

Pension trustee Application form

For use with the following products:

	QROPS	SIPP	
Reserve	<input type="checkbox"/>	<input type="checkbox"/>	Please tick appropriate product and pension choice. Complete sections relating to your product choice.
Summit	<input type="checkbox"/>	<input type="checkbox"/>	

Financial adviser and policy details

Company name	<input type="text"/>
Friends Provident International agency number	<input type="text"/>
Advisor/Consultant name	<input type="text"/>

Contact details for acknowledgement/queries on the application.

Contact name	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>
Policy number (if known)	<input type="text"/>

Please contact us to obtain a pre-allocated policy number if desired.

Please tick to confirm you have included with this application

Personal charging structure (Reserve only)	<input type="checkbox"/>
Verification of scheme member identity*	<input type="checkbox"/>
Verification of scheme member address such as utility bill (or suitable alternative)*	<input type="checkbox"/>

*suitably certified as a true copy of the original.

Details of information required for source of wealth can be found on page 8.

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

- the relevant brochure
- the relevant product guide(s) where appropriate.
- the relevant fund pricing leaflet (Summit only)

Specimen policy conditions are available from us on request.

Please complete all details in Section 1

Please provide all relevant information and documentation so that we can process your application as soon as possible. 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).

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.

Your bond structure (for Reserve only)

- Capital redemption **Please ensure your Personal Charges illustration reflects the structure of your bond.**
- Whole of life

Your investment structure (for Reserve only)

- Collective
- Personalised **QROPS trustees and members should take advice if the member returns to the UK.**

Discretionary Fund Manager (for Reserve only)

Do you wish to appoint a Discretionary fund manager?

- Yes – full Yes – partial **If Yes, please complete the appointment of discretionary fund manager and custodian section on page 21.**
- No

Additional information/Special instructions

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

Please write in ink and use block capitals.

Section 1: Setting up your policy

Corporate trustees

Company name	<input type="text"/>
Registered address	<input type="text"/> <input type="text"/>
Country of registration	<input type="text"/>
Registration number	<input type="text"/>
Regulated by	<input type="text"/>
Authorisation number	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Email address (mandatory)	<input type="text"/>
Correspondence address (if different from above)	<input type="text"/> <input type="text"/>
Correspondence address phone number	<input type="text"/>
Contact name	<input type="text"/>
Telephone number	<input type="text"/>
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 6 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.

Member as trustee details

If the member is to be a trustee, please complete the following information.

Member as trustee

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname (as shown on passport/ID card)	<input type="text"/>
First name(s) (as shown on passport/ID card)	<input type="text"/>
ID card/ Passport number	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>
Country of residence	<input type="text"/>

Section 1: Setting up your policy (continued)

Member as trustee details (continued)

Residential address	<input type="text"/> <input type="text"/>
Email address	<input type="text"/>
Position or occupation (if retired, please state former occupation)	<input type="text"/>
Please tick here if the member is to be a life assured	<input type="checkbox"/>

Lives assured details

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

Name(s) to be stated as they appear on either your ID card or passport, as applicable.

Please leave blank if Capital Redemption option is chosen.

	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 passport/ID card)	<input type="text"/>	<input type="text"/>
Firstname(s) (as shown on passport/ID card)	<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"/>
Country of residence	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Relationship to scheme	<input type="text"/>	<input type="text"/>

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)

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 Questions 1 and 2, please state the countries where the trust is resident for tax purposes.

Country 1

Tax identification number

Country 2

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/UK 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.**

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

Total premium

I wish to pay Sterling (GBP) US dollars (USD) Euro (EUR) Other Amount

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

Reserve only: In the event of Asset Exchanges, please complete the asset exchange form, which is available from your financial adviser.

Section 1: Setting up your policy (continued)

Number of policy segments

For Reserve, please indicate number of policy segments required (maximum 100, minimum 1)

If this box is left blank, then 100 policies will be issued.

For Summit, please indicate number of policy segments required (maximum 25, minimum 5)

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

Plan currency

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

Sterling (GBP)

US dollars (USD)

Euro (EUR)

Other

Note: For Summit only GBP, USD, EUR and HKD currencies can be used.

Valuations (for Reserve only)

We confirm that we require quarterly valuations to be sent to us by electronic mail to the email address provided on page 4. 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, we will receive a valuation in digital format. If this option is selected, we will also be sent the trade contract notes 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.

We confirm that we require 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 we will also be sent the trade contract notes in paper format.

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

Section 2: Policy details

Investment instructions (for Reserve only)

If you would like us to place the investments within your Reserve policy, and for our appointed custodian to hold custody of them, please state your chosen investments below. If you are using the services of a discretionary fund manager, please leave blank. If there is insufficient room, please use a separate sheet, signed by all applicants. **Charges will be deducted from your General Transaction Account.**

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

Section 2: Policy details (continued)

Choice of funds (Summit)

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
<input type="text"/>	<input type="text"/>	<input style="width: 100px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input style="width: 100px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input style="width: 100px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input style="width: 100px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input style="width: 100px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input style="width: 100px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input style="width: 100px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input style="width: 100px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input style="width: 100px;" type="text" value="%"/>
<input type="text"/>	<input type="text"/>	<input style="width: 100px;" type="text" value="%"/>
Total		<input style="width: 100px;" type="text" value="100%"/>

Section 2: Policy details (continued)

Source of wealth

Please provide details below of the source(s) of the premium for your policy.

Transfer of pension <input type="checkbox"/>	Pension name	<input type="text"/>		
	Pension account number	<input type="text"/>		
	Pension currency and value	Currency	<input type="text"/>	Amount <input type="text"/>
	Transfer date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pension name	<input type="text"/>		
	Pension account number	<input type="text"/>		
	Pension currency and value	Currency	<input type="text"/>	Amount <input type="text"/>
	Transfer date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pension name	<input type="text"/>		
	Pension account number	<input type="text"/>		
	Pension currency and value	Currency	<input type="text"/>	Amount <input type="text"/>
	Transfer date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pension name	<input type="text"/>		
	Pension account number	<input type="text"/>		
	Pension currency and value	Currency	<input type="text"/>	Amount <input type="text"/>
	Transfer date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pension name	<input type="text"/>		
	Pension account number	<input type="text"/>		
	Pension currency and value	Currency	<input type="text"/>	Amount <input type="text"/>
	Transfer date	<input type="text"/>	<input type="text"/>	<input type="text"/>

The following declarations are for Reserve only.

Important notes – Reserve

- 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. Reserve should be regarded as a medium to long-term investment (five years or more).
- 4 Each policy is governed by and shall be construed in accordance with the law of the Isle of Man.
- 5 A politically exposed person is a person who is or has been entrusted with prominent public functions. This includes: head of state, head of government, minister or deputy or assistant minister, senior government official, member of parliament, senior politician, important political party official, senior judicial official, member of a court of auditors or the board of a central bank, ambassador, chargé d'affaires or other high-ranking officer in a diplomatic service, high-ranking officer in an armed force, senior member of an administrative, management or supervisory body of a state-owned enterprise, senior member of management of, or a member of, the governing body of an international entity or organization or honorary consul. A politically exposed person is also a family member or a close associate of such a person. This applies to the applicant, policyholder, life assured, payer of the payment, beneficiary or any other party connected to this application.

Please refer to the Isle of Man Anti-Money-Laundering and Countering the Financing of Terrorism Code 2015 for the full definition of a “politically exposed person”, and in particular, further elaboration on whether a person is a “family member” or a “close associate”.

6 Investment acknowledgement

Reserve 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 specialist funds aimed at professional or experienced investors. If you were investing in such a fund directly yourself, rather than through your Reserve 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 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.

Ordinarily some of these funds could only be held by professional/experienced investors rather than the general public. Also, information relating to such investments may not be available for distribution in certain jurisdictions. However, when the investment is made through your Reserve policy, we are treated as the professional or experienced investor and this enables policyholders that may not have been able to do so, to access these funds.

Please note that different jurisdictions may impose different criteria on the generally accepted definition of a professional/ experienced 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.

7 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 specialist 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 – Reserve

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 the policy being invalid.

1 Investment declarations

Before you invest in any assets through your Reserve 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 Reserve policies are to be linked.
- b) We acknowledge that it is our responsibility to ensure that the asset is suitable, considering our underlying investment objectives and attitude to risk.
- 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 underlying investment. We understand the risks associated with investing in these assets.
- d) If we choose to invest into specialist funds aimed at professional investors, we acknowledge that it is our responsibility to obtain, read and understand the fund prospectus.
- 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 Reserve policy, arising from my/our chosen investment. Friends Provident International does not have any responsibility for the investment management of the assets within our policy and Friends Provident International does not approve any asset as a suitable investment.

Declarations (continued)

Declarations – Reserve (continued)

- 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.
- h) We acknowledge that the purchase of 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 policies.

2 General declarations

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

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 the trustees detailed in Section 1 of this application form are the current trustees of the trust.
- c) The principal beneficiary/member is;

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

- d) That without prejudice to the generality of this clause, the trust company's required number of authorised signatories must sign all types of instructions (for example, instructions to change underlying investments, make cash withdrawals, totally surrendering the policy).
- e) That we will advise Friends Provident International in writing immediately of any changes in the trustees.

3 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 payment by an appropriate amount or to settle the liability directly with the relevant tax authorities.

4 Cancellation rights

You will be able to cancel your investment up to 30 days from the day you receive the cancellation notice as described below. You will receive a refund of the premium less a deduction for shortfall to reflect any fall in the markets in the interim and, where applicable, less any initial fee which was facilitated by us to your financial adviser. A cancellation notice that provides you with more detail, including when the cancellation period begins and ends and how to exercise, it will be issued by post to you when the policy documents are produced.

5 Data protection

Please read this privacy notice carefully. Please be aware that this is a short version of our privacy policy and you should visit www.fpinternational.com/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.

Declarations (continued)

Declarations – Reserve (continued)

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 (eg 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 www.fpinternational.com/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.

By signing this form we consent to this use of our personal data.

6 Financial adviser

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 my 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.

7 Fees and commissions

We are aware that certain investments the financial 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 Reserve policy are available on request from our adviser.

We acknowledge that the above fees and commissions are in addition to Friends Provident International's Reserve policy charges and any annual fee taken on our Reserve policy by our independent financial adviser.

	First authorised signatory of trustee company	Second authorised signatory of trustee company
Signature(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
This application was signed in	<input type="text"/> (country)	

	Member as co-trustee (if applicable)
Signature(s)	<input type="text"/>
Name (block capitals)	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>
This application was signed in	<input type="text"/> (country)

and that, to the best of our knowledge and belief, all the above statements are true. We agree that they, together with any other statements made to Friends Provident International, now or in the future, shall form the basis of the policy under the laws of the Isle of Man.

Declarations (continued)

Declarations – Reserve (continued)

We have read and understood all the printed materials relevant to this policy and we have acquainted ourselves with the management charges made by Friends Provident International.

We understand that this application can only be accepted by employees of Friends Provident International situated at the Company's Head Office in the Isle of Man and that no other employees or third parties have the necessary authority to create a binding contract.

We are aware that tax evasion is a criminal offence and we will not use this policy to evade tax. 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. We are responsible for our own tax affairs and we hereby declare that we understand our personal tax obligations and responsibilities and we have complied with all legal requirements to make declarations to tax authorities and pay the tax that we owe. As appropriate and necessary we have taken, or will take, legal advice in relation to our tax affairs and in particular, our tax obligations as they apply to this application.

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

- The controlling person's name, address, jurisdiction of tax residence, tax identification number and date of birth.
- The Friends Provident International contract number.
- The balance or value of the account at the end of the calendar year or at the date the policy was cashed in.
- The sum of any withdrawals taken within the relevant reporting year.

Financial adviser advice declaration

The advice provided by the financial adviser was received by the principal beneficiary/member in

Signed by financial adviser

(country)

The following declarations are for Summit only. For Reserve, please go to page 10.

Important notes – Summit

- 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 financial 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. Summit 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 the Isle of Man.
- 5 A politically exposed person is a person who is or has been entrusted with prominent public functions. This includes: head of state, head of government, minister or deputy or assistant minister, senior government official, member of parliament, senior politician, important political party official, senior judicial official, member of a court of auditors or the board of a central bank, ambassador, chargé d'affaires or other high-ranking officer in a diplomatic service, high-ranking officer in an armed force, senior member of an administrative, management or supervisory body of a state-owned enterprise, senior member of management of, or a member of, the governing body of an international entity or organization or honorary consul. A politically exposed person is also a family member or a close associate of such a person. This applies to the applicant, policyholder, life assured, payer of the payment, beneficiary or any other party connected to this application.
Please refer to the Isle of Man Anti-Money-Laundering and Countering the Financing of Terrorism Code 2015 for the full definition of a "politically exposed person", and in particular, further elaboration on whether a person is a "family member" or a "close associate".
- 6 Underlying fund prospectuses are available from Friends Provident International on request.

7 Specialist Fund Acknowledgement

We offer products that provide access to a wide range of funds, known as mirror funds, that invest in all the major asset classes and geographic regions of the world. Some of these mirror funds invest into funds which are classed as specialist funds, aimed at professional or experienced investors. If you were investing into such a fund yourself, rather than through one of our mirror funds, 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 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.

Ordinarily some of these funds could only be held by professional/experienced investors rather than retail investors. Also, information relating to such investments may not be available for distribution in certain jurisdictions. However, when the investment is made through your policy, Friends Provident International is treated as the professional or experienced investor and this enables policyholders that may not have been able to do so, to access these funds.

Please note that different jurisdictions may impose different criteria on the generally accepted definition of a professional/experienced investor. Full definitions, restrictions and investor requirements can be found in each fund's prospectus/terms and conditions, which is available from the fund manager or your independent financial adviser. Friends Provident International recommends that you obtain, read and fully understand a copy of the prospectus/terms and conditions for your chosen investment.

The following declarations are for Summit only. (continued)

Important notes – Summit

8 Liquidity Information

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

Investing in 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 – Summit

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 provided with the wrong terms, a request being rejected or reduced, or the policy being invalid.

1 Fund Acknowledgement

Before you invest in any assets through your 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:

- We understand that we may choose the investments to which our policies are to be linked.
- We acknowledge that it is our responsibility to ensure that the asset is suitable, considering our underlying investment objectives and attitude to risk.
- 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 underlying fund. We understand the risks associated with investing in these funds and understand that we may be investing into funds not aimed at the general public and agree to investments in such funds.
- If we choose to invest into mirror funds which in turn invest into specialist funds aimed at professional investors, we acknowledge that it is our responsibility to obtain, read and understand the underlying fund's prospectus.
- We acknowledge that Friends Provident International is not responsible for the investment performance or any loss suffered or reduction in the value of our policy, arising from our chosen investment. Friends Provident International does not have any responsibility for the investment management of the assets within our policy and Friends Provident International does not approve any asset as a suitable investment.
- We acknowledge that the purchase of our investments may be delayed if Friends Provident International requires a signed declaration in respect of our chosen investments.
- 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.

2 General declarations

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

confirm the following to Friends Provident International:

- That we have the necessary powers of investment to invest in policies of life assurance.
- That the trustees detailed in Section 1 of this application form are the current trustees of the trust.
- The principal beneficiary/member is:

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

- That without prejudice to the generality of this clause, the trust company's required number of authorised signatories must sign all types of instructions (for example, instructions to change underlying investments, make cash withdrawals, totally surrender the plan).
- That we will advise Friends Provident International in writing immediately of any changes in the trustees.

3 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 payment by an appropriate amount or to settle the liability directly with the relevant tax authorities.

4 Cancellation rights

You will be able to cancel your investment up to 30 days from the day you receive the cancellation notice. You will receive a refund of the payment less a deduction for shortfall to reflect any fall in the markets in the interim and, where applicable, less any initial fee which was facilitated by us to your financial adviser. A cancellation notice that provides you with more detail, including when the cancellation period begins and ends and how to exercise it will be issued by post to you when the policy documents are produced.

Declarations (continued)

Declarations – Summit

5 Data protection

Please read this privacy notice carefully. Please be aware that this is a short version of our privacy policy and you should visit www.fpinternational.com/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 (eg 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 www.fpinternational.com/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.

By signing this form we consent to this use of our personal data.

6 Financial adviser

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 my 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.

	First authorised signatory of trustee company	Second authorised signatory of trustee company
Signature(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
This application was signed in	<input type="text"/> (country)	

Declarations (continued)

Declarations – Summit

Member as co-trustee (if applicable)

Signature(s)

Name (block capitals)

Date

This application was signed in

 (country)

and that, to the best of our knowledge and belief, all the above statements are true. We agree that they, together with any other statements made to Friends Provident International, now or in the future, shall form the basis of the policy under the laws of the Isle of Man.

We have read and understood all the printed materials relevant to this policy and we have acquainted ourselves with the management charges made by Friends Provident International.

We understand that this application can only be accepted by employees of Friends Provident International situated at the Company's Head Office in the Isle of Man and that no other employees or third parties have the necessary authority to create a binding contract.

We are aware that tax evasion is a criminal offence and we will not use this policy to evade tax. 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. We are responsible for our own tax affairs and we hereby declare that we understand our personal tax obligations and responsibilities and we have complied with all legal requirements to make declarations to tax authorities and pay the tax that we owe. As appropriate and necessary we have taken, or will take, legal advice in relation to our tax affairs and in particular, our tax obligations as they apply to this application.

We 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. We 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 is legally obliged to collect it. We are aware that Friends Provident International is required to request my tax residency, tax identification number (where applicable) and nationality and will record this information.

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

- Controlling persons' names, addresses, jurisdictions of tax residence, tax identification numbers and dates of birth.
- Controlling persons' Friends Provident International plan numbers.
- The balance or value of the plan at the end of the calendar year or at the date the plan was cashed in.
- The sum of any withdrawals taken within the relevant reporting year.

Financial adviser advice declaration

The advice provided by the financial adviser was received by the principal beneficiary/member in
Signed by financial adviser

 (country)

Only applicable to applications for Reserve.

Section 3: Appointment of investment adviser

Investment restrictions – Reserve

The following lists show the assets permitted within the collective investments and personalised assets versions of this policy. It is important that you understand which version you will be investing in and do not invest outside of these parameters.

a) Collective investments

This option allows you to invest in the following:

- UK authorised unit trusts
- UK authorised investment trusts (excluding warrants)
- open-ended investment companies
- 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.
- hedge funds and exchange-traded funds are permitted provided they comply with one of the structures above
- cash, including bank and building society deposits.

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

b) Personalised assets

The personalised assets option allows you to invest in the following:

- equities and fixed-interest securities quoted (including Sukuks) on most recognised stock exchanges
- unit trusts
- open-ended investment companies
- investment trusts
- offshore reporting and non-reporting funds
- government securities
- hedge funds, funds of hedge funds and exchange-traded funds
- structured notes and deposits
- cash, including bank and building society deposits.

We reserve the right to refuse certain assets, including:

- 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 and Canadian mutual funds
- Friends Provident International mirror funds.

This list is not exhaustive; we may refuse any asset which we believe is unsuitable.

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.

Section 3: Appointment of investment adviser (continued)

Part A – Reserve

Reserve policy number (if obtained)

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 Reserve policy, in accordance with the Investment restrictions specified on page 16. 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 three options carefully before indicating the authority you have granted to your investment adviser):

Please tick one box only.

Option 1: Advisory basis only, my signed consent required

We declare that the adviser will discuss any proposed alterations to the composition of our Reserve 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: Advisory basis only, without signed consent

We declare that the adviser will discuss any proposed alterations to the investment composition of the Reserve policy with us, and obtain our agreement before any changes are made.

Option 3: Delegated investment management

We declare that we have delegated investment decisions 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 on page 16. **We authorise Friends Provident International to act upon the investment instructions of the adviser as if the adviser was the policyholder.**

We agree that Friends Provident International shall not be responsible for any loss or liability to our Reserve 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 the Reserve policy howsoever arising.

We 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). I authorise Friends Provident International to act upon this authority until I revoke this authority in writing.

Part B – Reserve

Remuneration (please tick one 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 Reserve policy of

GBP EUR USD Other Amount a quarter

or % per annum, paid 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 3: Appointment of investment adviser (continued)

Part C – Reserve

Investment restrictions

I agree to the investment restrictions listed on page 16.

	First authorised signatory of trustee company	Second authorised signatory of trustee company
Signature(s) of applicant(s)	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
Name (block capitals)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
This application was signed in	<input style="width: 100%; height: 20px;" type="text"/> (country)	

	Member as co-trustee (if applicable)
Signataures(s)	<input style="width: 100%; height: 60px;" type="text"/>
Name (block capitals)	<input style="width: 100%; height: 20px;" type="text"/>
Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>

Part D – Reserve

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 policy are available on request from our adviser.

We acknowledge that the above fees and commissions are in addition to Friends Provident International's policy charges and any investment adviser fee taken under Part B.

	First authorised signatory of trustee company	Second authorised signatory of trustee company
Signature(s) of applicant(s)	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
Name (block capitals)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
This application was signed in	<input style="width: 100%; height: 20px;" type="text"/> (country)	

	Member as co-trustee (if applicable)
Signataures(s)	<input style="width: 100%; height: 60px;" type="text"/>
Name (block capitals)	<input style="width: 100%; height: 20px;" type="text"/>
Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>

Section 3: Appointment of investment adviser (continued)

Part E – Reserve

Important note

If you are licensed to provide financial advice in one of the following jurisdictions, please complete Part F below.

Australia, Canada, Gibraltar, Guernsey, IOM, Jersey, Mauritius, New Zealand, South Africa, Sweden, Taiwan, UK

If you are not licensed in a country or jurisdiction listed above, please complete Part G.

Declaration

On behalf of the 'Investment adviser' named in Section 2, Part A, I have read and understood the Investment options specified on page 16 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, (the Trustees have selected Option 1 in Part A)

I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Trustee(s). I understand that Friends Provident International can only act upon investment instructions that have been signed by the Trustee(s).

Advisory basis only, (the Trustees have selected Option 2 in Part A)

I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Trustee(s). I understand that I must obtain the Trustee(s) agreement to any investment advice given and that I may be asked to provide such agreement to Friends Provident International, if requested.

Delegated Investment Management, (the Trustees have selected Option 3 in Part A)

I confirm that I hold the appropriate authorisation enabling me to provide investment instructions to Friends Provident International and that I have the agreement of the Trustee(s) to issue investment instructions on their behalf.

Part F – Reserve

I confirm that I am licensed by a regulatory body located in one of the following jurisdictions:

Australia, Canada, Gibraltar, Guernsey, IOM, Jersey, Mauritius, New Zealand, South Africa, Sweden, Taiwan, UK

and I am required by my regulatory body to comply with legislation in accordance with (or equivalent to) the EU Money Laundering Directives.

I am regulated by

 (name of regulatory body)

in

 (country)

My regulatory licence number is

I confirm that I will comply with all legal and regulatory requirements of the country where I am licensed to provide financial advice.

I confirm that I will notify you of any changes to my authorisation including any disciplinary action taken against me.

Signature of adviser

Date

Name of adviser

For and on behalf of (name of firm)

Address of firm

Telephone number

Fax number

Email address

Section 3: Appointment of investment adviser (continued)

Part G – Reserve

Identification requirements – notes

These notes apply only if Part G is completed.

The principal requirement is to look behind the corporate entity to identify those who have ultimate control over the business and company's assets. Where the shareholder is a holding company, trust or nominee, then Friends Provident International is required to look behind this to the ultimate beneficial owner and verification of identity of the ultimate beneficial owner must be obtained, together with evidence demonstrating beneficial ownership.

Verification of the identity: this is deemed to comprise:

- Certified copy of the Certificate of Incorporation.
- A list of all Directors and certified ID & VOA for two, one of which must be an executive, (we will require full name, residential address and date of birth of each director).
- 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).
- Confirmation that the company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.
- A list of shareholders and certified ID and address verification for those holding 25% or more of the shares (we will require full name, residential address and date of birth for all shareholders).

I understand that its principal regulator requires Friends Provident International to complete an identification check on the investment adviser firm and I must provide identification requirements as in the above notes, if not previously provided, before this appointment of investment adviser form can be accepted.

I confirm that I will comply with all legal and regulatory requirements of the Isle of Man. 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

Date

Name of adviser

For and on behalf of (name of firm)

Address of firm

Telephone number

Fax number

Email address

Only applicable to applications for Reserve.

Section 4: Appointment of discretionary fund manager and custodian

Part A – Reserve

Reserve policy number	<input type="text"/>
Name of discretionary fund manager ('the manager')	<input type="text"/>
Address of the manager	<input type="text"/> <input type="text"/>
Name of custodian ('the custodian')	<input type="text"/>
Address of the custodian	<input type="text"/> <input type="text"/>

- 1 We declare that we wish for the underlying assets held within our Reserve policy to be placed in a discretionary account, which will be managed on a 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 and custodian. 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 can not be held within our Reserve policy.
- 3 We acknowledge that Friends Provident International is only prepared to enter into the agreement as a result of our request to appoint the manager to manage 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 the Reserve 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 the Reserve policy howsoever arising.
- 5 We 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 Reserve policy.
- 6 We acknowledge that Friends Provident International may terminate the appointment of the manager or custodian at any time as deemed necessary by giving written notice to us and the manager or custodian.

Part B – Reserve

We acknowledge that the manager will deduct a fee of GBP EUR USD Other Amount a quarter
 or % a year

of the value of the discretionary account at the quarterly valuation point, plus VAT. We 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 to 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.

Section 4: Appointment of discretionary fund manager and custodian (continued)

Part C – Reserve

We wish to request that Friends Provident International appoints the manager to manage the assets contained in the discretionary account in accordance with the following investment and risk criteria:

1 Investment strategy (for example, cautious, balanced, aggressive)

2 Risk criteria (for example, low, medium, high)

3 Investment restrictions

I agree to the investment restrictions listed on page 24.

	First authorised signatory of trustee company	Second authorised signatory of trustee company
Signature(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

	Member as co-trustee (if applicable)
Signature(s)	<input type="text"/>
Name (block capitals)	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/>

Further information

The information given in this document is based on the understanding of Friends Provident International of current laws and Isle of Man taxation practice, as at January 2016, 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 deposit accounts are unlikely to apply in the event of failure of such an investment held within insurance contracts.

Complaints that we are unable to settle, you may be able to refer your complaint to the Financial Services Ombudsman Scheme for the Isle of Man.

Some telephone communications with Friends Provident International are recorded.

Each policy is governed by and shall be construed in accordance with the law of the Isle of Man. However, this will not preclude the right to bring legal action in a Hong Kong court. If you effect a policy whilst resident in the United Arab Emirates, all disputes regarding your investment will be subject to the non-exclusive jurisdiction of the courts of the United Arab Emirates.

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Friends Provident International Limited: Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Telephone: +44 (0)1624 821212 | Fax: +44 (0)1624 824405 | Website: www.fpinternational.com. 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:** 4 Shenton Way, #11-04/06 SGX Centre 2, Singapore 068807. Telephone: +65 6320 1088 | Fax: +65 6327 4020 | Website: www.fpinternational.sg. 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. **Hong Kong branch:** 803, 8/F., One Kowloon, No.1 Wang Yuen Street, Kowloon Bay, Hong Kong. Telephone: +852 2524 2027 | Fax: +852 2868 4983 | Website: www.fpinternational.com.hk. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. **Dubai branch:** PO Box 215113, Emaar Square, Building 6, Floor 5, Dubai, United Arab Emirates. Telephone: +9714 436 2800 | Fax: +9714 438 0144 | Website: www.fpinternational.ae. Registered in the United Arab Emirates with the UAE Insurance Authority as an insurance company. Registration date, 18 April 2007 (Registration No. 76). Registered with the Ministry of Economy as a foreign company to conduct life assurance and funds accumulation operations (Registration No. 2013). Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.