

# Request for payment by withdrawal or surrender

## Middle East only

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In order to help us process your request as quickly as possible, please ensure this form is completed in full. We need you to provide this important information to help us fulfil our regulatory obligation in ensuring our records are up to date. Please note that payments will not be released until all of our requirements have been met, this includes the sale of holdings to fund your request.

## Checklist

**This is the key information we need to fulfil your request. Please tick each box to confirm you have supplied this information when completing the form:**

- I have selected the desired currency in which I want to be paid.
- Where my country of residence and country of beneficiary bank does not match, I have given a clear explanation.
- I have provided my Tax Identification number (TIN).
- I have previously provided certified verification of address and proof of identity (for more information on acceptable forms of documentation, please visit [www.fpinternational.com](http://www.fpinternational.com)).
- All policyholders have read and signed the declaration.

**We take the security of your policy very seriously; therefore, from time to time we may contact you by telephone to verify your identity. Without completing this short call, we may not be able to action your request.**

- I understand that a member of Friends Provident International may contact me to verify my identity.

**Please return your request to [customerservices@fpiom.com](mailto:customerservices@fpiom.com). If you require any assistance, please contact our Customer Services team on 01624 821212 or email us at [customerservices@fpiom.com](mailto:customerservices@fpiom.com).**

## Policy Details

	Policyholder 1	Policyholder 2
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Residential address and postcode	<input type="text"/>	<input type="text"/>
Policy number(s)	<input type="text"/>	<input type="text"/>
Telephone number(s)	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>
Email address (mandatory)	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Country or countries of tax residence	<input type="text"/>	<input type="text"/>
Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>
If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Registration Number)		
Are you a Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial adviser's email address (for copy correspondence)	<input type="text"/>	<input type="text"/>

## Trust Details (if applicable)

	Trust
Trust name	<input type="text"/>
Correspondence address and postcode	<input type="text"/>
Daytime telephone	<input type="text"/>
Email address	<input type="text"/>

## Company Details (if applicable)

### Company

Company name	<input type="text"/>
Correspondence address and postcode	<input type="text"/>
Country or countries of tax residence	<input type="text"/>
Company tax reference number(s)	<input type="text"/>
FATCA GIIN (if applicable)	<input type="text"/>
Daytime telephone	<input type="text"/>
Email address	<input type="text"/>

## Withdrawal request (to be completed for one off requests and regular withdrawals)

EUR     USD     HKD     SGD     GBP

If relevant it can sometimes be more tax-efficient to surrender individual policies rather than take a full withdrawal.

Important: UK residents will be subject to tax if they take withdrawals (including regular withdrawals and adviser fees) in excess of 5% per year of the total premium. Please seek guidance from your financial adviser.

Withdrawal amounts are subject to minimum/maximum limits specified by Friends Provident International Limited.

I/We request Friends Provident International Limited to make the following withdrawal:

Requested withdrawal amount

Requested withdrawal frequency (tick one of the following)

One off     Monthly     Quarterly     Half-yearly     Yearly

If you have selected a regular frequency above, please provide the date you would like the regular withdrawal to commence. (For portfolio bonds, please select your preferred date between the 1st and 14th of the month.) Please speak to your adviser for more information.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Would you like to cancel all existing regular withdrawals held?     Yes     No

OR     maximum withdrawal without triggering a surrender penalty (please tick box)

## Surrender details (Only to be completed if surrendering the policy in full)

**Important:** The full or part surrender of your policy may have tax consequences. Please seek guidance from your financial adviser.

If you are surrendering your policy in full and use a Bank Standing Order to pay the premiums, please contact your bank to cancel the regular payment instruction and stop future payments.

Please select the type of surrender required:

Full surrender of policy       Full surrender of policy at the option date       Full surrender of policy segments

If you are surrendering policy segments, please tell us how many to surrender (e.g. 1-10)

## Reason for withdrawal / surrender

We are dedicated to improving our customer experience and as such if you are surrendering your policy in full, please tell us your reason(s) for doing so.

House purchase       Poor investment returns       Unable to pay further premiums  
 School fees       High product charges       Moving to another provider  
 Medical emergency       Poor customer service       Payment term completed (Matured)  
 End of charging period       Urgent money requirements       Mis-sold product  
 Change of investment strategy       Tax reasons       Financial concerns

Other

## Payment instructions

### Payment type

BACS (GBP account in the UK only)       **BACS has three day clearance. Please ensure that the correct BACS sort code is quoted. Your bank will have full details.**

Telegraphic Transfer (TT)       **TT charges will be incurred by you.**

### Payment details

Payment should be made direct to my/our bank or building society account (must be policyholder's account).

Bank name

Bank address and postcode

Account number or IBAN

Account currency (if applicable)

Account holder's name

SWIFT/BIC code  OR Bank Sort Code     
Swift code must be either 8 or 11 digits (BACS payments only)

Branch code (Hong Kong payments)



- 1 As early encashment charges or surrender fees may apply, we strongly recommend you obtain a surrender quotation before completing this form. Please note that all charges will be deducted from the amount payable. For details of the charges, please refer to the Summary of Charges in the relevant product brochure and product guide (if applicable).**
- 2 All payments will be made in the currency of the policy, unless otherwise requested.
- 3 No action will be taken on any request to surrender, until we have received this written notification, signed by all policyholders, at our registered address. The payment of surrender benefits may be delayed until all necessary documentation has been received.
- 4 We will accept faxed instructions. However, no money will be released until all original documentation has been received and verified. Please fax to **+971 4 438 0144** or email to **DubaiClaims@fpinternational.com**.
- 5 To surrender individual policies which make up part of the policy or portfolio bond, please state the policies to be surrendered, and give dealing instructions to cancel sufficient units to cover the value of the policies being surrendered.
- 6 If you have a portfolio bond, we will debit all withdrawals to your General Transaction Account (GTA). If this causes the GTA to go overdrawn, we will charge debit interest to the account. To avoid this, you or your adviser should give us dealing instructions to credit the account.
- 7 The surrender of your contract may have taxation consequences in your country of residence. We suggest, therefore, that you contact your financial adviser to discuss these implications.
- 8 UK residents' reporting requirements – any policyholder who is UK-resident has an obligation, under the UK self-assessment tax regime, to report to HM Revenue & Customs (HMRC) any chargeable event arising in relation to the contract. Under UK law, we have a statutory requirement to supply information to HMRC about UK-resident policyholders in certain circumstances.
- 9 Friends Provident International, which has underwritten your policy, is a member of The Association of International Life Offices (AIILO). This note is designed to ensure that investors are made aware of the potential consequences of the surrender of policies, particularly when the early surrender of an existing policy is followed by a new proposal to another life office.

The costs involved in establishing a life assurance policy for an investor are generally passed on to the investor in the form of charges payable upon the taking up of the policy, or upon its ultimate surrender. For this reason, AIILO member companies endeavour to ensure that the investor is aware at the outset that such a policy should be regarded as a medium to long-term investment. In most cases, the policy will also provide that early surrender is subject to a surrender penalty.

Investors should therefore be aware that the surrender of an existing policy in favour of a new proposal to another life office will in most cases necessitate the further payment of at least one and possibly more sets of charges by the policyholder. Investors are accordingly advised to examine carefully the level of charges payable upon surrender of one policy in favour of another and to consult their professional advisers when considering such a change. It may, for example, be that your present policy offers switching facilities, which allow a change of investment strategy at minimum cost, without the need for surrender.

The purpose of this note is to ensure that the investor is made fully aware of the potential costs of transferring from one policy to another. It is not a substitute for independent investment advice and investors should consult their own professional advisers.
- 10 Any incomplete instruction will result in a delay in processing your instruction and we will not be liable for any direct, indirect, special or consequential loss or damages arising from such delay.
- 11 If this form is incomplete and your instruction cannot be processed completely, we will not process any of the instruction.
- 12 Specified US Person means a US citizen or tax resident individual who has a US residential/correspondence address or who either holds a US Passport, a US Green Card or who was born in the US and has not yet renounced their US citizenship. More information on US FATCA can be found at: [www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA](http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA)

If you choose Yes to being a Specified US Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

If you choose No but you have a US residential/correspondence address, hold a US Passport, a US Green Card or you were born in the US, you will need to provide us with documentary evidence that you are in the process of or have renounced your US Citizenship. FPI can accept a certified copy of your DS-4083 form (also known as CLN – Certificate of Loss of Nationality) and/or a certified copy of your passport in which you are obtaining new citizenship.

## Declaration

I/We hereby confirm that I/we have read and agreed with the content of the 'Important notes' and all notes specified in the relevant sections above. I/We warrant to Friends Provident International Limited that no proceedings in bankruptcy or insolvency have been instituted or are pending against me/us.

I/We request that Friends Provident International Limited make a payment by withdrawal or surrender from the Policies listed above in accordance with the Policy conditions. I/We acknowledge that a payment by Friends Provident International Limited in accordance with the information contained in this form will discharge Friends Provident International Limited's liability for all claims under the Policies.

All policyholders have signed the declaration.

	Policyholder/Trustee/Authorised Signatory 1	Policyholder/Trustee/Authorised Signatory 2
Signature	<input type="text"/>	<input type="text"/>
Date (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"/>
	Trustee/Authorised Signatory 3	Trustee/Authorised Signatory 4
Signature	<input type="text"/>	<input type="text"/>
Date (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"/>

## 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.

## 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](http://www.fpinternational.com/legal/privacy-and-cookies) to view the full policy, or this can be provided on request from our Data Protection Officer.

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