

# Application form

### Financial adviser and policy details

Company name

Friends Provident International  
agency number

#### Contact details for acknowledgement/queries on the application.

Contact name

Phone number

Email address

Policy number (if known)

Please contact us to obtain a  
pre-allocated policy number if desired.

### Please tick to confirm you have included with this application

Verification of client identity.

☐

Verification of client address such as utility bill (or suitable alternative).

☐

Source of wealth supporting documentation (where required).

☐

### Please tick to confirm you have filled in all of the following sections

Section 1: Setting up Premier Advance.

☐

Section 2: Policy details, including payment method and source of wealth information.

☐

Section 3: Declarations.

☐

This form should be read in conjunction with the current edition of the following documents:

- Premier Advance brochure.
- Premier Advance product guide.
- Fund Prices leaflet.

Specimen policy conditions are available from us on request.

If the proposed policyholder is/are trustee(s) of an existing trust, please use the Premier Advance trustee application form, which is available from your financial adviser.

Please provide all relevant information and documentation so that we can process your application as soon as possible. If you do not provide all relevant information, it may cause a delay in the processing of your application. Further information may be required during the validation process (i.e. questions arising from the information provided).

**Please complete this form in English.** using block capitals. If you make a mistake, please cross it out and correct it, initialling any amendments. Please do not use correction fluid or any other method for deleting incorrect information.

#### Your reason for investing into Premier Advance

Retirement funding ☐

Education funding ☐

Medium to long-term savings\* ☐

For a special event (please detail) ☐

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

#### Additional information/Special instructions

Please let us know in the space below of any additional information we need to be aware of relating to the application.

To be completed by each proposed policyholder and proposed life assured. Name(s) to be stated as they appear on either your ID card or passport, as applicable.

Please refer to 'What you need to provide' for requirements to support verification of identity and address on page 20.

Please write in ink and use block capitals.

## Section 1: Setting up Premier Advance

### Your details

	First (or only) applicant	Second applicant
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
2 Surname (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on ID card/passport)	<input type="text"/>	<input type="text"/>
4 ID card/passport number	<input type="text"/>	<input type="text"/>
5 Country of issue	<input type="text"/>	<input type="text"/>
6 Marital status	<input type="text"/>	<input type="text"/>
7 Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8 Please tell us where you were born	Town <input type="text"/> Country <input type="text"/> Country code (if known) <input type="text"/>	Town <input type="text"/> Country <input type="text"/> Country code (if known) <input type="text"/>
9 Please list all countries in which you are tax resident. Please provide your tax identification number for each country.	Country 1 <input type="text"/> Country code (if known) <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Country code (if known) <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Country code (if known) <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Country code (if known) <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Country code (if known) <input type="text"/> Tax identification number <input type="text"/> Country 3 <input type="text"/> Country code (if known) <input type="text"/> Tax identification number <input type="text"/>
	If necessary, please supply any additional information on a separate sheet of paper. If you are unsure of your status as a tax resident, your tax identification number, or you have any other tax queries, we strongly recommend you seek professional tax guidance in order to avoid delaying your application.	
10 Country of residence	<input type="text"/>	<input type="text"/>
11 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

## Section 1: Setting up Premier Advance (continued)

### Your details (continued)

	First (or only) applicant	Second applicant
13 How long have you lived at this address?	<input type="text"/>	<input type="text"/>
14 Correspondence address (if different to residential address)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**You will receive your policy documents and all correspondence relating to your plan, unless you indicate otherwise below. Copies will also be sent to your financial adviser.**

Alternatively, please tick here if you would prefer us to send your policy documents and all correspondence relating to your plan to your financial adviser only. ☐

15 Please list all contact details below

#### Contact details

Home telephone number



Office telephone number



Mobile number



Email address (mandatory)

  

  


16 In which countries do you have nationality/citizenship status? If you have more than one nationality/citizenship status, please set out all countries of which you are a national/citizen, as well as the relevant tax identification number(s) where applicable. Please continue on a separate piece of paper, if necessary.

#### Nationality/Citizenship

Country 1

Country 1

Country code (if known)

Country code (if known)

Tax identification number

Tax identification number

Country 2

Country 2

Country code (if known)

Country code (if known)

Tax identification number

Tax identification number

Country 3

Country 3

Country code (if known)

Country code (if known)

Tax identification number

Tax identification number

#### Occupation

17 Nature of business



18 Position or occupation (if retired, please state former occupation)

  

  


19 If retired, please give retirement date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Section 1: Setting up Premier Advance (continued)

### Your details (continued)

	First (or only) applicant	Second applicant
20 Status of business (please tick appropriate box)	PLC <input type="checkbox"/> Limited company <input type="checkbox"/> Unlimited company <input type="checkbox"/> Partnership <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="text"/>	PLC <input type="checkbox"/> Limited company <input type="checkbox"/> Unlimited company <input type="checkbox"/> Partnership <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="text"/>
21 If you are self-employed or a shareholder of a company, please give the percentage of share ownership	<input type="text"/> %	<input type="text"/> %
22 Are you in good health? If <b>No</b> , please give details on a separate piece of paper	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
23 Are you to be a policyholder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24 Are you to be a life assured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If the applicants are not to be the lives assured, the supplementary application form 'Additional lives assured/policyholders' must be completed. **There must be at least one life assured for each policy.**

**Please complete the rest of this Section if are either a resident of the United Arab Emirates (UAE) or, if you are not a UAE-resident but you are signing this application form in the UAE. This information is mandatory and your application cannot be processed without it.**

25 Please state your **net** annual income for the last 3 years

Year 1	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>
	Amount <input type="text"/>	Amount <input type="text"/>
Year 2	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>
	Amount <input type="text"/>	Amount <input type="text"/>
Year 3	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>
	Amount <input type="text"/>	Amount <input type="text"/>

26 Please give details of assets held

Total cash in bank	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>
	Amount <input type="text"/>	Amount <input type="text"/>
Total value of shares and equities	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>
	Amount <input type="text"/>	Amount <input type="text"/>
Total property value	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>
	Amount <input type="text"/>	Amount <input type="text"/>
Total of all other investments	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>
	Amount <input type="text"/>	Amount <input type="text"/>

## Section 1: Setting up Premier Advance (continued)

### Your details (continued)

	First (or only) applicant	Second applicant
27 Please give details of liabilities held		
Total of outstanding loans to be paid (issued by banks)	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/>
Total of outstanding balance to be paid on other loans	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/>
Total of outstanding balance to be paid on credit cards	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/> Amount <input type="text"/>
28 Please give details of banks where you hold accounts	Please detail below the names of the bank(s) and branch address(es), where you hold accounts. Please continue on a separate sheet if necessary.	
Bank name(s)	a) <input type="text"/> b) <input type="text"/>	a) <input type="text"/> b) <input type="text"/>
Bank branch address(es)	a) <input type="text"/> <input type="text"/> <input type="text"/> b) <input type="text"/> <input type="text"/> <input type="text"/>	a) <input type="text"/> <input type="text"/> <input type="text"/> b) <input type="text"/> <input type="text"/> <input type="text"/>
29 Please give details of other insurance policies held	Please continue on a separate sheet if necessary.	
Policy number	<input type="text"/>	<input type="text"/>
Provider	<input type="text"/>	<input type="text"/>
Premium currency	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>
Premium amount per year	<input type="text"/>	<input type="text"/>
Status (paying, surrendered, paid up)	<input type="text"/>	<input type="text"/>
Policy number	<input type="text"/>	<input type="text"/>
Provider	<input type="text"/>	<input type="text"/>
Premium currency	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>
Premium amount per year	<input type="text"/>	<input type="text"/>
Status (paying, surrendered, paid up)	<input type="text"/>	<input type="text"/>

## Section 2: Policy details

### Total premium

Monthly premiums	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	Minimum USD 300 (or GBP 200, EUR 300, AED 1,098)
	Amount <input type="text"/>	
Quarterly premiums	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	Minimum USD 900 (or GBP 600, EUR 900, AED 3,294)
	Amount <input type="text"/>	
Half-yearly premiums	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	Minimum USD 1,800 (or GBP 1,200, EUR 1,800, AED 6,588)
	Amount <input type="text"/>	
Yearly premiums	USD <input type="text"/> GBP <input type="text"/> EUR <input type="text"/> AED <input type="text"/>	Minimum USD 3,600 (or GBP 2,400, EUR 3,600, AED 13,176)
	Amount <input type="text"/>	

The plan will be issued as 10 individual policies. If you wish your plan to be issued as one single policy, tick here.

☐

### 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/bank transfer**

☐

I have arranged for the premium to be paid by debit of funds from my personal bank account and have forwarded a certified copy of the bank instruction to Friends Provident International Limited.

#### Bank details

Sort code (if applicable)

 -  - 

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

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account currency

**(Must be completed if the account is multi-currency.)**

Account name

Bank name

Bank address

  


I have arranged to transfer the amount of

USD  GBP  EUR  AED

 (figures)

 (words)

Payable (tick one box only)

Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Commencing

on the  day of  (month)  (year)

until this order is cancelled in writing. I have charged the amount of the payment together with any bank and agent bank's charges to my account.



## Section 2: Policy details (continued)

### Payment methods (continued)

#### For applicants with bank accounts in the Middle East (USD, GBP or AED policies only)

Bank	HSBC Bank Middle East Limited
Address	PO Box 66, Dubai, United Arab Emirates
Account name	Friends Provident International Limited
Account number: AED policies	025-171067-437
	IBAN AED policies: AE610200000025171067437
Account number: USD policies	025-171067-211
	IBAN USD policies: AE520200000025171067211
Account number: GBP policies	025-171067-212
	IBAN GBP policies: AE250200000025171067212

Pre-allocated policy number

**This reference must be quoted by the bank on all payments.**

#### For applicants with bank accounts not in the Middle East (USD, GBP, EUR policies only)

Bank	Isle of Man Bank Limited
Address	East Region, Douglas, Isle of Man, IM99 1AN
Account name	Friends Provident International Limited
Account number	9545-40038485 (all currencies)
SWIFT/BIC	RBOSIMD2
Sort code	60-95-45
IBAN	GB48RBOS60954540038485

Pre-allocated policy number

**This reference must be quoted by the bank on all payments.**

#### We accept payment by

AED	ACH or Telegraphic Transfer (TT)
USD	Telegraphic Transfer (TT)
GBP	CHAPS/BACS/Faster Payment (from UK/Channel Island or Isle of Man banks) or Telegraphic Transfer (TT – from other regions)
EUR	SEPA (from Eurozone banks) or Telegraphic Transfer (TT)

Friends Provident International Limited's full postal address is: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA.

#### By credit card (for USD, GBP or EUR policies only)

☐

**If you are returning this application form by post or fax, please complete the 'Direct charge authority' on page 19. If you intend applying electronically, please submit credit card details via our secure website.**

#### By cheque/banker's draft (for an AED or USD policy paid from a UAE bank account and drawn in the UAE)

☐

**Please make cheques payable to 'Friends Provident International Limited'. These should be forwarded via your financial adviser, or sent directly to us at the address below. Please ensure all cheques are clearly referenced on the reverse with your policy number.**

**Friends Provident International Limited, Building 6, Floor 5, Emaar Square, PO Box 215113, Dubai, United Arab Emirates.**

#### By cheque/banker's draft (for half-yearly and yearly premiums only, that are paid in USD, GBP or EUR)

☐

USD drawn on a bank in New York

☐

GBP drawn on a bank in the United Kingdom

☐

EUR drawn on a bank in the European Economic and Monetary Union (EMU)

☐

**Important note:** For USD, GBP and EUR policies, a certified copy of the bank acknowledgement letter must be sent to us with every draft. Please make cheques/banker's drafts payable to 'Friends Provident International Limited (ref: policy number)'. These should be sent directly to: Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA.

## Section 2: Policy details (continued)

### Source of payment

#### For all methods of payment excluding credit card.

I confirm the premium is to be paid for by debit of funds from my personal bank account. The details of this account are as follows.

Sort code (if applicable)

 -  - 

SWIFT/BIC code (if applicable)

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

IBAN (if applicable)

Account number

Account currency

**(Must be completed if the account is multi-currency.)**

Account name

Bank name

Bank address

  

### Payment term

Please indicate payment term (in figures)

**The payment term must be not less than 5 years or more than 25 years from inception of the policy.**

The maximum age of the youngest life assured at the end of the chosen payment term is 75. Please be aware that you should only invest in this product if you intend to pay the contribution for the whole of your chosen payment term.

### Currency

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

US dollar  
(USD)

☐

Sterling (GBP)

☐

Euro (EUR)

☐

Dirhams  
(AED)

☐

## Section 2: Policy details (continued)

## Choice of mirror funds

Please indicate the funds in which you wish your policy to invest, up to a maximum of 10, showing the percentage of each investible premium you wish to be invested in each fund. 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 premium
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
Please use whole percentages only and make sure that the total is 100%.		<b>Total 100%</b>

## Lifestyling investment strategy

Do you wish to include a lifestyling investment strategy?

Yes ☐ No ☐

If **Yes**, which lifestyling investment strategy do you wish to select?

Cautious (10 years)       Balanced (5 years)       Speculative (3 years)

Please note the maximum 10 fund limit includes any lifestyling investment strategy selected by you.

## Section 2: Policy details (continued)

### Source of wealth

Please refer to the Source of wealth table which is available on our website or from your financial adviser, for the evidential requirements to support Source of wealth.

#### Income and savings from salary (basic and/or bonus)

If self-employed or a company share owner, please refer to 'Company profits' following.

<input type="checkbox"/>	Current annual salary	Currency <input type="text"/>	Amount <input type="text"/>
	Employer's name	<input type="text"/>	
	Employer's address	<input type="text"/>	
		<input type="text"/>	
	Nature of business	<input type="text"/>	

#### Maturity or surrender of life policy

<input type="checkbox"/>	Amount received	Currency <input type="text"/>	Amount <input type="text"/>
	Policy provider	<input type="text"/>	
	Policy number/reference	<input type="text"/>	
	Date of maturity or surrender	<input type="text"/>	<input type="text"/>

#### Sale of shares or other investments/ liquidation of investment portfolio

<input type="checkbox"/>	Description of shares/units/ deposits (i.e. name/where held)	<input type="text"/>	
	Name of seller	<input type="text"/>	
	Length of time held	Years <input type="text"/>	Months <input type="text"/>
	Sale amount	Currency <input type="text"/>	Amount <input type="text"/>
	Date funds received	<input type="text"/>	<input type="text"/>

#### Sale of property

<input type="checkbox"/>	Sold property address	<input type="text"/>	
		<input type="text"/>	
	Date of sale	<input type="text"/>	<input type="text"/>
	Total sale amount	Currency <input type="text"/>	Amount <input type="text"/>

#### Company sale

<input type="checkbox"/>	Company name	<input type="text"/>	
	Nature of business	<input type="text"/>	
	Date of sale	<input type="text"/>	<input type="text"/>
	Total sale amount	Currency <input type="text"/>	Amount <input type="text"/>
	Client's share	<input type="text"/> %	

## Section 2: Policy details (continued)

### Source of wealth (continued)

#### Inheritance

<input type="checkbox"/>	Name of deceased	<input type="text"/>
	Date of death	<input type="text"/> <input type="text"/> <input type="text"/>
	Relationship to applicant	<input type="text"/>
	Date received	<input type="text"/> <input type="text"/> <input type="text"/>
	Total amount	Currency <input type="text"/> Amount <input type="text"/>
	Solicitor's name	<input type="text"/>
	Solicitor's firm's name	<input type="text"/>
	Solicitor's address	<input type="text"/> <input type="text"/> <input type="text"/>

#### Divorce settlement

<input type="checkbox"/>	Date funds received	<input type="text"/> <input type="text"/> <input type="text"/>
	Total amount received	Currency <input type="text"/> Amount <input type="text"/>
	Name of divorced partner	<input type="text"/>

#### Company profits

<input type="checkbox"/>	Company name	<input type="text"/>
	Company address	<input type="text"/> <input type="text"/> <input type="text"/>
	Nature of company	<input type="text"/>
	Amount of annual profit	Currency <input type="text"/> Amount <input type="text"/>

#### Asset (share) exchange

<input type="checkbox"/>	Origin and means of wealth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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#### Gift

Please provide all of the following:

- Letter from donor explaining the reason for the gift and the source of donor's wealth
- Certified identification documents for donor

<input type="checkbox"/>	Date funds received	<input type="text"/> <input type="text"/> <input type="text"/>
	Total amount	Currency <input type="text"/> Amount <input type="text"/>
	Relationship to applicant	<input type="text"/>
	Donor's source of wealth	<input type="text"/> <input type="text"/> <input type="text"/>

## Section 2: Policy details (continued)

### Source of wealth (continued)

#### Employer paying premium

☐

Country of incorporation

Please provide the following:

- Employer letter

Incorporation number

#### Retirement income

☐

Retirement date

Previous occupation

Name of last (final) employer

Address of last (final) employer

  
  


Pension income source

#### Fixed deposit – savings

☐

Name of institution where savings held

Date account established

Details of how savings acquired

  
  
  


#### Dividend Payment

☐

Date of receipt of dividend

Total amount received

Currency  Amount

Name of Company paying dividend

Length of time the shares have been held in the Company

Years  Months

#### Other source of wealth

Please provide as much detail as possible.

☐

## Section 3: Declarations

- 1 A specimen policy document and/or copy of this completed form are available on request.
- 2 You are advised to satisfy yourself that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the policy.
- 3 You should seek guidance from your financial adviser as to the suitability of the policy to your own particular circumstances. Premier Advance 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 policy. Information which you provide in connection with this application and any subsequent policy will be held (whether stored electronically or otherwise), used or disclosed by us 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 Data Protection Officer at Royal Court, Castletown, Isle of Man, British Isles IM9 1RA.
- 5 Each policy is governed by and shall be construed in accordance with the laws of the United Arab Emirates.
- 6 Underlying fund prospectuses are available from us on request.
- 7 **Specialist fund acknowledgement**  
We offer products that provide access to a wide range of funds, known as mirror funds, that invest in all the major asset classes and geographic regions of the world. Some of these mirror funds invest into funds which are classed as specialist funds, aimed at professional or experienced investors.  
If you were to invest into such a fund directly, as a separate venture not linked to this application instead of using one of our mirror 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 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 policy, we are treated as the professional or experienced investor and this enables policyholders 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 financial adviser. We recommend that you obtain, read and fully understand a copy of the prospectus/terms and conditions for your chosen investment.
- 8 **Liquidity information**  
Some of our funds 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.  
Investing in funds should be considered a long-term investment. You, in conjunction with your financial adviser, should consider the amount you invest via your policy 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 we need to assess 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 policy being invalid.

#### 1 Fund acknowledgement

- a) I understand that I may choose the investments to which my policy is to be linked.
- b) I acknowledge that it is my responsibility to ensure that the asset is suitable, considering my investment objectives and attitude to risk.
- c) I confirm that I understand certain funds 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 underlying fund. I understand the risks associated with investing in these funds.
- d) If I choose to invest into mirror funds which in turn invest into specialist funds aimed at professional investors, I acknowledge that it is my responsibility to obtain, read and understand the underlying fund's prospectus.
- e) I acknowledge that Friends Provident International is not responsible for the investment performance or any loss suffered or reduction in the value of my policy, arising from my chosen investment. Friends Provident International does not have any responsibility for the management of the assets within my policy and Friends Provident International does not approve any asset as a suitable investment.
- f) I acknowledge that the purchase of my investments may be delayed if Friends Provident International requires a signed declaration in respect of my chosen investments.
- g) I 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 General declarations

I declare that this application was signed in

(country)

and the advice was given in

(country)

## Declarations (continued)

I further declare that all the information provided in this application form, including this declaration, are complete and true to the best of my knowledge and belief. I agree that they shall form the basis of the policy.

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

I understand that I may choose the investments to which my Premier Advance policies are to be linked. Consequently, Friends Provident International shall not be responsible for the investment performance or for any loss or liability arising from my choice of investment, however arising.

I further declare that I understand and agree that the policy shall not become effective until it is issued with the first premium paid in full and all requirements have been met.

I understand that this application can only be accepted by employees of Friends Provident International 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.

I am aware that deliberate tax evasion is a criminal offence. I am responsible for my own tax affairs and I hereby declare that I understand my personal tax obligations and responsibilities and I have complied with all legal requirements to make declarations to tax authorities and pay the tax that I owe. As appropriate and necessary I have taken, or will take, legal advice in relation to my tax affairs and in particular, my tax obligations as they apply to this application.

### 3 Premium Tax/Withholding Tax

I acknowledge that in the event of any premium tax or withholding tax being levied in the my country of residence it will be my responsibility to increase the premium by an appropriate amount or to settle the liability directly with the relevant tax authorities.

### 4 Data protection

I agree that any personal information collected or held by Friends Provident International (whether contained in this application or otherwise) is provided and may be held, used or disclosed by Friends Provident International and transferred between its offices and other members of the Friends Life group of companies wherever they are situated. I understand that Friends Provident International and other members of the Friends Life group will:

- use and transfer the information to professional advisers, IT service providers, financial advisers, mailing houses, agents, underwriters and reinsurers for the purposes of administration, underwriting, claims, research or statistical purposes. Such processing is subject to contractual restrictions and appropriate security steps to protect the information;
- communicate with me, my financial adviser and fund adviser whether directly or indirectly for any purpose;
- 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 policy;
- transfer information to relevant regulatory bodies or authorities, for example the Insurance and Pensions Authority, the United Arab Emirates Insurance Authority, the US Internal Revenue Service and other tax authorities to enable them to carry out their regulatory and statutory functions; and
- disclose information to third parties in order to comply with anti-money laundering laws and for other purposes such as the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

**By signing this form, I consent to this use of my personal data.**

**I understand that Friends Provident International would like to keep me informed about other products and services provided by companies within the Friends Life group and other carefully selected organisations.**

	First (or only) applicant			Second applicant		
I <b>do not</b> wish Friends Provident International to contact me by:	Post	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>

You may change your mind at any time by writing to the Data Protection Officer, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA. Otherwise we will assume that you are happy to be contacted in this way until instructed otherwise.

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

**Please be aware that you should only invest in this product if you intend to pay the contribution for the whole of your chosen payment term.**

	First (or only) applicant			Second applicant		
Signature(s) of applicant(s)	<input type="text"/>			<input type="text"/>		
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## Appointment of third party as payee

In all cases, applicants should seek financial and legal advice regarding the implications of a particular arrangement or course of action. This is to ensure that use of this nomination is suitable for your personal circumstances taking account of the tax and legal provisions relevant to your jurisdiction of domicile and residence. Depending on your financial objectives, alternative arrangements, such as trusts, may be more suitable and we recommend you obtain appropriate advice.

### To: Friends Provident International

Subject to any future revocation or appointment, I hereby appoint the following person/persons as payee(s) in the share/shares indicated below.

		Proportion of benefit
Full name of the payee(s)	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship (if any)	<input type="text"/> Nationality <input type="text"/>	
Address	<input type="text"/> <input type="text"/> <input type="text"/>	
Full name of the payee(s)	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship (if any)	<input type="text"/> Nationality <input type="text"/>	
Address	<input type="text"/> <input type="text"/> <input type="text"/>	
Full name of the payee(s)	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship (if any)	<input type="text"/> Nationality <input type="text"/>	
Address	<input type="text"/> <input type="text"/> <input type="text"/>	
Full name of the payee(s)	<input type="text"/>	<input type="text"/> %
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	
Relationship (if any)	<input type="text"/> Nationality <input type="text"/>	
Address	<input type="text"/> <input type="text"/> <input type="text"/>	

**Certified identification and verification of residential address for each beneficiary will be required at the time of the claim.**

In the event that at the time of any payment you are unable to contact the payee(s), you should make enquiries of the following person(s)\* for the purposes of locating the payee(s).

Name of contact	<div></div>
Address	<div></div>
	<div></div>
	<div></div>
Telephone number	<div></div>

**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 confirm that I have taken legal advice before signing this form or I have elected not to do so.  
I also understand that the appointment of payee(s) made on this form shall be revoked by any surrender, assignment or disposal of the policy and also by my death if at my death I am survived by other persons named as the 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(s)' shall have the meaning given in the policy conditions.

**All policyholders must sign.**

<b>Signed</b>	<div></div>	<div></div>
Name (block capitals)	<div></div>	<div></div>
Date	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

<b>Signed</b>	<div></div>	<div></div>
Name (block capitals)	<div></div>	<div></div>
Date	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

Accepted by Friends Provident International on	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
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# Direct charge authority

**Please do not complete this page if you intend emailing (or scanning and emailing) this form back to us. We can only accept this form via post or fax. Details can be accepted electronically via our secure website.**

**Credit card payments can only be accepted in USD, GBP or EUR.**

**Please use block capitals.**

I authorise you to debit my	Mastercard <input type="checkbox"/>	VISA credit card <sup>1</sup> <input type="checkbox"/>
Name of issuing company or bank	<input type="text"/>	
Country of issue	<input type="text"/>	
Credit card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Credit card expiry date <sup>2</sup>	<input type="text"/> <input type="text"/> (month) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (year)	
Name on credit card	<input type="text"/>	
with the sum of <sup>3</sup>	<input type="text"/> (figures)	
	<input type="text"/> (words)	
Currency	USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/>	
in respect of premiums for my policy number	<input type="text"/>	
Commencing on the	<input type="text"/> (day) of <input type="text"/> (month) <input type="text"/> (year)	
Payable on the same day until further notice or cancelled in writing	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly <input type="checkbox"/>	
Name of credit card holder	<input type="text"/>	
Address of credit card holder (as held by the card provider)	<input type="text"/> <input type="text"/>	
Telephone number (daytime)	<input type="text"/>	
Email address	<input type="text"/>	
<b>Signature</b>	<input type="text"/>	
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

## Important notes

- 1 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.
  - 2 When your current credit card expires or is replaced, we will require you to complete a new 'Direct charge authority' form. Alternatively, you can update your credit card details online on our website.
  - 3 When your credit card payment is first set-up certain checks will be administered, including a pre-authorisation check. A nominal amount may show on your account, but the pre-authorisation is not a charge and no money will be deducted from your account.
- Where premiums are paid by credit card there will be a handling charge of between 1% and 1.95% (depending on residency) of each premium paid. The handling charge will be collected in addition to the total premium amount meaning we will collect the total premium amount plus the handling charge from your credit card. The handling charge will be used to cover the charges imposed by the credit card issuing company.
  - 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.
  - If you amend your premium, a new 'Direct charge authority' form will need to be completed and returned to us.
  - 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.
  - Please note that debit cards cannot be accepted for premium payments.
  - Please note we cannot accept this form via email.

# What you need to provide

## Verification of identity and address

We have a legal obligation to verify the identity and residential address of each person who will apply for one of our products. We also have a regulatory obligation to obtain details of how the applicant(s) have acquired the monies/assets that they will invest with us.

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. By providing the information and documents requested, you are not only helping us to comply with stringent money laundering legislation, but you are helping to protect your own identity.

From 1 July 2014, we are required by law to ask where you are tax resident and obtain your tax identification number(s). It is possible to be tax resident in more than one country and you should seek professional advice if you are not sure where you are tax resident.

### 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
- A letter from the employer of the individual confirming the residential address and the policyholder's position within the company – if the client is the owner/part owner of the company a letter from the company will not be accepted.
- Proof of ownership or rental of the residential address
- Mortgage statement.

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

### Step 3

## Authentication of documents by a suitable certifier (for each applicant)

### Background

Incorrect certification of documents is one of the main reasons for delays in processing applications. The Insurance Authority of the UAE and the Isle of Man Insurance and Pensions Authority are 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)

**Position or capacity:** (the position or capacity of the certifier)

**Date:** (the date of certification)

Improper certification could lead to delays.

If the document is more than one page the certifier can either:

- Certify each page individually or,
- Certify the top page and add a statement detailing the number of pages of the original documentation seen.

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

**The adviser you have appointed, who has recommended this product to you.**

**A notary public, licenced 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 for address verification 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 certifier)

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

**Position or capacity:** (the position or capacity of the certifier)

**Date:** (the date of certification)

## Step 4

### Background

The Insurance Authority of the UAE and the Isle of Man Insurance and Pensions Authority, through their Anti-Money Laundering Guidance, requires all companies to obtain information and documentary evidence on the Source of wealth of new investors. This Source of wealth information is an integral part of the overall 'Know Your Client' (KYC) requirements that we must perform. It is also a legal, as well as a regulatory requirement, to perform a risk-based assessment of the applicant and conduct enhanced due diligence where higher risk circumstances are identified. This means that in certain circumstances independent evidence will be required to support the explanation of the client's Source of wealth.

### Information to be provided

On pages 12, 13 and 14 of this application form, you should clearly explain how you have acquired the wealth that you will use to pay contributions.

### Supporting documentation to evidence Source of wealth

Friends Provident International uses both the premium size and your residential location to identify when applications require documentary evidence. Evidence will be required where the premium is on or above the limits.

Premium levels and country risk ratings are subject to alteration and for that reason you will need to refer to the premium limits table published on the company's website. It is available in PDF format on our website.

You will need to combine the premium levels indicated in the premium limits table with the risk rating of your country of residence (or country where wealth is generated), to determine whether evidential support should be submitted with this application. We need documentary evidence each time a premium moves the total cumulative premium on, or higher, than the premium limits allocated to the particular country risk. Your financial adviser, who has recommended this product to you, will be able to help and advise you with this.

**Important note to the introducing intermediary: ALL COPIES** of original documentation must be properly certified by you, the introducing intermediary, in the same manner as you would certify client identity documentation and residential address proof.

### Trust applications

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.

# Important information

Any references to 'we', 'us' and 'our', refer to Friends Provident International. Friends Provident International is a business name for Friends Provident International Limited which is part of the Friends Life group.

## Product information

The information given in this document is based on our understanding of current 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 Advance policy document and provisions may be obtained from us on request.

Insurance policies 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 Advance product brochure, product guide and policy conditions carefully and discuss fully both the suitability of Premier Advance and the specific risks associated with individual investments with your financial adviser before making any investment decisions.

Premier Advance is intended for long-term investment and is not therefore designed for early surrender. If you do surrender your policy early, a surrender charge may be applied. The earlier you terminate your policy, 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.

## Policyholder protection

To ensure the protection of policyholders' 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 premiums received in a special 'long-term business fund', which can only be used to meet the claims and long-term liabilities of policyholders. It 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 policyholder compensation fund** – in the event that the above measures fail, and we are unable to meet our liabilities, all policyholders 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 that we become 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 policyholders would be met (without any upper monetary limit).

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.

In the event that you have a complaint that we are unable to settle, your complaint can be referred to the Financial Services Ombudsman Scheme (FSOS) for the Isle of Man. You can contact the FSOS at Government Buildings, Lord Street, Douglas, Isle of Man IM1 1LE.

This policy is governed by the laws of the United Arab Emirates and all disputes relating to this policy shall be subject to jurisdiction of the courts of the United Arab Emirates, except as otherwise expressly agreed by the parties in writing.

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

**Friends Provident International Limited**

Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA.  
Telephone: +44(0) 1624 821 212 Fax: +44(0) 1624 824 405

Incorporated company limited by shares.

Registered in the Isle of Man, number 11494.

Authorised by the Isle of Man Insurance and Pensions Authority.

Provider of life assurance and investment products.

**United Arab Emirates**

Friends Provident International Limited

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PO Box 215113, Dubai, United Arab Emirates

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Email: [dubaiservicing@fpinternational.com](mailto:dubaiservicing@fpinternational.com)

Website: [www.fpinternational.com/me](http://www.fpinternational.com/me)

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

Registered with the Ministry of Economy as a foreign company (Registration No. 2013); Registration date 19 April 2007.

Authorised by the United Arab Emirates Insurance Authority to conduct life assurance and funds accumulation operations.

Friends Provident International is a registered trade mark of the Friends Life group.