

# 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

Name of second applicant

With reference to my proposal dated  
(DD/MM/YYYY)







for a (type of plan)

Policy number (if known)

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"/>	Town <input type="text"/>
	Country <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)

	<b>Additional applicant/life assured</b>	<b>Additional applicant/life assured</b>
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;"><b>Country of tax residence</b></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;"><b>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.</b></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

Yes  No

21 Are you to be a life assured?

Yes  No

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

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](http://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.

**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](http://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](http://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](http://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](http://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.