

Regular premium increase / Additional single premium

Application Form

This application form is only for use with the following products. Please tick the relevant box for your product and give the plan number.

<input type="checkbox"/>	Premier	Plan number	<input type="text"/>
<input type="checkbox"/>	Premier Ultra	Plan number	<input type="text"/>
<input type="checkbox"/>	Executive Savings Plan	Plan number	<input type="text"/>
<input type="checkbox"/>	Flexible Growth Plan	Plan number	<input type="text"/>
<input type="checkbox"/>	International Pension Plan	Plan number	<input type="text"/>

Additional information

Details of Policyholder(s)

To be completed by each investor who is the current Policyholder.

Please complete this Application Form in English and use BLOCK CAPITALS

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

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

	First (or only) Policyholder	Second Policyholder
1 Title	<div>Mr<div></div><div>Mrs<div></div><div>Miss<div></div></div><div>Other (please specify)<div></div></div></div></div>	<div>Mr<div></div><div>Mrs<div></div><div>Miss<div></div></div><div>Other (please specify)<div></div></div></div></div>
2 Name(s) (as shown on ID Card/Passport)		
Surname	<div></div>	<div></div>
First name(s)	<div></div> <div></div>	<div></div> <div></div>
3 Residential address	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
4 How long have you lived at this address?	<div></div>	<div></div>
5 Correspondence address (if different to residential address)	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
6 Contact numbers		
Home telephone	<div></div>	<div></div>
Office telephone	<div></div>	<div></div>
Mobile	<div></div>	<div></div>
Fax	<div></div>	<div></div>
7 Email address (mandatory)	<div></div>	<div></div>

Premiums

Premier / Premier Ultra

Additional monthly premium

USD/GBP/EUR/HKD*

Minimum: USD 50 (or currency equivalent)

Additional single premium

USD/GBP/EUR/HKD*

Minimum: USD 3,000 (or currency equivalent)

Date on which the increase is to apply

Executive Savings Plan / Flexible Growth Plan / International Pension Plan

Additional monthly premium

USD/GBP/EUR/HKD*

Minimum: USD 100 (or currency equivalent)

Additional single premium

USD/GBP/EUR/HKD*

Minimum: USD 500 (or currency equivalent)

Date on which the increase is to apply

Important notes

1. The quarterly minimum premium is monthly x 3; the half-yearly minimum premium is monthly x 6; and the annual minimum premium is monthly x 12.
2. The frequency of premiums must match the original premium frequency.
3. Please leave at least one month between the date of notification and the increase date to allow new payment arrangements to be processed.
4. Annual increases can only take place on the plan anniversary date.

Choice of mirror funds

Please leave this section blank if you wish your existing fund choice to remain unchanged. If you want to change your fund choice please indicate the funds in which you wish your plan to invest, up to a maximum of 10, showing the percentage of each investible premium. The total percentage must add up to 100% (please note we can only accept whole percentages). **Please note that the whole premium will be applied to your plan based on this fund choice, not just the increased amount.**

Fund code	Mirror fund	% of premium
		Total 100%

0

Payment methods

If you are increasing a regular premium please cancel the existing payment arrangement and set up a replacement payment method for the total amount. Blank payment forms are available to download at [www.fpinternational.com/downloads/PDF library - International \(Isle of Man\)](http://www.fpinternational.com/downloads/PDF%20library%20-%20International%20(Isle%20of%20Man))

Source of Wealth

Please refer to our website at [www.fpinternational.com/Downloads/PDF Library - International \(Isle of Man\)/Source of Wealth](http://www.fpinternational.com/Downloads/PDF%20Library%20-%20International%20(Isle%20of%20Man)/Source%20of%20Wealth) for the evidential requirements to support Source of Wealth.

<input type="checkbox"/>	Savings from salary (basic and/or bonus)	Current salary	<div><div></div><div></div><div></div><div></div></div> USD/GBP/EUR/HKD* <div><div></div><div></div></div> per month/year*
		Employer's name	<div></div>
		Employer's address	<div></div>

<input type="checkbox"/>	Pension provision by employer	Employer's name	<div></div>
		Employer's address	<div></div>

Please provide the employer's Letter of Confirmation and Certificate of Incorporation.

<input type="checkbox"/>	Other regular income	Amount of income	<div><div></div><div></div><div></div><div></div></div> USD/GBP/EUR/HKD*
		Details, i.e. name of payer, frequency of payment, reason for payment, etc.	<div></div>

<input type="checkbox"/>	Regular savings from company profits	Amount of annual profit	<div><div></div><div></div><div></div><div></div></div> USD/GBP/EUR/HKD*
		Company name	<div></div>
		Company address	<div></div>
		Nature of company business	<div></div>

<input type="checkbox"/>	Other Source of Wealth.	<div>Please provide as much detail as possible</div>
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Declaration

I/We* declare that this Application was signed in	<div></div> (country)
and the advice was given in	<div></div> (country)

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

Signature(s)	First (or only) Policyholder	Second Policyholder
	<div>Signature</div>	<div>Signature</div>
	<div>Date (dd/mm/yyyy)</div>	<div>Date (dd/mm/yyyy)</div>