

Regular payment increase/ additional single payment

This form is to be used for all Singapore products except Global Portfolio.

Product name	
Policy number	
Adviser Company Name	
Adviser Name	
FPI Agency Number	
Adviser's Email Address	
Special instructions	

Details of Policyholder(s)

Failure to disclose relevant information may delay the processing of your application

Please complete this Application Form in English and use BLOCK CAPITALS

If you make any mistakes while completing this Application Form, please cross out the error and write the new information CLEARLY.

Each correction must be initialled by the person or persons completing the form. Do NOT use correction fluid or other ways of deleting incorrect information.

Please write in INK and use BLOCK CAPITALS.

	First (or only) Policyholder	Second Policyholder
1 Title	<div>Mr <input type="checkbox"/></div> <div>Mrs <input type="checkbox"/></div> <div>Miss <input type="checkbox"/></div> <div>Other (please specify) <input type="text"/></div>	<div>Mr <input type="checkbox"/></div> <div>Mrs <input type="checkbox"/></div> <div>Miss <input type="checkbox"/></div> <div>Other (please specify) <input type="text"/></div>
2 Name(s) (as shown on ID Card/Passport)		
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
3 Aliases	<div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div>	<div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div>
(If Yes , please specify)	<input type="text"/>	<input type="text"/>
4 Are you an ultimate Beneficial Owner(s)* of this policy?	<div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div>	<div>Yes <input type="checkbox"/></div> <div>No <input type="checkbox"/></div>
(If No , please complete the questions on the beneficial owner details section)		

* Delete as appropriate

Details of Policyholder(s)

5 Residential address	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
How long have you lived at this address?	<div></div>	<div></div>
Telephone number	<div></div>	<div></div>
Email address	<div></div>	<div></div>
6. Correspondence address (if different to residential address)	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Correspondence address telephone number	<div></div>	<div></div>

☐ Please tick if you require the above contact details to be updated in our company records.

For update of residential address, please also enclose a clear certified true copy of address proof dated not more than 3 months old.

Please note: We may need to request identification and verification of address if the documentation held on our files are different to the information given on this form, this is to ensure that the records we hold for you are up to date.

Premium details

For regular premium products

<div></div>	<div></div>	+	<div></div>	<div></div>	=	<div></div>	<div></div>
Currency	Currency regular payment amount		Currency	Additional regular payment amount		Currency	New regular payment amount

Effective date (MM/YYYY)

For regular premium products and Global Wealth Manager

Additional single payment amount

<div></div>	<div></div>
Currency	Amount

Important notes

1. Please see your product brochure and policy/contract conditions for the minimum increase payment amounts and currency options.
2. The frequency of payment must match the original payment frequency.
3. Please leave at least one month between the date of notification and the effective date to allow new payment arrangements to be processed.
4. Regular payment increases can only take effect on the next regular payment due date. For example if you pay annually, on the date of your next annual payment.

Payment methods

For regular premium increase

Kindly ensure you quote your policy number as reference when setting up the bank transfer; and include the originating bank account holder's name and account number in the set up proof.

Please tick this box if you are currently using GIRO or credit card payment and would like to use the existing payment method

If you are using a Bank Standing Order (BSO), please set up a replacement payment method with your bank for the total amount and send us a copy of the payment set up as proof.

Our bank details are below:

For Singapore dollar payments only

Please remit to HSBC Singapore, 10 Marina Boulevard, Marina Bay Financial Tower 2, #44-01 HSBC Building, Singapore 018983, SWIFT Code: HSBCSGSG. The beneficiary account name is Friends Provident International (Singapore Branch) and the beneficiary account number is 147-110001-003.

For non-Singapore Dollar payments only

Please remit to Bank HSBC, 27-32 Poultry, London, EC2 2BX, United Kingdom.

Account name: Friends Provident International Limited. Swift /BIC code: MIDLGB22

USD Account number : 400515-69521429 IBAN: GB38MIDL40051569521429

HKD Account number : 400515-69521410 IBAN: GB66MIDL40051569521410

GBP Account number : 400515-69521445 IBAN: GB91MIDL40051569521445

EUR Account number : 400515-69521437 IBAN: GB16MIDL40051569521437

AUD Account number : 400515-77464146 IBAN: GB02MIDL40051577464146 (Purpose Saver Only)

For single premium increase

I enclose the SGD cheque or telegraphic transfer proof of the non-SGD payment.

Choice of mirror funds

Please leave this section blank if you wish your existing fund choice to remain unchanged. For regular premium product, if you want to change only your investment for future premium, please indicate the funds in which you wish to invest, up to a maximum of 10, showing the percentage of each investible payment. The total percentage must add up to 100% (please note we can only accept whole percentages).

If you would like to switch funds, please complete the [Switch/Redirection Request form](#).

Please note that the whole payment will be applied to your plan based on this fund choice, not just the increased amount.

Fund code	Mirror fund	% of premium (we only accept whole percentages)
		Total 100%

Source of Wealth

Please refer to the [Source of Wealth Guidelines](#) that can be found on our website

www.fpinternational.sg/knowledge/document-library.jsp for the evidential requirements to support Source of Wealth.

Policyholder 1

Policyholder 2

<input type="checkbox"/> Income-savings from salary (basic and/or bonus) If self-employed or company share owner refer to the 'Company profits' section below	Current salary per month/ year*	<input type="text"/>	<input type="text"/>
	Employer's name	<input type="text"/>	<input type="text"/>
	Employer's address	<input type="text"/>	<input type="text"/>
	Nature of Business	<input type="text"/>	<input type="text"/>
	Occupation (if retired, please state former occupation)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Maturity or surrender of life policy	Policy provider	<input type="text"/>	<input type="text"/>
	Policy number/reference	<input type="text"/>	<input type="text"/>
	Date of maturity or surrender	<input type="text"/>	<input type="text"/>
	Amount received	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sale of investments/ liquidation of investment portfolio	Description of shares/units/deposits (i.e. name/where held)	<input type="text"/>	<input type="text"/>
	Name of seller	<input type="text"/>	<input type="text"/>
	Length of time held	<input type="text"/>	<input type="text"/>
	Sale amount	<input type="text"/>	<input type="text"/>
	Date funds received	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sale of property	Sold property address	<input type="text"/>	<input type="text"/>
	Date of sale	<input type="text"/>	<input type="text"/>
	Total sale amount	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Inheritance	Name of deceased	<input type="text"/>	<input type="text"/>
	Date of death	<input type="text"/>	<input type="text"/>
	Relationship to Applicant	<input type="text"/>	<input type="text"/>
	Date received	<input type="text"/>	<input type="text"/>
	Total amount	<input type="text"/>	<input type="text"/>
	Solicitor's details	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Company profits	Company name	<input type="text"/>	<input type="text"/>
	Company address	<input type="text"/>	<input type="text"/>

Source of Wealth (cont.)

<input type="checkbox"/> Company profits – continued	Incorporation certificate	<input type="text"/>	<input type="text"/>
	Nature of company	<input type="text"/>	<input type="text"/>
	Amount of annual profit	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Other Source of Wealth Please provide the explanation/provision of required details in the box.	Please provide as much detail as possible	Please provide as much detail as possible
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Declaration

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

and the advice was given 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)

Signature	Signature
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

Beneficial owner details

	Beneficial Owner 1	Beneficial Owner 2
1 Title	<div>Mr <input type="text"/></div> <div>Mrs <input type="text"/></div> <div>Miss <input type="text"/></div> <div>Other (please specify) <input type="text"/></div>	<div>Mr <input type="text"/></div> <div>Mrs <input type="text"/></div> <div>Miss <input type="text"/></div> <div>Other (please specify) <input type="text"/></div>
Name(s) (as shown on ID Card/Passport)	<input type="text"/>	<input type="text"/>
2 First name(s)	<input type="text"/>	<input type="text"/>
3 Surname	<input type="text"/>	<input type="text"/>
4 Aliases	<div>Yes <input type="text"/></div> <div>No <input type="text"/></div>	<div>Yes <input type="text"/></div> <div>No <input type="text"/></div>
(If Yes , please specify)	<input type="text"/>	<input type="text"/>
5 Unique identification number (NRIC or passport)	<input type="text"/>	<input type="text"/>
(Please provide an original certified copy of beneficial owner's verification of identity document.)	<input type="text"/>	<input type="text"/>
6 Residential address	<input type="text"/>	<input type="text"/>
(Please provide an original certified copy of beneficial owner's verification of identity document.)	<input type="text"/>	<input type="text"/>
7 Date of birth (DD/MM/YYYY)	<div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>	<div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/></div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>
8 Please list all countries in which you are tax resident. Please provide your tax identification number for each country.	<div>Country <input type="text"/></div> <div>Tax identification number <input type="text"/></div>	<div>Country <input type="text"/></div> <div>Tax identification number <input type="text"/></div>
If you are a US citizen or hold a US passport or green card, you will be considered tax resident in the US even if you live outside the US. You must include your US tax identification number in this section.	<p>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 behind.</p> <p>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.</p>	
9 In which country 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, e.g. NRIC or passport numbers, in the 'Additional information' behind.	<div>Country <input type="text"/></div> <div>Tax identification number <input type="text"/></div>	<div>Country <input type="text"/></div> <div>Tax identification number <input type="text"/></div>
10 Relationship to the policyholder	<input type="text"/>	<input type="text"/>
11 Contact number	<input type="text"/>	<input type="text"/>

Beneficial owner details (cont.)

Additional information

Please let us know, in the space below, of any additional information about the beneficial owner(s) we need to be aware of relating to this application. If there are more than two beneficial owners, please also provide their details in the space below.

	Beneficial Owner 1	Beneficial Owner 2
Signature(s)	Signature	Signature
	Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

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.sg/legal/privacy-and-cookies.jsp to view the full policy or this can be provided on request from our Data Protection Officer.

Further information

The information given in this document is based on the understanding of Friends Provident International of current laws and Isle of Man taxation practice as at January 2018, which may change in the future. No liability can be accepted for any personal tax consequences of this policy 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 deposits accounts are unlikely to apply in the event of failure of such an investment held within investment-linked life insurance policies.

Complaints we cannot settle may be referred to the Financial Insurance Disputes Resolution Centre Limited ('FIDReC') for assistance within six months from the date you failed to reach an agreement with Friends Provident International. You can contact FIDReC at:

36 Robinson Road
#15-01 City House
Singapore 068877
Tel: +65 6327 8878; Fax: +65 6327 8488
Website: www.fidrec.com.sg
Email: info@fidrec.com.sg

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

The legal interpretation is that each policy is governed by and shall be construed in accordance with the laws of Singapore.

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