Optional Management Authority

Please write in Black Ink and use BLOCK CAPITALS.
*Delete where applicable.

This form should not be used if the Plan is an International Portfolio Bond, Managed Portfolio Account, Professional Portfolio, Reserve or Reserve Advance. Please complete an Appointment of Investment Adviser form.

To: Friends Provident International Limited

Part 1: For completion by	the Planholder(s)
Full name(s) of Planholder(s) ("the Planholder(s)")	
Name of Plan e.g. Elite	
Plan numbers or Application dated ("the Plan")	
Name of Investment Adviser ("the Adviser")	
Declaration	
• • • • • • • • • • • • • • • • • • • •	ne Adviser to be the investment adviser of the underlying assets held within the Plan. I/We* request PIL") to enter into any formal agreements required by the Adviser to facilitate this appointment.
Authority granting	
I/We* grant the Adviser authority to act in you wish to grant the Adviser):	the following capacity (please read the three options carefully before indicating the authority
Please tick one box only	
alterations to the composition of	nly, my/our* signed consent required: I/We* declare that the Adviser will discuss any proposed of the underlying funds held within the Plan, and FPIL will only act upon investment instructions that I/ned. FPIL should not action any instructions that have not been signed by me/us*.
the composition of the underly	nly, without signed consent: I/We* declare that the Adviser will discuss any proposed alterations to ing funds held within the Plan with me/us*, and obtain my/our* agreement before any changes are ur* Adviser to submit written instructions to FPIL on my/our* behalf, without the need to on these instructions.
who has complete discretionar hold cash or other investments	ment Management: I/We* declare that I/we* have delegated investment decisions to the Adviser, y authority, without consulting me/us* first, to make all investment decisions to buy or sell assets, within the boundaries of the investment restrictions detailed below. I/We* authorise FPIL to act tions of the Adviser as if the Adviser was the Planholder.

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

I/We* agree that FPIL shall not be responsible for any loss or liability to the Plan, as a result of the actions, or failure to take action, on the

Adviser's part, which gives rise to any loss in value to the Plan howsoever arising.



Nemune	eration – Please tick one	box only				
	I/We* have agreed with the Adviser that a fee will not be paid.					
	Plan [†] on each anniversary	e agreed to pay the Adviser a fee at the rate of 0.50%/0.75%/1.00%* per annum of the bid value of the sary of the commencement of the Plan. I/We* wish to make a series of withdrawals from the Plan in order quest FPIL to effect these withdrawals by cancelling units allocated to the Plan and subsequently to pay as my/our* agent.				
	Plan [†] on each quarterly and	Ve* have agreed to pay the Adviser a fee at the rate of 0.15%/0.20%/0.25%* per quarter of the bid value of the quarterly anniversary of the commencement of the Plan. I/We* wish to make a series of withdrawals from the Plan in e fees and request FPIL to effect these withdrawals by cancelling units allocated to the Plan and subsequently to pay Adviser as my/our* agent.				
of the fee. the except For these	Therefore, both annual and tion of Premier Wealth Capit	quarterly payments will commence on the sec al Redemption and Ultra Wealth Capital Reder ill commence on the first quarter after complet	cond ar	value of the Plan for the calculation and payment nniversary of the commencement of the Plan with Plans with an Initial Unit Period of 24 months. the Initial Unit Period and annual payments will		
please not information	e that a fee paid to a third p n on tax considerations plea	arty from your Plan is treated as a withdrawal se refer to your financial adviser.	and ma	country of residence. If you are resident in the UK, ay, in certain circumstances, be taxable. For further		
I/We* auth	norise FPIL to act upon this a	authority until I/we* revoke the authority in wr	iting.			
Signature(s	s) of Planholder(s)	Signature		Signature		
		Date (dd/mm/yyyy)		Date (dd/mm/yyyy)		
Part 2	2: For completion	by the Adviser (i.e. the Invest	men	nt Adviser Firm)		
Declarat	tion					
Deciala						
necessary	d and understand the conditi to act as Adviser and will co	omply with the rules of the appropriate regulate	or. I un	ith them. I confirm that I have the authorisation dertake to inform FPIL and the Planholder(s)		
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 $\stackrel{\cdot}{\text{Website: www.fpinternational.com}}$

Incorporated company limited by shares

Registered in the Isle of Man No. 11494

Authorised by the Isle of Man Insurance & Pensions Authority

Provider of life assurance and investment products

Authorised by the Office of the Commissioner of Insurance to conduct long-term insurance business in Hong Kong

Registered in the United Arab Emirates as an insurance company (Registration No.76)

and as a foreign company (Registration No. 2013)

Authorised by the United Arab Emirates Insurance Authority to conduct life insurance and savings business

Registered in Singapore No. F06835G Registered by the Monetary Authority of Singapore to conduct life insurance business in Singapore

