

INTERNATIONAL INVESTMENT BOND

MC/



APPLICATION FORM

HOW TO FILL IN THIS APPLICATION FORM

Please use BLOCK CAPITALS and BLACK INK throughout and tick the boxes where appropriate. **Please complete this application form as fully and accurately as possible. Incorrect or incomplete application forms may delay the issue of the policy.**

The Bond currency for this Application is
(Please tick one box only)

GBP

USD

EUR

This is the currency in which the fund(s) you choose must be denominated. The Policy Schedule and all future correspondence will be issued in this currency.

IF THE CONTRIBUTION PAYMENT IS RECEIVED IN A CURRENCY OTHER THAN THE BOND DENOMINATION CURRENCY, THE COST OF CONVERSION WILL BE DEDUCTED FROM THE INVESTED AMOUNT.

LIFE (LIVES) ASSURED

The Life (Lives) Assured is (are) the person(s) on whose life (lives) the bond is to be written.

First Life

Second Life (if Joint Life)

Title (please tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)
Last name (or Surname)	<input type="text"/>				<input type="text"/>			
All your first names	<input type="text"/>				<input type="text"/>			
Current Residential Address (including street name, town and area code if known)	<input type="text"/>				<input type="text"/>			
Telephone number(s)	Work <input type="text"/>				Work <input type="text"/>			
	Home <input type="text"/>				Home <input type="text"/>			
ID number (if applicable)	<input type="text"/>				<input type="text"/>			
Date of Birth	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year		<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year	
E-mail address(es)	<input type="text"/>				<input type="text"/>			
Nationality	<input type="text"/>				<input type="text"/>			
Country of residence	<input type="text"/>				<input type="text"/>			
Marital status	<input type="text"/>				<input type="text"/>			
Occupation	<input type="text"/>				<input type="text"/>			

This question only needs to be answered if the Lives Assured are the Joint Applicants.

Relationship or nature of
interest between the two Lives
to be Assured



FRIENDS PROVIDENT
INTERNATIONAL

APPLICANT(S)

The Applicant(s) is (are) the person(s) in whose name(s) the Bond is to be issued.

This section need not be completed if the Life to be Assured is the Single Applicant under a Single Life Bond or if the Lives to be Assured are the Joint Applicants under a Joint Life Bond.

	First Applicant	Second Applicant (if Joint Applicants)
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <small>(please specify)</small>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <small>(please specify)</small>
Last name (or Surname)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
All your first names	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Current Residential Address (including street name, town and area code if known)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Telephone number(s)	Work <input style="width: 100%;" type="text"/>	Work <input style="width: 100%;" type="text"/>
	Home <input style="width: 100%;" type="text"/>	Home <input style="width: 100%;" type="text"/>
ID number (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 20px;" type="text"/> Day <input style="width: 20px;" type="text"/> Month <input style="width: 20px;" type="text"/> Year	<input style="width: 20px;" type="text"/> Day <input style="width: 20px;" type="text"/> Month <input style="width: 20px;" type="text"/> Year
E-mail address(es)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Country of residence	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Occupation	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Relationship or nature of interest in the Life (Lives) to be Assured	<input style="width: 100%;" type="text"/>	

CORRESPONDENCE ADDRESS

All communications will be sent to the address of The First Applicant. If you do not wish this to be the case, please provide a correspondence address here.

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

DETAILS OF THE BOND

Initial contribution amount

Minimum Investment: GBP5000
USD7500
EUR7500

Charge Option – Please tick one box only.
See Brochure and Technical Guide for details.

Reward	<input type="checkbox"/>
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Loyalty	<input type="checkbox"/>
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PLEASE COMPLETE THE TELEGRAPHIC TRANSFER REQUEST ON PAGE 5 OF THIS APPLICATION. WE ARE UNABLE TO ACCEPT PAYMENT BY ANY OTHER METHOD.

INVESTMENT DETAILS

Fund Selection

Please indicate the funds in which you would like to invest. Up to ten funds can be selected. For further information on funds please refer to the Fund Guide. **Please use whole percentages only. You may choose funds denominated in the Bond currency only.**

Fund Manager	Fund Name	% of contribution
TOTAL		100%

Unless otherwise requested, your Bond will be set up with the maximum number of identical cluster policies. If you would like a specific number of cluster policies – subject to a minimum investment of GBP500, USD750 or EUR750 per policy – please enter the number here (maximum 999).

	policies
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TRUST FACILITIES

Please tick 'Yes' if you wish the Bond to be written under Trust from outset.
 If 'Yes', a fully completed trust form is required before the policy may commence.
 If left blank, we will assume that you do not require the Bond to be written under Trust.

Yes	
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REGULAR WITHDRAWAL SCHEME

The Regular Withdrawal Scheme is available where the investment totals GBP15000, USD25000 or EUR25000. **Withdrawals will be paid in the Bond currency only.**

Do you wish to set up regular withdrawals from outset?

Yes	
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If left blank we will assume that you do not require withdrawals from outset

If 'Yes' please complete the following:

Frequency of Payment <small>(tick one box only)</small>	Yearly <input type="checkbox"/>	Half Yearly <input type="checkbox"/>	Termly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Amount of withdrawal required (minimum GBP100, USD150 or EUR150 per payment.)		per payment OR			% of the initial investment
Date first payment required		(not earlier than 14 days after the Bond commences)			

Account Details – Details of Bank/Building Society Account to which payments are to be credited.

Name of Bank/ Building Society		Name of Account Holder(s)	
Address of Branch		Account Number	
		Bank Code/ Clearing Number	
IBAN/SWIFT Code <small>(if applicable)</small>			

Payments will be made by Direct Credit Transfer whenever possible. If Payment cannot be made by Direct Credit Transfer, Friends Provident will send a cheque to the Bank/Building Society shown above.

DECLARATION

I/We hereby declare that any information and advice about this product given by my/our financial adviser was given only following my/our approach to the financial adviser requesting information and advice on life assurance contracts offered by Friends Provident International.

I/We understand that Friends Provident International is subject to the supervisory arrangements and laws of the United Kingdom and not to the supervisory arrangements or laws of my/our habitual residence.

I/We submit this Application with a view to entering into an International Investment Bond, on Friends Provident International's normal terms and conditions (which I am/we are aware are available on request) and confirm that to the best of my/our knowledge and belief the particulars given and statements made in this Application are true.

I am/We are not residing in the United Kingdom and confirm that to the best of my/our knowledge and belief, I am/we are not subject to any legislation which would make this investment unlawful.

I/We agree that the Bond will be issued as a cluster of separate and identical policies. The number of policies will be as specified in 'Investment Details' on page 3.

I/We understand that where I am/we are applying on the advice of an intermediary, that intermediary is acting as my/our agent and not as an agent of Friends Provident International.

I/We authorise Friends Provident International to pay the withdrawals as requested in the Regular Withdrawals Scheme by way of a partial surrender of equal portions of each policy within the Bond in full satisfaction and discharge of these portions. **I/We** confirm that the account details shown are correct and request payment to be made by direct credit transfer, after deduction of bank charges.

I/We understand and agree that the Law of Guernsey shall apply to the contract(s).

I/We accept that Friends Provident International will use the information **I/we** give for administration, underwriting, claims, research and statistical purposes. **I/We** agree Friends Provident International may pass the information to third parties for the prevention or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

I/We also agree Friends Provident International may pass the information to other companies in the Friends Provident Group* 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 .

Policyholders resident in the UK, the Channel Islands or the Isle of Man, when the Bond commences, have the protection afforded by the UK Financial Services Compensation Scheme (FSCS). The FSCS makes provision for payments to policyholders if a UK authorised company is unable to meet its financial commitments.

Policyholders resident in other countries will not have any protection under the FSCS.

*The Friends Provident Group means Friends Provident plc and any other company in which it has directly or indirectly a material shareholding.

Signature of First Applicant

Dated

Signature of Second Applicant
(if applicable)

Dated

Country where advice was given

Country where Application
was signed

REQUEST FOR TELEGRAPHIC TRANSFER

PLEASE COMPLETE THIS FORM AND SEND IT DIRECTLY TO YOUR BANK

To: The Manager

(Please complete in BLACK ink and use BLOCK CAPITALS)

Name of Bank

Address

Dear Sir,

Account Name Account Number Bank Code

TELEGRAPHIC TRANSFERS Please tick the appropriate box

If Bond is to be denominated in GBP

On receipt of this letter please remit by telegraphic transfer to swift code:
MIDLGG51; HSBC plc, PO Box 31, 13 High Street, St Peter Port, Guernsey, Channel Islands GY1 3AT (sort code 40-22-25)
to credit the account of Friends Provident Management Services, Account No. 92689626, the amount shown below:
IBAN GG32MIDL40222592689626

If Bond is to be denominated in USD

On receipt of this letter please remit by telegraphic transfer to swift code:
MIDLGB22; HSBC plc, International Division, PO Box 181, 27-32 Poultry, London, EC2P 2BX (sort code 40-05-15)
to credit the account of Friends Provident Management Services, Account No. 57828463, the amount shown below:
IBAN GB45MIDL40492457828463

If Bond is to be denominated in EUR

On receipt of this letter please remit by telegraphic transfer to swift code:
MIDLGB22; HSBC plc, International Division, PO Box 181, 27-32 Poultry, London, EC2P 2BX (sort code 40-05-15)
to credit the account of Friends Provident Management Services, Account No. 57828506, the amount shown below:
IBAN GB48MIDL40492457828506

Currency

Amount in words

Please charge this amount and any other remitting bank and agent's bank charges to my/our account

PLEASE ENSURE THAT YOU QUOTE MY INDIVIDUAL FRIENDS PROVIDENT REFERENCE NUMBER SHOWN BELOW WHEN MAKING THE TRANSFER.

IF THE CONTRIBUTION PAYMENT IS MADE IN A CURRENCY OTHER THAN THE BOND DENOMINATION CURRENCY, THE COST OF CONVERSION WILL BE DEDUCTED FROM THE INVESTED AMOUNT.

Signature of First Account Holder: Date

Signature of Second Account Holder: (if applicable) Date

Date sent to Bank: (Office use only)

Customer Reference: MC/

SOURCE OF FUNDS: COMPLETE EITHER SECTION A OR SECTION B

To be completed by the adviser:

The Source of Funds Questionnaire is essential to the acceptance of this application along with the Verification of Identity sections C and D (overleaf). Both form part of the Money Laundering Prevention check. If the following sections are not completed fully and correctly it will delay the processing of the application.

SECTION A: PREMIUM FROM APPLICANT'S OWN ACCOUNT

The payment is from the applicant(s) bank, building society account

If ticked please complete the following:

Name of Bank <input style="width: 90%;" type="text"/> Bank address <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	Account Name <input style="width: 90%;" type="text"/> Account Number <input style="width: 90%;" type="text"/> Sortcode/ swift No <input style="width: 90%;" type="text"/>
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or **matured/surrendered policy or a withdrawal payment**

If ticked please complete the following:

Product providers name <input style="width: 90%;" type="text"/> Policy holders name <input style="width: 90%;" type="text"/>	Policy number <input style="width: 90%;" type="text"/>
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SECTION B: THIRD PARTY PAYING PREMIUM

If you are an adviser outside of the EU, Channel Islands, Isle of Man, Iceland and Gibraltar, please see the guidance notes for further documentary evidence needed.

The payment is from the employer of the applicant(s) or the applicant(s) business account

Please confirm the type of company
ie Public registered/ Private limited/ Partnership

or **A source not listed above** – see guidance notes

Please complete

- 1 Please confirm relationship between life assured(s) / applicant(s) and the premium payer
- 2 Please provide a detailed explanation why the premium is not being paid by applicant(s)

3 Please complete the verification of identity details overleaf for the premium payer.

4 Please complete the following Bank details for the applicant(s)

Bank Name <input style="width: 90%;" type="text"/> Bank address <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	Account Name <input style="width: 90%;" type="text"/> Account Number <input style="width: 90%;" type="text"/> Sort code/ swift No <input style="width: 90%;" type="text"/>
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VERIFICATION OF IDENTITY: YOU MUST COMPLETE SECTIONS C AND D

SECTION C

Applicant/Premium Payer Details

	First Applicant	Second Applicant	Premium payer
Full name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of birth	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Occupation	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Nature of Employers business	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

SECTION D

Verification of Identity

	First Applicant	Second Applicant	Premium payer
Type of document seen	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Reference number of document seen	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Issue date	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Expiry date	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Issuing authority	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Proof of residential address

Type of document seen	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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* The document used for proof of residential address must not be the same document used to verify identity.

**** If you are an adviser outside of the EU or the Channel Islands, Isle of Man, Iceland or Gibraltar, then you must provide us with certified original valid copies of the documents used to verify all parties.**

I hereby confirm that:

- a evidence of the identity of the above has been seen in accordance with the provisions of the European Council Directive 91/308/EEC and relevant national legislation.
- b I have identified the above and confirmed that I have seen the original document(s) specified, the document(s) were pre-signed and the photograph(s) bear a true likeness.
- c I am unaware of any activities on the part of the above customer(s) which lead me to suspect that the customer is or has been involved in criminal activity or Money Laundering. Should I subsequently become suspicious of any such activity, I will advise you immediately.
- d I am satisfied that I can physically locate the residential address(es) by way of a recorded description or other means.
- e the particulars given and statements made within the Source of Funds and Verification of Identity sections are to the best of my knowledge and belief true.

Full name (please print)	<input style="width: 95%;" type="text"/>	Signed	<input style="width: 95%;" type="text"/>
		Date	<input style="width: 95%;" type="text"/>

DETAILS OF FINANCIAL ADVISER

For completion by the financial adviser	<input style="width: 95%;" type="text"/>
Company name and address (or stamp)	

E-mail address	<input style="width: 95%;" type="text"/>
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If your contact details have recently changed, please provide your new numbers	Telephone <input style="width: 95%;" type="text"/>	Fax <input style="width: 95%;" type="text"/>
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FRIENDS PROVIDENT
INTERNATIONAL

Member of The Association of International Life Offices

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E-mail fp.int@friendsprovident.co.uk Website www.fpinternational.com

Friends Provident International is the trading name of Friends Provident Life and Pensions Limited for business conducted outside the United Kingdom

Registered and Head Office: Pixham End, Dorking, Surrey RH4 1QA England

Incorporated company limited by shares and registered in England number 4096141

Member of the Friends Provident Marketing Group and authorised and regulated in the United Kingdom by the Financial Services Authority

The rules and regulations made by the Financial Services Authority for the protection of investors will not normally apply to persons resident outside the United Kingdom