

APPOINTMENT OF THIRD PARTY AS PAYEE

IMPORTANT - YOU SHOULD TAKE LEGAL ADVICE BEFORE SIGNING THIS FORM

* Delete as appropriate

Name of Policyholder: (If held in joint names, insert names of all joint policyholders)

Name of Policy:

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Policy Number:

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To: Friends Provident International Limited

Subject to any future revocation or appointment, I/we* hereby appoint the following person/persons* as Payee in the share/shares* indicated below:

Full name and address of the Payee:

Share of Benefit (%)

Certified identification for each beneficiary will be required at the time of the claim



FRIENDS PROVIDENT
INTERNATIONAL

In the event that at the time of any payment you are unable to contact the Payee, you should make enquiries of the following person/persons* for the purposes of locating the Payee:

Name of contact:

Address:

Telephone number:

If no contact name is given, this will not affect the validity of this Appointment. Names and details of other contact persons may be attached if desired.

I/we* confirm that I/we* have taken legal advice before signing this form or I/we* have elected not to do so.

I/we* understand that this appointment revokes any previous appointment of Payee. I/we* also understand that the appointment of Payee made on this form shall be revoked by any surrender assignment or disposal of the Policy and also by my death/the death of the survivor of us* if at my death/the death of the survivor of us* I am/we are* survived by other persons named as Life Assured on the Schedule to the Policy.

This form shall form part of the Policy and the appointment is made in accordance with the relevant provision of the Policy. The expression "Payee" shall have the meaning given in the Policy.

Signed (All joint policyholders must sign)

Date

Signed

Date

Signed

Date

Signed

Date

Accepted by Friends Provident International Limited on

