

Application form

Additional lives assured/applicants

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

To be completed if more than two applicants are to be included or if the lives assured are different to the applicants.

If the applicant is an entity, full details must be given in the relevant application form, a copy of which can be obtained from

If the applicant is a policyholder, the supplementary form 'Declaration for an Individual' must be completed and returned with this form, a copy of which can be obtained from your financial adviser.

Applicant(s) details

Name of first applicant	<input type="text"/>
Name of second applicant	<input type="text"/>
With reference to my proposal dated (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>
for a (type of plan)	<input type="text"/>
Policy number (if known)	<input type="text"/>

I hereby request Friends Provident International Limited to include the following as additional applicant(s) lives assured:

	Additional applicant/life assured	Additional applicant/life assured
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 Forename(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"/>
8 Please tell us where you were born	Town <input type="text"/> Country <input type="text"/>	Town <input type="text"/> Country <input type="text"/>

Applicant(s) details (continued)

9 Please list all countries in which you are tax resident. Please provide your tax identification number for each country. Please continue on a separate piece of paper, if necessary.

Additional applicant/life assured

Country of tax residence

Country 1

Tax identification number

Country 2

Tax identification number

Additional applicant/life assured

Country 1

Tax identification number

Country 2

Tax identification number

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. Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.

10 Country of Residence

11 Residential Address

12 How long have you lived at this address?

13 Correspondence address (if different to residential address)

14 Correspondence address phone number

15 Please list all contact details below

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.

Country of tax residence

Country 1

Tax identification number

Country 2

Tax identification number

Country 1

Tax identification number

Country 2

Tax identification number

Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.

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

18 Nature of business

Applicant(s) details (continued)

	Additional applicant/life assured			Additional applicant/life assured		
19 If retired, please give retirement date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20 Are you to be a policyholder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
21 Are you to be a life assured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
22 Are you in good health? If No, please give details on a separate piece of paper, but please first refer to our Data Privacy section on page 6.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Additional information

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

Applicant(s) details (continued)

	Additional applicant/life assured	Additional applicant/life assured
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 Forename(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"/>
8 Please tell us where you were born	Town <input type="text"/> Country <input type="text"/>	Town <input type="text"/> Country <input type="text"/>
9 Please list all countries in which you are tax resident. Please provide your tax identification number for each country. Please continue on a separate piece of paper, if necessary.	<p style="text-align: center;">Country of tax residence</p> Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>	Country 1 <input type="text"/> Tax identification number <input type="text"/> Country 2 <input type="text"/> Tax identification number <input type="text"/>
	<p style="text-align: center;">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. Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.</p>	
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"/>
12 How long have you lived at this address?	<input type="text"/>	<input type="text"/>
13 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"/>
14 Correspondence address phone number	<input type="text"/>	<input type="text"/>
15 Please list all contact details below		
Home telephone number	<input type="text"/>	<input type="text"/>
Office telephone number	<input type="text"/>	<input type="text"/>
Mobile number	<input type="text"/>	<input type="text"/>
Email address (mandatory)	<input type="text"/>	<input type="text"/>

Applicant(s) details (continued)

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.

Additional applicant/life assured

Country of tax residence

Country 1

Tax identification number

Country 2

Tax identification number

Additional applicant/life assured

Country 1

Tax identification number

Country 2

Tax identification number

Not entering a tax identification number may hold up the issue of your policy. If you have left any of the tax identification number boxes above blank, please give your reason in the additional information box on page 3.

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

18 Nature of business

19 If retired, please give retirement date

20 Are you to be a policyholder?

Yes No

21 Are you to be a life assured?

Yes No

22 Are you in good health? If No, please give details on a separate piece of paper, but please first refer to our Data Protection section on page 6.

Yes No

I confirm that I have read this additional lives assured/applicant form in conjunction with the original application form number and understand all the important declarations pertaining to it.

First applicant (from application form)

Signature(s) of applicant(s)

Name (block capitals)

Date

Second applicant (from application form)

Signature(s) of applicant(s)

Name (block capitals)

Date

Additional applicant's name

Signature(s) of applicant(s)

Name (block capitals)

Date

Additional applicant's name

Signature(s) of applicant(s)

Name (block capitals)

Date

Additional applicant's name

Signature(s) of applicant(s)

Name (block capitals)

Date

Additional applicant's name

Signature(s) of applicant(s)

Name (block capitals)

Date

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.jsp to view the full policy or this can be provided on request from our Data Protection Officer.

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