

# Premier Wealth - Capital Redemption

Application Form

INTERNATIONAL



## Please complete this Application Form in English

This Application Form is issued with the Premier Wealth - Capital Redemption Principal Brochure and should be read in conjunction with the current edition of the following documents, which set out the terms and conditions of the contract and the various investment options available to you:

- the Premier Wealth - Capital Redemption Principal Brochure
- the current Fund Prices leaflet
- the Premier Wealth - Capital Redemption Contract Conditions

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.

### Your financial adviser

Company name	<input type="text"/>
Financial adviser's name	<input type="text"/>
Contact email address	<input type="text"/>
Financial adviser's account number	<input type="text"/>
Contract number allocated (if known)	<input type="text"/>

### Your reason for investing into Premier Wealth - Capital Redemption

Please tick the appropriate box

<input type="checkbox"/>	Retirement funding	<input type="checkbox"/>	Education funding	<input type="checkbox"/>	Medium to long-term savings
<input type="checkbox"/>	For a special event (please complete)	<input type="text"/>			

**If no reason has been ticked, we will assume Premier Wealth - Capital Redemption is required for medium to long-term savings.**

### Additional information / Special instructions

### Please complete all sections

Failure to provide all relevant information and documentation may delay the processing of your application. Further information may be required during the validation process (i.e. questions arising from the information provided). **Please note that even if the contribution has been received and banked, the contract will not be issued until all documentation has been received and validated.**

### Checklist (please tick boxes)

<input type="checkbox"/>	Receipt and explanation given of the information contained in the Principal Brochure, Technical Guide and other relevant materials
<input type="checkbox"/>	Section 1: Details of Applicant(s)
<input type="checkbox"/>	Section 2: Contract details
<input type="checkbox"/>	Section 3: Declarations
<input type="checkbox"/>	Certified copy of client identity
<input type="checkbox"/>	Certified copy of utility bill (or suitable alternative) to verify the residential address of the Applicant(s)
<input type="checkbox"/>	Method of payment details

If the Proposed Contract holder(s) is/are Trustee(s) of an existing trust, please use the Trustee Application Form (available on request). To be completed by each proposed contract holder. Please use BLOCK CAPITALS.

	First (or only) Applicant	Second Applicant
1 Title	<div>Mr <input type="checkbox"/></div> <div>Mrs <input type="checkbox"/></div> <div>Miss <input type="checkbox"/></div> <div>Other (please specify) <input type="text"/></div>	<div>Mr <input type="checkbox"/></div> <div>Mrs <input type="checkbox"/></div> <div>Miss <input type="checkbox"/></div> <div>Other (please specify) <input type="text"/></div>
2 Name(s) (as shown on ID Card/Passport)		
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
ID Card/Passport Number	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>
3 Marital status	<input type="text"/>	<input type="text"/>
4 Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
5 Country of residence	<input type="text"/>	<input type="text"/>
6 Residential address	<input type="text"/>	<input type="text"/>
7 How long have you lived at this address?	<input type="text"/>	<input type="text"/>
8 Correspondence address (if different to residential address)	<input type="text"/>	<input type="text"/>
9 Please tick if you wish all correspondence / statements to be sent direct to the Applicant(s). (If the box is not ticked, all correspondence will be sent to your financial adviser.)		<input type="checkbox"/>
10 Contact numbers		
Home telephone	<input type="text"/>	<input type="text"/>
Office telephone	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>
11 Email address (mandatory)	<input type="text"/>	<input type="text"/>
12 Nationality	<input type="text"/>	<input type="text"/>
13 Occupation	<input type="text"/>	<input type="text"/>
Nature of business	<input type="text"/>	<input type="text"/>
If retired, please state former occupation and date of retirement	<input type="text"/>	<input type="text"/>
If self-employed or shareholder of a company, please state the percentage of share ownership	<input type="text"/>	<input type="text"/>

## Total contribution

Monthly Contributions	<input type="text"/>	Minimum USD300 (or GBP200, EUR300, HKD2,400)
Quarterly Contributions	<input type="text"/>	Minimum USD900 (or GBP600, EUR900, HKD7,200)
Half-Yearly Contributions	<input type="text"/>	Minimum USD1,800 (or GBP1,200, EUR1,800, HKD14,400)
Yearly Contributions	<input type="text"/>	Minimum USD3,600 (or GBP2,400, EUR3,600, HKD28,800)

The plan will be issued as 10 individual contracts. If you wish your plan to be issued as one single contract, tick here. ☐

If the person(s) paying the contributions is a third party, e.g. the Applicant's partner or employer, additional verification of identity and source of wealth information will be required.

## Payment methods

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

☐

**BY STANDING ORDER.** I/We\* have completed the **Bankers Standing Order** on page 15/16 and returned it to FPIL with this Application Form.

**Important note:**

Page 15 for applicants with bank accounts in the Far East.

Page 16 for applicants for bank accounts not in the Far East.

Some banks insist that their own Bankers Standing Order is used, so you should check with your bank that they will accept this document. If you have to complete your bank's own Bankers Standing Order, a certified copy must be sent to FPIL.

☐

**BY BANK TRANSFER.** I/We\* have arranged for the premium to be paid for by debit of funds from my personal bank account and have forwarded a certified copy of the Bank Application Form to FPIL.

**Important note:** the Contract number and surname must be quoted in each transfer. We accept payment by:

Telegraphic Transfer (TT): USD/GBP/EUR/HKD

CHAPS/BACS/FASTER PAYMENT: GBP

SEPA: EUR

☐

**BY CREDIT CARD.** I/We\* have completed the **Direct Charge Authority** on page 17 and returned it to FPIL with this Application Form.

☐

**BY CHEQUE/BANKERS DRAFT.**

Please tick one box only

☐

US dollar Draft, drawn on a bank in New York

☐

Sterling Draft, drawn on a bank in the United Kingdom

☐

Euro Draft, drawn on a bank in the European Economic and Monetary Union (EMU)

☐

HK dollar Draft, drawn on a bank in Hong Kong

**Important note:** This method is for half-yearly or yearly premiums only.

A certified copy of the Bank Acknowledgement Letter must be sent to FPIL with every Draft.

Please make cheques/draft payable to FPIL (Ref: contract number). These should be sent directly to the address below.

Friends Provident International Limited

Royal Court, Castletown

Isle of Man, British Isles, IM9 1RA

## Source of payment

### For all methods of payment excluding Credit Card.

I/We\* confirm the contribution is to be paid for by debit of funds from my/our\* personal bank account. The details of this account are as follows.

**Note: We must have either a sort code, SWIFT/BIC code or IBAN.**

Sort code (if applicable)

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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SWIFT/BIC code (if applicable)

IBAN (Euro payments only)

Account number

Account currency

Account name

Bank (name and address)

<input type="text"/>	Bank
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode (if applicable)

## Maturity Date

The Maturity Date must be not less than 10 years and not more than 25 years from inception of the contract. The maximum age of at least one Contract holder must be 75 at the Maturity Date.

## Currency

The currency of your contract will be the currency in which you pay your contributions. If you wish to receive valuations of your contract in a different currency from the contract currency, please tick the appropriate box. **If no selection is made, valuations will be produced in the contract currency.**

US dollars (USD)

☐

Sterling (GBP)

☐

Euro (EUR)

☐

HK dollars (HKD)

☐

## Source of Wealth

Please refer to 'What you need to provide', Step 4 and Source of Wealth Table (pages 11 and 12) for the evidential requirements to support Source of Wealth

<input type="checkbox"/>	<b>Savings from salary (basic and/or bonus)</b>	Current annual salary	<input type="text"/>
		Employer's name	<input type="text"/>
		Employer's address	<input type="text"/>

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

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

<input type="checkbox"/>	<b>Other regular income</b>	Amount of income	<input type="text"/>
		Details, i.e. name of payer, frequency of payment, reason for payment, etc.	<input type="text"/>

<input type="checkbox"/>	<b>Regular savings from company profits</b>	Amount of annual profit	<input type="text"/>
		Company name	<input type="text"/>
		Company address	<input type="text"/>
		Nature of company business	<input type="text"/>

<input type="checkbox"/>	<b>Other Source of Wealth.</b>	<p>Please provide as much detail as possible</p> <input type="text"/>
<p>▶ See 'What you need to provide', Step 4 and Source of Wealth Table (pages 11 and 12) and use the box provided for explanation / provision of required details</p>		

Choice of mirror funds

Please indicate the funds in which you wish your contract to invest, up to a maximum of 10, showing the percentage of each investible contribution 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	Mirror fund	% of contribution
		Total 100%

0

## Important Notes

- 1 A specimen contract 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 contract.
- 3 You should seek guidance from your financial adviser as to the suitability of the contract to your own particular circumstances. Premier Wealth - Capital Redemption should be regarded as a medium to long-term investment.
- 4 You are obliged to provide the information as required in this Application and it is a prerequisite for you to apply for the contract. Information which you provide in connection with this Application and any subsequent contract will be held (whether stored electronically or otherwise), used or disclosed by Friends Provident International Limited or any associated company that exists from time to time. You have the right to obtain access to and to request a correction of any personal information about you. Requests can be made to the Compliance Officer at Royal Court, Castletown, Isle of Man, British Isles IM9 1RA.
- 5 Each contract is governed by and shall be construed in accordance with the law of the Isle of Man.

### 6 Fund Acknowledgement

Friends Provident International Limited offers products that give you an investment choice from a very wide-ranging menu of investments via a range of internal funds, which includes mirror funds, that Friends Provident International Limited has created. Some of these internal 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 internal 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 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.

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 contract, Friends Provident International Limited is treated as the professional or experienced investor and this enables contract holders 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 Limited recommends that you obtain, read and fully understand a copy of the prospectus/terms and conditions for your chosen investment.

### Liquidity Information

Some of our internal funds, particularly our specialist ones 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. Information and definitions for our specialist internal funds are available on [www.fpinternational.com](http://www.fpinternational.com). Friends Provident International Limited recommends that you visit our website and take time to read and understand the definitions if you intend to invest into our internal fund range. Investment into specialist via our internal funds, should be considered a long-term investment. You, in conjunction with your independent financial adviser, should consider the amount you invest via your contract if it is likely that you will need access to your capital quickly in the future.

## Declarations

Attention is drawn to the following Declarations. If the Application Form requests information which has to be assessed by Friends Provident International Limited before acceptance, then: You must disclose all facts which are material. Such facts are those which a financial institution would regard as likely to influence the assessment and acceptance of an application. 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 contract being invalid.

### 1 Fund Acknowledgement

- (i) I/We\* understand that I/we\* may choose the investments to which my/our\* contract is to be linked.
- (ii) I/We\* acknowledge that is my/our\* responsibility to ensure that the asset is suitable, considering my/our\* investment objectives and attitude to risk.
- (iii) I/We\* confirm that I/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. I/We\* understand the risks associated with investing in these assets.
- (iv) I/We\* understand that I/we\* may be investing into assets aimed at a professional or experienced investor and agree to such investments.



- (v) I/We\* acknowledge that Friends Provident International Limited is not responsible for the investment performance or any loss suffered or reduction in the value of my/our\* contract, arising from my/our chosen investment. Friends Provident International Limited does not have any responsibility for the management of the assets within my/our\* contract and Friends Provident International Limited does not approve any asset as a suitable investment.
- (vi) I/We\* acknowledge that Friends Provident International Limited reserves the right to reject any asset, for example if certain administration criteria are not met.
- (vii) I/We\* acknowledge that my/our\* investments may be delayed if Friends Provident International Limited requires a signed declaration in respect of my/our\* chosen investments.
- (viii) 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.

## 2 Declarations

I/We\* declare that this Application was signed in  (country)

and the advice was given in  (country)

I/We\* further declare that all the information provided in this Application Form, including this Declaration, are complete and true to the best of my/our\* knowledge and belief. I/We\* agree that they shall form the basis of the contract under the law of the Isle of Man.

I/We\* have received, read and have been given an explanation of all the printed materials relevant to this contract and I/we\* have been acquainted with the management charges made by Friends Provident International Limited.

I/We\* understand that I/we\* may choose the investments to which my/our\* Premier Wealth - Capital Redemption contracts are to be linked. Consequently, Friends Provident International Limited shall not be responsible for the investment performance or for any loss or liability arising from my/our\* choice of investment, however arising.

I/We\* further declare that I/we\* understand and agree that the contract shall not become effective until it is issued with the first contribution paid in full and all requirements have been met.

I/We\* understand that this application can only be accepted by employees of Friends Provident International Limited 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.

## 3 Data Protection

I/We\* consent that any personal information collected or held by Friends Provident International Limited (whether contained in this Application or otherwise) is provided and may be held (whether stored electronically or otherwise), used or disclosed to enable Friends Provident International Limited to:

- (i) transfer the information between its offices wherever they are situated; and
- (ii) to use and to transfer the information to its agents for administration, underwriting, claims, research and statistical purposes, to pass information to medical practitioners, underwriters and reinsurers and any agency appointed for these purposes. (These agents may be located in countries that do not have laws to protect your information. Details of the agents and countries involved in your case will be provided on request. Friends Provident International Limited will remain responsible for making sure that the information is held securely); and
- (iii) communicate with me/us\*, my/our\* independent financial adviser and fund adviser whether directly or indirectly for any purpose; and
- (iv) to supply the details or provide a copy of the information to any financial services company wherever they are situated to enable the purchase of assets requested to be linked to the contract.

☐ I/We\* would like FPIL to use the information supplied to let me/us\* know about other products and services in the Friends Provident group of companies, who may use it to advise me/us\* of other products and services that may interest me/us\*.

**If you would prefer NOT to receive such information, please tick this box.**

- (vi) transfer information to relevant regulatory bodies to enable them to carry out their regulatory functions.

I/We\* understand and agree that I/we\* shall update Friends Provident International Limited immediately on any changes of my/our\* personal information and any other information provided in relation to this contract.

- 4 I/We\* acknowledge that Friends Provident International Limited and my/our\* financial adviser have entered into an agreement ("terms of business") which sets out the basis upon which Friends Provident International Limited is prepared to accept applications submitted by the financial adviser on my/our\* behalf. This agreement categorically states that the financial adviser acts as my/our\* agent, and not the agent of Friends Provident International Limited. I/We\* acknowledge that my/our\* financial adviser, or any other, has no authority to act as the agent of Friends Provident International Limited or to state, suggest or imply that it has such authority. I/We\* acknowledge and authorise my/our\* financial adviser to be remunerated for its services by brokerage commission from Friends Provident International Limited.

Signature(s)

**First (or only) Applicant**

**Second Applicant**

Signature

Signature

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

# What YOU need to provide

Verification of identity, address and source of wealth accumulation

Friends Provident International Limited (FPIL) has a legal obligation to verify the identity and residential address of each person who will apply for one of FPIL's products. FPIL also has a regulatory obligation to obtain details of how the applicant(s) have acquired the monies/assets that they will invest with FPIL.

There are good reasons for doing this. Criminals and terrorists often try to launder money by using false or stolen identities in order to open accounts or place investments with financial institutions such as Friends Provident International Limited. By providing the information and documents requested, you are not only helping FPIL to comply with stringent money laundering legislation, but you are helping to protect your own identity.

## Step 1

### Verify the identity of each Applicant

The required documents to verify identity are:

- A Passport; or
- A Government-issued Identity Card (carrying a photograph of the individual).

Where it is not possible to obtain either a Passport or a National Identity Card, two other formal government-issued documents carrying appropriate personal details, which show verifiable reference numbers, may be accepted. Examples would include:

- Driving Licence with photograph
- Annual Tax Assessment issued by the Tax Authorities
- A Government-issued document containing a unique reference number which is specific to each Applicant.

These documents must be certified (please refer to STEP 3).

## Step 2

### Verify the address of each Applicant

We will also require an original or certified copy of a document, to verify each Applicant's residential address (please refer to STEP 3). A list of the documents that are acceptable for this purpose is provided below.

The document must be issued in the name of the Applicant and show the residential address that appears on the application form. In all cases the documents seen should be the most recent available, and no older than 3 months, unless the document used to verify address is only issued on an annual basis.

- Utility Bill, (water, gas, electricity, landline telephone connection) Rates Invoice, council tax notification  
***Please note, mobile telephone bills, cable TV bills and Internet service provider's bills are not acceptable as evidence of address***
- Current driving licence with photograph
- Tax assessment document
- Extract from the official Registrar of Electors
- Bank Account statement  
***Please note, statements of credit cards and non-bank cards, such as store cards, are not acceptable***
- State pension, benefit or other government-produced document showing benefit entitlements
- Letter from the Applicant's employer, confirming their residential address. Where the Applicant has accompanied a partner or spouse on a work assignment or contract, and they are also an Applicant, an employer may confirm the address of a non-employee where a relationship is detailed
- Proof of ownership or rental of the residential address
- Mortgage statement.

These documents must be certified (please refer to STEP 3).

## What YOU need to provide

## Background

Incorrect certification of documents is one of the main reasons for delays in processing applications. The Isle of Man Insurance and Pensions Authority, FPIL's principal regulator, is very specific about how documents are to be certified, and who can perform this function.

## Certification of copy documents

The certifier must state 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)

Improper certification could lead to delays.

## Who can certify a copy of an original document?

### A Regulated Introducer, or authorised employee of a Regulated Introducer

A Regulated Introducer is an Introducer in relation to which a regulatory authority exercises regulatory functions and the Introducer is based or incorporated in or formed under the law of a country that is a FATF (Financial Action Task Force) jurisdiction.

### A Suitable Certifier appointed by Friends Provident International Limited

To be approved by FPIL as a Suitable Certifier, the individual must have submitted the Appointment of Suitable Certifier Form to this company, together with copies of his/her passport, and proof of address document, certified by a Commissioner for Oaths, a Notary Public or a Suitable Certifier already approved by Friends Provident International Limited.

### A notary Public, licensed lawyer or solicitor

A Notary Public is a public officer appointed under authority of state law with power to administer oaths, certify affidavits, take acknowledgements and take depositions or testimony.

**An authorised representative of an embassy or consulate** of the country that issued the identification documents.

## Translation of documents not written in English

Where a document submitted is not written in English, we require the certifier to explain on the document:

- What the document is
- Indicate where the applicant's name and address is printed
- The certifier should translate the relevant part(s) into English
- The certifier should also write a statement onto the document to the effect that:

*'I certify that the English translation provided is a true translation of the relevant part(s) of this document...'*

**Signed:** (the signature of the IFA)

**Name:** (the printed name of the IFA)

**Date:** (the date the IFA has certified the copy document)

What **YOU** need to provide

## Background

The Isle of Man Insurance & Pensions Authority, through its Anti-Money Laundering Standards, requires all Isle of Man Life Companies to obtain information and documentary evidence on the source of wealth of new investors. This emphasises its determination to maintain the highest possible standards of business practice within the Island. These Standards form part of the global drive to counter money laundering and terrorism and assist us all to safeguard the industry and, ultimately, protect our investors.

Friends Provident International Limited (FPIL) has established three categories of countries in order to determine where we will seek supporting evidence to support source of wealth. Our approach to categorising each country is determined by a number of factors. We take into account the current FATF status of each country, the ranking in the Corruption Perceptions Index published by Transparency International, the level of regulation within each country's financial systems and the general political and economic climate.

These notes should be read in conjunction with the current list of countries in all categories, which is available in PDF format on request. The list can also be downloaded from our website at [www.fpinternational.com](http://www.fpinternational.com)

## FPIL Source of Wealth evidence requirements

FPIL will base the contribution levels at which supporting evidence is to be provided on the following categories of business.

- **Category 1: Low-Risk**

This means that the contract holder must reside in one of the countries listed in Category 1, the financial adviser must be regulated in a Category 1 country and the bank account from which contribution is paid must be in a Category 1 country. These requirements are cumulative, not alternatives.

- **Category 2: Medium-Risk**

- **Category 3: Higher-Risk**

For all applicants, please complete the Source of Wealth section of this application form with the details outlined in Column 2 of the Source of Wealth Table on page 12. Additional supporting documentation, as detailed in column 3 of the Source of Wealth Table will be required where the contribution is equal to or in excess of:

Contribution Limits		
	Single contribution	Regular contribution (per year)
Category 1 country	USD1,500,000 GBP750,000 EUR1,125,000 HKD11,700,000	USD100,000 GBP50,000 EUR75,000 HKD780,000
Category 2 country	USD600,000 GBP300,000 EUR450,000 HKD4,680,000	USD70,000 GBP35,000 EUR52,000 HKD546,000
Category 3 country	USD200,000 GBP100,000 EUR150,000 HKD1,560,000	USD40,000 GBP20,000 EUR30,000 HKD312,000

**Please note every investment is reviewed on a case-by-case basis, therefore Friends Provident International Limited reserves the right to request additional information or documentation where it is felt that this may be warranted.**

## What YOU need to provide

DESCRIPTION OF SOURCE OF WEALTH	BELOW PREMIUM LIMITS	ON OR ABOVE PREMIUM LIMITS (Documentary evidence of ONE item is required in addition to information requested for below premium limits business)
<b>1 Savings from salary (basic and/or bonus)</b> If you own or part-own the company where you are employed, please follow the guidance detailed in 7 below	<ul style="list-style-type: none"> <li>• Salary per annum</li> <li>• Employer's name</li> <li>• Employer's address</li> </ul>	<ul style="list-style-type: none"> <li>• Original or certified copy of a payslip (or bonus payment) from within the last three months</li> <li>• Letter from employer confirming salary</li> <li>• Latest audited accounts (if self-employed) and Company bank statement</li> </ul>
<b>2 Maturity or surrender of life policy</b>	<ul style="list-style-type: none"> <li>• Amount received</li> <li>• Policy provider</li> <li>• Policy number / reference</li> <li>• Date of surrender</li> </ul>	<ul style="list-style-type: none"> <li>• Certified copy of closing statement</li> <li>• Letter confirming surrender</li> </ul>
<b>3 Sale of investments / liquidation of investment portfolio</b>	<ul style="list-style-type: none"> <li>• Description of shares / units / deposits</li> <li>• Name of seller</li> <li>• How long held</li> <li>• Sale amount</li> <li>• Date funds received</li> </ul>	<ul style="list-style-type: none"> <li>• Certified investment / savings certificates, contract notes, or surrender statements</li> <li>• Bank statement clearly showing receipt of funds and investment company name</li> <li>• Signed letter detailing funds from a regulated accountant</li> </ul>
<b>4 Sale of property</b>	<ul style="list-style-type: none"> <li>• Sold property address</li> <li>• Date of sale</li> <li>• Total sale amount</li> </ul>	<ul style="list-style-type: none"> <li>• Signed letter from Solicitor</li> <li>• Certified copy sale contract</li> <li>• Signed letter from Estate Agent</li> </ul>
<b>5 Inheritance</b>	<ul style="list-style-type: none"> <li>• Name of deceased</li> <li>• Date of death</li> <li>• Relationship to applicant</li> <li>• Date received</li> <li>• Total amount</li> <li>• Solicitor's details</li> </ul>	<ul style="list-style-type: none"> <li>• Grant of Probate (with a copy of the will), which must include the value of the estate</li> <li>• Signed letter from Solicitor</li> </ul>
<b>6 Divorce settlement</b>	<ul style="list-style-type: none"> <li>• Date received</li> <li>• Total amount received</li> <li>• Name of divorced partner</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of court order or</li> <li>• Solicitor's letter</li> </ul>
<b>7 Company profits</b>	<ul style="list-style-type: none"> <li>• Name and address of company</li> <li>• Nature of company</li> <li>• Amount of annual profit</li> </ul>	<ul style="list-style-type: none"> <li>• Certified copy of latest audited company accounts</li> </ul>
<b>8 Gift</b>	<ul style="list-style-type: none"> <li>• Date received</li> <li>• Total amount</li> <li>• Reason for gift</li> <li>• Relationship to applicant</li> <li>• Certified identification documents for donor</li> <li>• Donor's source of wealth - please follow standard requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Donor's source of wealth – requirements of evidence as stated above for each individual source of wealth and a letter from the donor confirming details of the gift</li> </ul>
<b>9 Employer paying premium</b>	<ul style="list-style-type: none"> <li>• Employer letter</li> <li>• Country of incorporation</li> <li>• Incorporation number</li> </ul>	<ul style="list-style-type: none"> <li>• Employer letter, Certificate of Incorporation and certified copy of latest audited company accounts</li> </ul>

Where the payment is made by the trustees the same source of wealth information as above should be provided for the settlor and settled monies.

What **YOU** need to provide

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Application completed via iPad - c/o Wynn Global Limited



**For Monthly, Quarterly, Half-Yearly or Yearly Payments.**

**Only applicable to Applicants with bank accounts in the Far East.**

**Please note that some banks insist that their own Bankers Standing Order is used, so you should check with your bank that they will accept this document.**

This form should be returned with your Application Form.

Please use BLOCK CAPITALS.

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

Account Number

Account Currency (must be completed if the account is multi-currency)

SWIFT/BIC Code (if applicable)\*

Account Holder's Name

Dear Sir,

On my/our\* behalf would you please pay by Bankers' remittance to: Hong Kong & Shanghai Banking Corporation Limited, Main Office, 1 Queen's Road, Central, Hong Kong, SWIFT Code HSBCHKHH, carrying out the transaction indicated within **48 hours**, the sum of:

USD/GBP/EUR/HKD* (figures)	USD/GBP/EUR/HKD* (words)
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for credit to **Friends Provident International Limited**, Account Number (tick one box only)

☐ US dollar — Account No. 511-667685-201  
☐ Sterling — Account No. 511-667685-202  
☐ Euro Transfer — Account No. 511-667685-220  
☐ Hong Kong dollar — Account No. 511-667685-001

on the  day of  (month)  (year)

and on the same day  monthly  quarterly  half-yearly  yearly

quoting the Reference Number below (see Section A) until this order is cancelled in writing.

Please charge the amount of the payment **together with any bank and agent bank's charges** to my/our\* account.

Yours faithfully,

Signature(s)

Signature	Signature
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

My/Our\* Address

### Section A (to be completed by Friends Provident International Limited)

This Reference Number must be quoted by the Bank on all advices

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**For Monthly, Quarterly, Half-Yearly or Yearly Payments.****Only applicable to Applicants who DO NOT have bank accounts in the Far East.****Please note that some banks insist that their own Bankers Standing Order is used, so you should check with your bank that they will accept this document.**

This form should be returned with your Application Form.

Please use BLOCK CAPITALS.

Name and full postal address of your Bank

To: The Manager	Bank
Address	
Postcode (if applicable)	

**Note: We must have either a sort code, SWIFT/BIC code or IBAN.**

Account Number

Sort Code (if applicable)

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Account Currency (must be completed if the account is multi-currency)

SWIFT/BIC Code (if applicable)

Account Holder's Name

IBAN (Euro payments only)

Dear Sir,

On my/our\* behalf, please remit the sum specified below to Isle of Man Bank Limited, East Region, Douglas, Sort Code: 60-95-45, Swift Code: RBOSIMD2, IBAN: GB48RBOS60954540038485, account name: **Friends Provident International Limited**, account number: 9545-40038485, carrying out the transaction indicated within **48 hours**.

If remitting Sterling from a UK/Channel Island or Isle of Man bank, please send the payment by BACS/CHAPS/Faster Payment\*. Payments in other currencies must be made by Telegraphic Transfer.

<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right; font-size: small;">(figures)</div>	—	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right; font-size: small;">(words)</div>
--	---	--

on the  day of  (month)  (year)

and on the same day ☐ monthly ☐ quarterly ☐ half-yearly ☐ yearly

quoting the Reference Number below (see Section A) until this order is cancelled in writing.

Please charge the amount of the payment **together with any bank and agent bank's charges** to my/our\* account.

Yours faithfully,

Signature(s)

Signature

Signature

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

My/Our\* Address


**Section A** (to be completed by Friends Provident International Limited)

This Reference Number must be quoted by the Bank on all advices

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Please use BLOCK CAPITALS

I authorise you to debit my

☐ Mastercard ☐ VISA Credit Card <sup>(7)</sup>

Name of issuing company or bank

Country of issue

Credit Card Number

         

Credit Card expiry date <sup>(1)</sup>

(month)     (year)

Name on Credit Card

with the sum of <sup>(2)</sup>

(figures)

(words)

(currency)

in respect of premiums for my Policy Number

collected on the <sup>(3)</sup>

of  (month)  (year)

and on the same day until further notice  
or cancelled in writing

monthly  quarterly  half-yearly  yearly

Name of Credit Card Holder

Address of Credit Card Holder  
(as held by the Card Provider)

  
  


Postcode

Country

Telephone number (Daytime including area code)

Email address

Signature

  


Date

### Important notes

1. When your current Credit Card expires or is replaced, we will require you to complete a new Direct Charge Authority form.
2. A charge may be applied to Credit Card payments to cover any bank charges that may be incurred according to residency. The charges vary between 1% and 1.95% and are again dependent on residency.
3. The premium collection date is on average six days prior to the due date on the policy. This may vary slightly to take into account seasonal and bank holidays.
4. If you amend your premium, a new Direct Charge Authority form will need to be completed and returned to us.
5. If a payment is declined, we will automatically inform your financial adviser by fax and request a duplicate payment the following month. This will apply to consecutive months if the policy remains in arrears. No more than two premiums should be collected each month until the premiums are up to date.
6. Please note that some Credit Cards cannot be used outside their country of issue and therefore we strongly recommend that you contact your card issuer to ensure your card can be used in this instance.
7. Please note that Debit Cards cannot be accepted for premium payments.

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## Product information

The information given in this document is based on FPIL's understanding of current Isle of Man law and taxation practice which may change in the future. No liability can be accepted for any personal tax consequences of this scheme or for the effect of future tax changes or legislative changes.

A copy of the Premier Wealth - Capital Redemption contract document and provisions may be obtained from FPIL on request.

Capital redemption contracts may not be suitable for everyone. Investment involves risk and each class of investment will involve its own individual level of risk. We recommend that you read the Premier Wealth - Capital Redemption product brochure carefully and discuss fully both the suitability of Premier Wealth - Capital Redemption and the specific risks associated with individual investments with your financial adviser before making any investment decisions.

Premier Wealth - Capital Redemption is intended for long-term investment and is not therefore designed for early encashment. If you do encash your contract early, an encashment charge may be applied. The earlier you terminate your contract, the more you may lose.

## Mirror funds

All mirror fund performance is quoted net of annual charges. However, mirror fund performance should not be viewed as an indication of future performance – the value of your investment cannot be guaranteed and you may get back less than you paid in.

Mirror fund prices may go up and down depending upon the underlying investment performance or, where investments held within a mirror fund are not denominated in the currency of that mirror fund, simply because of movements in currency exchange rates.

## Contract holder protection

To ensure the protection of contract holders' interests the Isle of Man Insurance and Pensions Authority has put in place a number of statutory measures:

- **Ring fencing of assets** — the Insurance Act 2008 requires insurers to keep contributions received in a special 'long-term business fund', which can only be used to meet the claims and long-term liabilities of contract holders. The Act also requires the insurer to hold funds in excess of its long-term liabilities, and submit independently audited annual solvency reports to the regulator.
- **A contract holder compensation fund** — in the event that the above measures fail, and FPIL is unable to meet its liabilities, all capital redemption contract holders will benefit from the protection of the Life Assurance (Compensation of Policyholders) Regulations 1991 of the Isle of Man, wherever their place of residence. The Regulations ensure that in the unlikely event of FPIL becoming insolvent, a levy would be made against all other Isle of Man resident life assurance companies so that up to 90% of our liabilities to eligible contract holders would be met (without any upper monetary limit).

Each contract is governed by and shall be construed in accordance with the law of the Isle of Man.

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 insurance contracts.

Complaints we cannot settle can be referred to the Financial Services Ombudsman Scheme for the Isle of Man.

Please note that some telephone communications with FPIL are monitored and may be randomly interrupted.

**This product is not registered in Latin America.**

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Friends Provident International Limited

Registered & 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](http://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

Authorised by the Monetary Authority of Singapore to conduct life insurance business in Singapore



# 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")

PREMIER WEALTH

## Declaration

I/We\* declare that I/we\* wish to appoint the Adviser to be the investment adviser of the underlying assets held within the Plan. I/We\* request Friends Provident International Limited ("FPIL") to enter into any formal agreements required by the Adviser to facilitate this appointment.

## Authority granting

I/We\* grant the Adviser authority to act in the following capacity **(please read the three options carefully before indicating the authority you wish to grant the Adviser):**

**Please tick one box only**

☐

**OPTION 1: Advisory basis only, my/our\* signed consent required:** I/We\* declare that the Adviser will discuss any proposed alterations to the composition of the underlying funds held within the Plan, and FPIL will only act upon investment instructions that I/we\*, as Planholder(s), have signed. **FPIL should not action any instructions that have not been signed by me/us\*.**

☐

**OPTION 2: Advisory basis only, without signed consent:** I/We\* declare that the Adviser will discuss any proposed alterations to the composition of the underlying funds held within the Plan with me/us\*, and obtain my/our\* agreement before any changes are made. **I/We\* authorise my/our\* Adviser to submit written instructions to FPIL on my/our\* behalf, without the need to obtain my/our\* signature(s) on these instructions.**

☐

**OPTION 3: Delegated Investment Management:** I/We\* declare that I/we\* have delegated investment decisions to the Adviser, who has complete discretionary authority, without consulting me/us\* first, to make all investment decisions to buy or sell assets, hold cash or other investments, within the boundaries of the investment restrictions detailed below. **I/We\* authorise FPIL to act upon the investment instructions of the Adviser as if the Adviser was the Planholder.**

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.

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).

## Remuneration – Please tick one box only

☐

I/We\* have agreed with the Adviser that a fee will not be paid.

☐☐☐☐

**Annually** – I/We\* have agreed to pay the Adviser a fee at the rate of 0.50%/0.75%/1.00%\* per annum of the bid value of the Plan<sup>†</sup> on each anniversary of the commencement of the Plan. I/We\* wish to make a series of withdrawals from the Plan in order to pay the fees and request FPIL to effect these withdrawals by cancelling units allocated to the Plan and subsequently to pay the fee to the Adviser as my/our\* agent.

☒☐☐☐

**Quarterly** – I/We\* have agreed to pay the Adviser a fee at the rate of 0.15%/0.20%/0.25%\* per quarter of the bid value of the Plan<sup>†</sup> on each quarterly anniversary of the commencement of the Plan. I/We\* wish to make a series of withdrawals from the Plan in order to pay the fees and request FPIL to effect these withdrawals by cancelling units allocated to the Plan and subsequently to pay the fee to the Adviser as my/our\* agent.

<sup>†</sup> For regular premium contracts, the value of any Initial Units will not be included in the bid value of the Plan for the calculation and payment of the fee. Therefore, both annual and quarterly payments will commence on the second anniversary of the commencement of the Plan with the exception of Premier Wealth Capital Redemption and Ultra Wealth Capital Redemption Plans with an Initial Unit Period of 24 months. For these Plans quarterly payments will commence on the first quarter after completion of the Initial Unit Period and annual payments will commence on the third Plan anniversary.

**Please note:** The tax treatment of withdrawals from your Plan will be determined by your country of residence. If you are resident in the UK, please note that a fee paid to a third party from your Plan is treated as a withdrawal and may, in certain circumstances, be taxable. For further information on tax considerations please refer to your financial adviser.

I/We\* authorise FPIL to act upon this authority until I/we\* revoke the authority in writing.

Signature(s) of Planholder(s)

Signature

Date (dd/mm/yyyy)

Signature

Date (dd/mm/yyyy)

## Part 2: For completion by the Adviser (i.e. the Investment Adviser Firm)

### Declaration

I have read and understand the conditions outlined above and agree to act in accordance with them. I confirm that I have the authorisation necessary to act as Adviser and will comply with the rules of the appropriate regulator. I undertake to inform FPIL and the Planholder(s) if at any time I cease to be so authorised or if any disciplinary action is taken against me.

Regulator

n/a

Country

n/a

Reference number

n/a

Full name of Adviser (firm)

c/o Wynn Global

Individual who will act on behalf of the firm

Address

Telephone/Fax number

/

Email address

Signature of the Adviser

Signature

For and on behalf of the Adviser

Date (dd/mm/yyyy)

### For company use only

Adviser's reference number

**Note: Please return the original document to this office to receive acknowledgement. In instances where a faxed copy is sent initially, we will allow a period of 8 weeks for the original to be received. In the event it is not, this authority may be revoked.**

Friends Provident International Limited

Registered & 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](http://www.fpinternational.com)

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