

Additional single premium (top-up)

UK RDR

For single premium products only.

This application form is only for use with the following products. Please tick the relevant box for your product and give the policy number.

Reserve Advance	<input type="checkbox"/>	Policy number	<input type="text"/>
Succession Planning Bond	<input type="checkbox"/>	Policy number	<input type="text"/>

Not for use with the Discounted Gift Trust or Capital Access Trust.

If completing for use with the Loan Trust, the new loan agreement must be included with this form.

For UK advisers only.

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. Please complete all the details.

Policy number

Financial adviser details

Company name

Friends Provident International agency number

Contact details for acknowledgement/queries on the application.

Contact name

Telephone number

Email address

Details of Policyholder(s)

To be completed by each investor who is the current Policyholder.

Please provide all relevant information and documentation so that we can process your application as soon as possible. Further information may be required during the validation process (i.e. questions arising from the information provided).

If you make any mistakes whilst completing this form, please cross out the error and write the new information as clearly as possible and please initial any correction.

	First (or only) Policyholder	Second Policyholder
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 passport/ID card)	<input type="text"/>	<input type="text"/>
3 First name(s) (as shown on passport/ID card)	<input type="text"/>	<input type="text"/>
4 Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5 How long have you lived at this address?	<input type="text"/>	<input type="text"/>
6 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"/>
7 Home telephone number	<input type="text"/>	<input type="text"/>
8 Office telephone number	<input type="text"/>	<input type="text"/>
9 Mobile number	<input type="text"/>	<input type="text"/>
10 Email address (mandatory)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11 Nature of business	<input type="text"/>	<input type="text"/>
12 Position or occupation (if retired please state former occupation)	<input type="text"/>	<input type="text"/>

Total premium

I wish to pay GBP EUR USD Other Amount

Please refer to the relevant principal brochure for the minimum premium.
Reserve only: In the event of Asset Exchanges, please complete the asset exchange form.

Payment methods

Option 1

Use this option if you are paying by personal cheque or if you wish us to collect the payment from your bank on your behalf. Please tick the appropriate box and follow the instructions carefully.

By personal cheque

Please make cheques payable to **Friends Provident International Limited**.

By telegraphic transfer

Please complete the **bank instruction letter** which is available on our website or from your financial adviser and return it to us with this application form.

Option 2

Use this option if you are making your own arrangements for payment by **banker's draft** or **telegraphic transfer**. Please tick the appropriate boxes and complete the **Source of payment** section below.

I have arranged for the payment to be paid by **banker's draft**, as indicated below, payable to Friends Provident International Limited (Ref: policyholder). I have forwarded a certified copy of the Bank Acknowledgement Letter to Friends Provident International with this draft.

Please tick one box only.

US dollar draft, drawn on a bank in New York

Swedish krona draft, drawn on a bank in Sweden

Sterling draft, drawn on a bank in the United Kingdom

Swiss franc draft, drawn on a bank in Switzerland

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

Australian dollar draft, drawn on a bank in Australia

HK dollar draft, drawn on a bank in Hong Kong

Japanese yen draft, drawn on a bank in Japan

I have arranged for the payment to be made by **telegraphic transfer** and I have forwarded a certified copy of the bank application form to Friends Provident International.

For **telegraphic transfer** reference, indicate policy number

(Top-ups, plans already exist so policy number always known)

Source of payment

I confirm the telegraphic transfer is to be paid for by debit of funds from my personal bank account. The details of this account are:

Sort code (if applicable)

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account name

Bank name

Bank address

Politically-exposed person information

If you the applicant or any party connected to this application, could be defined as a politically exposed person (PEP) please provide details:

A PEP is a person appointed by a foreign government or an international organisation to a high profile position, who has held that position within the last two years. It is also a family member or a close business associate of such a person.

Examples are: heads of state; Government ministers; senior government officials; senior judges or military officers; senior executives of publically owned companies; important politically representatives, such as an ambassador.

This applies to the applicant, policyholder, life assured, premium payer, beneficiary and any other party connected to the application.

Name	<input type="text"/>
Connection to policy	<input type="text"/>
Position held as a PEP	<input type="text"/>
In what country was/is the position held?	<input type="text"/>

Investor status

Friends Provident International Limited (FPIL) is required to obtain a declaration from you to confirm your investor status, which defines the assets in which you may invest.

Your Investor status is used by us to understand the types of asset you wish to invest in. You should let us know whether you wish to hold Retail or Non-Retail assets. If you do not tell us we will assume you are a retail investor and wish to hold retail assets only.

To assist with customer classification, Friends Provident International's definitions of a Retail and Non-Retail investor can be found below:

Retail Investor

A Retail investor is any investor other than a Non-Retail (Qualified/Professional) Investor (see below).

Non-Retail Investor (Qualified/Professional)

- 1 A government, governmental institution or authority, or companies fully owned by any of the aforementioned.
- 2 International bodies and organisations.
- 3 A person or entity licensed to engage in a commercial business, provided that one of the purposes of its business is managing investments, including:
 - a) A person, body corporate, partnership, trust or other unincorporated association whose ordinary business or professional activity includes acquiring, underwriting, managing, holding or disposing of investments, whether as principal or agent or giving advice about investments;
 - b) Any director or partner of, or consultant to, a person referred to in paragraph (a);
 - c) A functionary to a professional investment vehicle or an associate of a functionary to a professional investment vehicle;
 - d) An employee, director or shareholder of, or consultant to, a person in (c) who is acquiring the investment as part of his remuneration or an incentive arrangement or by way of co-investment;
 - e) A trustee of a family trust settled by, or for the benefit of, one or more persons referred to in paragraphs (c) or (d);
 - f) A trustee or operator of any employment benefit or executive incentive scheme or trust established for the benefit of persons referred to in paragraphs (c) or (d) or their dependents;
 - g) A government, local authority, public authority or supra-national body.
- 4 A natural person who declares that their annual income is not less than £250,000, or their net equity with the exception of their main home, exceeds £1,000,000.

It is your responsibility to obtain and read the prospectus and/or offering documents of any assets that you wish to hold in Reserve. This will help you decide whether the asset is suitable for you.

By ticking one of the boxes below you are declaring that you meet the definition as detailed above.

Retail Non-Retail

If you have ticked the box above to indicate you are a Non-Retail Investor, and you have chosen to invest in Non-Retail (qualified/professional) assets, there may be a requirement for you to complete and sign an additional – asset specific – declaration(s). If this is required, the relevant declaration(s) will be provided by our Technical Investments Team at the time the trade is placed.

Investment instructions

If you would like us to place the investments within your policy, and for our appointed custodian to hold custody of them, please state your chosen investments below. If you are using the services of a discretionary fund manager, external custodian or fund platform, please leave blank. If there is insufficient room, please use a separate sheet, signed by all applicants. **Charges will be deducted from the General Transaction Account; therefore, if an overdrawn balance is to be avoided, please ensure sufficient cash is retained in line with your investment strategy.**

Currency	Units Shares/Bonds/ Cash amount	SEDOL/ISIN (essential) [†]	Full security/fund name description

[†] If no SEDOL or ISIN is provided, Friends Provident International accepts no liability for the funds selected.

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

Source of wealth (continued)

Inheritance

<input type="checkbox"/>	Name of deceased	<input style="width: 100%;" type="text"/>
	Date of death	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/>
	Relationship to applicant	<input style="width: 100%;" type="text"/>
	Date received	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/>
	Total amount	Currency <input style="width: 20%;" type="text"/> Amount <input style="width: 60%;" type="text"/>
	Solicitor's name	<input style="width: 100%;" type="text"/>
	Solicitor's firm's name	<input style="width: 100%;" type="text"/>
	Solicitor's address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>

Divorce settlement

<input type="checkbox"/>	Date funds received	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/>
	Total amount received	Currency <input style="width: 20%;" type="text"/> Amount <input style="width: 60%;" type="text"/>
	Name of divorced partner	<input style="width: 100%;" type="text"/>

Company profits

<input type="checkbox"/>	Company name	<input style="width: 100%;" type="text"/>
	Company address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
	Nature of company	<input style="width: 100%;" type="text"/>
	Amount of annual profit	Currency <input style="width: 20%;" type="text"/> Amount <input style="width: 60%;" type="text"/>

Asset (share) exchange

If the assets have been held for less than two years, please provide evidence of the original source of wealth used to acquire the assets.

<input type="checkbox"/>	Origin and means of wealth	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
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Length of time the assets have been held	Years <input style="width: 20%;" type="text"/>	Months <input style="width: 20%;" 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 style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/>
	Total amount	Currency <input style="width: 20%;" type="text"/> Amount <input style="width: 60%;" type="text"/>
	Relationship to applicant	<input style="width: 100%;" type="text"/>
	Donor's source of wealth	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>

Source of wealth (continued)

Employer paying premium

Please provide the following:

- Employer letter

<input type="checkbox"/>	Country of incorporation	<input style="width: 100%;" type="text"/>
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Incorporation number	<input style="width: 100%;" type="text"/>
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Retirement income

<input type="checkbox"/>	Retirement date	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
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Previous occupation	<input style="width: 100%;" type="text"/>
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Name of last (final) employer	<input style="width: 100%;" type="text"/>
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Address of last (final) employer	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>

Pension income source	<input style="width: 100%;" type="text"/>
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Fixed deposit – savings

<input type="checkbox"/>	Name of institution where savings held	<input style="width: 100%;" type="text"/>
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Date account established	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
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Details of how savings acquired	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>

Dividend payment

<input type="checkbox"/>	Date of receipt of dividend	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
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Total amount received	Currency <input style="width: 20px;" type="text"/>	Amount <input style="width: 100px;" type="text"/>
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Name of Company paying dividend	<input style="width: 100%;" type="text"/>
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Length of time the shares have been held in the Company	Years <input style="width: 20px;" type="text"/>	Months <input style="width: 20px;" type="text"/>
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Other source of wealth

Please provide as much detail as possible.

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

Supporting documentation to evidence source of wealth

We use both the contribution size and your residential location to identify when applications require documentary evidence. Evidence will be required where the contribution is on or above the limits.

Contribution levels and country risk ratings are subject to alteration and for that reason you will need to refer to the contribution limits table published on our website.

You will need to combine the contribution levels indicated in the contribution 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 contribution moves the total cumulative contribution on, or higher, than the contribution 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.

Section 1: Financial Adviser Charging Instruction

Part 1 – Initial financial adviser fee

Only complete this section if you wish Friends Provident International to pay an initial fee to your financial adviser on your behalf.

I authorise Friends Provident International to pay the financial adviser an initial fee of

GBP EUR USD Other Monetary amount

in the valuation currency of the bond. The premium must be paid in the same currency as the valuation currency.

I/We understand that the above amount shall be payable by Friends Provident International to my/our financial adviser on my/our behalf.

I/We understand that the above amount is in addition to and not included in the bond premium.

Full payment of both initial fee plus premium must be sent together to Friends Provident International in the currency in which the bond is to be issued.

I/We understand that if I/we cancel the policy within the cancellation period Friends Provident International will not refund this fee to me/us. I/We will need to agree this directly with my/our financial adviser.

I/We understand that Friends Provident International accept no liability for disputes between me/us and my/our adviser over payment or refund of this fee. It is not Friends Provident International's responsibility to recover any fees from my/our financial adviser.

Initial advice fees cannot be paid on asset exchange cases or discretionary managed cases where Friends Provident International does not receive the initial premium first.

	First (or only) Policyholder	Second Policyholder
Signature(s) of applicant(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<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"/>
	Third Policyholder	Fourth Policyholder
Signature(s) of applicant(s)	<input type="text"/>	<input type="text"/>
Name (block capitals)	<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"/>

Part 2 – Ongoing financial adviser fees (for use with Reserve Advance only)

Ongoing adviser charging options are available for specific Succession Planning Bond trusts. These forms can be located on our website through the following link <http://offshore.fpinternational.com>.

Only complete this section if you wish us to pay an ongoing fee to your financial adviser on your behalf.

The level of ongoing fees may be varied or stopped altogether by giving us written notice.

No assets will be sold to meet the payment of fees without instructions.

Ongoing advice fees must be funded through available cash in the General Transaction Account (GTA). If the GTA does not have sufficient cash for the withdrawal, a dealing instruction must be provided to instruct the sale of sufficient assets to cover the withdrawal request. Failure to ensure available funds within the GTA may lead to non payment of fees.

As payment for ongoing advice that I/we will receive, I/we authorise Friends Provident International to make the following regular withdrawals from the bond to my/our financial adviser:

Option A – fixed amount GBP EUR USD Other Amount

or in the valuation currency of the bond.

Option B – percentage of value % of the bond value a year, payable at my/our stated valuation dates

Payable (tick one box only) Quarterly Half-yearly Yearly (tick one box only)

Please note that the minimum withdrawal from the bond as a fee is £250 or currency equivalent.

Continued over page.

Part 2 – Ongoing financial adviser fees (for use with Reserve Advance only) (continued)

I/We understand that the withdrawal will count towards the 5% annual tax deferred withdrawal allowance and this will result in a reduced annual tax deferred withdrawal amount payable to me/us.

I/We understand that this withdrawal shall be payable by Friends Provident International to the financial adviser on my/our behalf.

I/We understand that if I/we cash in the bond, any fee paid to my/our financial adviser must be recovered by me/us from my/our financial adviser directly.

It is not Friends Provident International's responsibility to recover any fees from my/our financial adviser.

I/We understand that Friends Provident International accepts no liability for disputes between me/us and my/our financial adviser over payment or refund of this fee.

I/We confirm that any agreement governing the payment of an ongoing fee for ongoing advise is subject to a formal written agreement between me/us and my/our financial adviser and that I/we will inform Friends Provident International immediately on the amendment or termination of any agreement.

I/We understand that this fee will be deducted at the next valuation date.

	First (or only) Policyholder	Second Policyholder
Signature(s) of applicant(s)	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Name (block capitals)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
	Third Policyholder	Fourth Policyholder
Signature(s) of applicant(s)	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Name (block capitals)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>

Declaration

I/We declare that this application was signed in (country)

and the advice was received in (country)

I/We further declare that all the information provided in this form, including this Declaration, are complete and true to the best of my/our knowledge and belief.

	First (or only) Policyholder	Second Policyholder
Signature(s) of applicant(s)	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Name (block capitals)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
	Third Policyholder	Fourth Policyholder
Signature(s) of applicant(s)	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Name (block capitals)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>

Important information

The information given in this document is based on Friends Provident International Limited's understanding of current laws and Isle of Man 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 or legislative changes.

Investment involves risk. Past performance should not be viewed as a reliable guide of future performance. Fund prices may go up and down depending upon underlying investment performance, and the value of your investment cannot be guaranteed. Investments held within a fund may not be denominated in the currency of that fund and the value of those assets can go up and down simply because of movements in currency exchange rates. All fund performance is quoted net of annual charges.

All policyholders are protected by the Life Assurance (Compensation of Policyholders) Regulation 1991 of the Isle of Man, wherever their place of residence.

Investors should be aware 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.

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

Some telephone communications with Friends Provident International are recorded and may be randomly monitored or interrupted.

Each policy is governed by and shall be construed in accordance with the law of the Isle of Man. However, this will not preclude the right to bring legal action in a Hong Kong court. If you effect a policy whilst resident in the United Arab Emirates, all disputes regarding your investment will be subject to the non exclusive jurisdiction of the courts of the United Arab Emirates.

Data Privacy

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy – please visit www.fpinternational.com/legal/privacy-and-cookies to view the full policy, or this can be provided on request.

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Friends Provident International Limited: Registered and 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. Isle of Man incorporated company number 11494C. Authorised and regulated by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. **Singapore branch:** 4 Shenton Way, #11-04/06 SGX Centre 2, Singapore 068807. Telephone: +65 6320 1088 | Fax: +65 6327 4020 | Website: www.fpinternational.sg. Registered in Singapore No. T06FC6835J. Licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme. **Hong Kong branch:** 803, 8/F., One Kowloon, No.1 Wang Yuen Street, Kowloon Bay, Hong Kong. Telephone: +852 2524 2027 | Fax: +852 2868 4983 | Website: www.fpinternational.com.hk. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. **Dubai branch:** PO Box 215113, Emaar Square, Building 6, Floor 5, Dubai, United Arab Emirates. Telephone: +9714 436 2800 | Fax: +9714 438 0144 | Website: www.fpinternational.ae. Registered in the United Arab Emirates with the UAE Insurance Authority as an insurance company. Registration date, 18 April 2007 (Registration No. 76). Registered with the Ministry of Economy as a foreign company to conduct life assurance and funds accumulation operations (Registration No. 2013). Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.