
- b** National Identity Card; or
- c** Singapore government issued document/card.

If you are unable to provide any of these please contact us to discuss other acceptable documents.

Verification of residential address

To confirm residential address details, we will accept the documentation listed below. These documents must be either an original or a suitably certified copy*. In all cases, the documents must be the most recently available and no older than 3 months, unless the document is only issued on an annual basis.

- a A bank statement.** The statement may be a paper copy or a print from online banking providing it is a PDF version of the statement and contains the name and address of the bank, the date, account number, statement number and name and address of the applicant.
- b A utility, rates or council tax bill.** It should contain the name and address of the supplier, an invoice number, a date, details of consumption, name and address of the applicant. Mobile telephone bills are not acceptable.
- c A telephone landline bill, a cable TV bill and/or fibre broadband bill in Singapore only.**
- d An entry in a local telephone directory.**
- e An extract from the official register of electors.**
- f A current driving licence.**
- g A state pension, benefit book or other government- produced document showing benefit entitlement.**
- h A tax assessment document.**
- i Bank credit card statement.** It must contain the name and address of the bank, the date, name and address of the applicant and a statement number. The credit card number should be redacted.
- j Proof of ownership or rental of the residential address.**
- k Proof of payment for a P.O. Box service.** The P.O. Box shown must also be the correspondence address of the applicant and it must also show the residential address.
- l A mortgage statement.** It must contain the name and address of the mortgage provider, the date, the account number and the name and address of the applicant.
- m Letter from employer.** It must confirm the residential address and the individual's position within the company. If the client is the owner/part owner of the company it will not be acceptable.
- n Letter from an officer or representative of a residential home, care or nursing facility.** It must confirm that the address is the current residential address of the individual.
- o A Singapore government issued letter.**
- p United Arab Emirates residency visa in conjunction with an FPIL address verification form.**

*Suitably Certified Copy Documentation

If you are sending copies of documentation, they must be suitably certified. We will only accept certification by one of the following 'Suitable Certifiers':

- a** A member of the judiciary, a senior civil servant, or a serving police or customs officer;
- b** An authorised representative of an embassy or consulate official of the country who issued the identification document;
- c** A registered regulated lawyer or advocate;
- d** A justice of the peace, notary public or commissioner of oaths;
- e** A registered and regulated accountant holding a recognised professional qualification;
- f** A director or manager of an authorised financial institution located and regulated in a recognised jurisdiction;
- g** An acceptable applicant or authorised employee of an acceptable applicant, acting in relation to the application;
- h** An IFA regulated in a recognised jurisdiction;
- i** An IFA who has been signed off by FPIL as a suitable certifier (they can only certify on behalf of the brokerage the status was granted for); or
- j** An employee of FPIL.

A suitable certifier cannot be the applicant, related to the applicant or be a party to the application.

Where a document submitted for address verification is not written in English, a full explanation of what the document is and where the applicant's name and address is printed must be written on the document.

Certification of the copy documents

When submitting a copy of an original document, the certifier must print or stamp the following statement on the document:

I certify that this is a complete and accurate copy of the original documentation that I have seen.

Signed	(the signature of the certifier)
Name	(the printed name of the certifier)
Date	(the date of certification)
Position	(the position or capacity of the certifier)

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-inked. 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"/>
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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"/>

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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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Bank details for bank transfer (for Global Portfolio only)

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 plan, please quote your plan number as the reference number.
3. To ensure the full premium is received and applied to the plan 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 : 147-110001-002
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 other currencies

If remitting **Sterling** from a **UK/Channel Island or Isle of Man** bank account, send the payment by CHAPS direct to the Isle of Man Bank Limited, East Region, Douglas, Sort Code 60-95-45.

For all **other currencies**, please remit a SWIFT Payment Order.

Our bank details are as follows:

Account Name : Friends Provident International Limited (Singapore Branch)
Multi-Currency Account number : 9545-40219633
Bank Address : Isle of Man Bank Limited, East Region, Douglas
SWIFT Code : RBOSIMD2
IBAN : GB83RBOS60954540219633

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 August 2020, which may change in the future. No liability can be accepted for any personal tax consequences of this policy or for the effect of future tax or legislative changes.

Investment involves risk. Past performance should not be viewed as a reliable guide of future performance. Fund prices may go up and down depending upon underlying investment performance, and the value of your investment cannot be guaranteed. Investments held within a fund may not be denominated in the currency of that fund and the value of those assets can go up and down simply because of movements in currency exchange rates. All fund performance is quoted net of annual charges.

All policyholders are protected by the Life Assurance (Compensation of Policyholders) Regulation 1991 of the Isle of Man, wherever their place of residence.

Investors should be aware that specific investor protection and compensation schemes that may exist in relation to collective investments and deposits accounts are unlikely to apply in the event of failure of such an investment held within investment-linked life insurance policies.

Complaints we cannot settle may be referred to the Financial Insurance Disputes Resolution Centre Limited ('FIDReC') for assistance within six months from the date you failed to reach an agreement with Friends Provident International. You can contact FIDReC at:

36 Robinson Road
#15-01 City House
Singapore 068877
Tel: +65 6327 8878; Fax: +65 6327 8488 / 6327 1089
Website: www.fidrec.com.sg
Email: info@fidrec.com.sg

Some telephone communications with Friends Provident International are recorded and may be randomly monitored.

The legal interpretation is that each policy is governed by and shall be construed in accordance with the laws of Singapore.

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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. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. **Singapore branch:** 182 Cecil Street, Level 17 Frasers Tower, Singapore 069547. Registered in Singapore No. T06FC6835J. 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.