

Change of address/contact details

Who is this form for?

This form is for Friends Provident International ("FPI") policy owners. It is for individual, trustee and corporate policy owners of single and regular payment policies who need to notify us of a change to their address or contact details.

Policy owners should also use this form to notify us of any address changes for the lives assured on their policy.

Completing this form

We can only accept a copy of this instruction if it has been signed by all individual owners, trustees or authorised signatories. Please note we do not require the original copy however we do reserve the right to ask for the original form if we deem this appropriate.

Please complete in BLOCK capitals throughout.

Changes to the details of an individual policy owner (not held in trust)

All policy owners must sign the form. In the case of joint ownership, both owners must sign otherwise the form will be invalid.

Changes to the details of a trust

All trustees must sign the form.

Changes to the details of a company

The appropriate authorised signatories must sign on behalf of the company. Please ensure that the authorised signatory list we hold on file is up-to-date before sending the form.

In all cases the appropriate persons as detailed above must sign the form otherwise we cannot proceed with any changes.

Important information

Changes to your country of residence may affect the tax treatment of your policy as well as changing the investments which you can hold. We suggest that you speak to your financial and tax advisers in the first instance.

Privacy policy

Our full privacy policy can be viewed at <https://www.fpinternational.com/legal/privacy-and-cookies> or can be obtained by requesting a copy from our Data Protection Officer.

Where should I send the completed form?

Please send the completed form to customerservices@fpim.com or alternatively you can post this to:

Customer Services Team
Friends Provident International Limited
Royal Court
Castletown
Isle of Man
IM9 1RA

Note

US Specified Person means a US citizen or tax resident individual, who either holds a US Passport, a US Green Card, has a US residential/correspondence address 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.

Change of address/contact details

Policy number(s)

Policy owner 1 (or trustee)

Policy owner 2 (or trustee)

Name

New residential/
registered address
and postcode (in full)

Date moved to new
address (dd/mm/yyyy)

Correspondence address (if no
correspondence address is provided,
we will use the address provided
above)

Is this address for

☐ You

☐ Your financial adviser

☐ A friend

☐ A family member

Home telephone¹

Work telephone²

Mobile telephone

Email address

Employment status

☐ Employed Full Time

☐ Retired

☐ Employed Full Time

☐ Retired

☐ Employed Part Time

☐ Student

☐ Employed Part Time

☐ Student

☐ Self Employed

☐ Homemaker

☐ Self Employed

☐ Homemaker

☐ Unemployed

☐ Unemployed

Employment Role

☐ Employee

☐ Key Controller

☐ Employee

☐ Key Controller

☐ Business Owner

☐ Sole Trader

☐ Business Owner

☐ Sole Trader

Occupation

Nature of Business

¹ Required for individual policy owners and individual trustees.

² Required for corporate investors.

Company details (if applicable)

Company name

New registered address and
postcode (in full)

Date moved to new
address (dd/mm/yyyy)

New correspondence address and
postcode (in full)

Country of residence for tax purposes

Company tax reference number(s)

If it is not possible to provide a tax
reference number, you must specify
the reason here

FATCA GIIN (if applicable)

Politically Exposed Persons

A Politically Exposed Person (PEP) is a person who is, or who has been, entrusted with prominent public functions. This also includes their close family members and their close associates.

Examples of PEPs include political figures, member of the judiciary, diplomatic service officers, managers and supervisors of state owned enterprises and senior ranking military officers.

Are you, any of your family members or any of your close associates a PEP? ☐ Yes ☐ No

If Yes, please provide the following details and complete the supplementary **Source of Wealth Form**.

Surname

Forename(s)

Position held as PEP

Country position held

Dates position held (dd/mm/yyyy)

From To

If the PEP is a family member or
close associate, please confirm
the relationship

	Policy owner/Trustee/Authorised Signatory 1	Policy owner/Trustee/Authorised Signatory 2
Signature	<div></div>	<div></div>
Date (dd/mm/yyyy)	<div></div>	<div></div>
Full name	<div></div>	<div></div>
Country of birth	<div></div>	<div></div>
Country or countries of tax residence	<div></div>	<div></div>
Tax reference number (ie TIN/NI)	<div></div>	<div></div>
If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Card Number)		
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Policy owner/Trustee/Authorised Signatory 3	Policy owner/Trustee/Authorised Signatory 4
Signature	<div></div>	<div></div>
Date (dd/mm/yyyy)	<div></div>	<div></div>
Full name	<div></div>	<div></div>
Country of birth	<div></div>	<div></div>
Country or countries of tax residence	<div></div>	<div></div>
Tax reference number (ie TIN/NI)	<div></div>	<div></div>
If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Card Number)		
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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