

# Reinstatement form for Premium Holiday/Paid-up Policy

For use with Singapore regular premium paying products only

Dear Sirs

## Resume policy contribution

**Please take this as an instruction to resume my/our policy premium payment.**

Please see my/our details below:

Policy number

Name of Policyholder(s)

Currency

USD ☐

SGD ☐

GBP ☐

EUR ☐

HKD ☐

AUD\* ☐

For Purpose Saver only

Premium frequency

Montly ☐

Quarterly ☐

Half-yearly ☐

Yearly ☐

Premium Amount

Effective from  
(DD/MM/YYYY)

## Future premium payment instruction

Please refer to the payment instruction forms on pages 5 to 9 to set up for future payments (if applicable).

We do not require a new interbank GIRO form if you wish to pay the future premiums using the existing bank account that has been previously approved.

## 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](http://www.fpinternational.sg/knowledge/document-library.jsp) for the evidential requirements to support Source of Wealth.

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

| Source of Wealth (cont.)                           |  |   |   |
|--|--|---|---|
| <div></div> <div>Company profits - continued</div> | Incorporation certificate  |   |   |
|  | Nature of company  |   |   |
|  | Amount of annual profit  |   |   |
| <div></div> <div>Other Source of Wealth</div>      | 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 |
|  |  |   |   |

| Signature(s) | First (or only) Policyholder             | Second Policyholder                      |
|--------------|--|--|
|              | <div></div> <div>Date (dd/mm/yyyy)</div> | <div></div> <div>Date (dd/mm/yyyy)</div> |

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## Application for interbank GIRO (Singapore dollar payments only)

## Section A - To be completed by the Applicant

Only available in Singapore dollars for clients with local bank accounts and for regular premium paying plans.

**This form must be submitted in original-inked. Amendments made on this form must be countersigned by Applicant(s) and/or Bank Account Holder(s). The use of correction tape/fluid is not allowed.**

**As the processing time for GIRO application may take up to two months, please pay two months premiums by personal cheque or credit card.**

Name of Billing Organisation ('BO')

**Friends Provident International Limited**

Name of Policyholder(s)

Policy Number

Policyholder(s)' Bank Name  
e.g. DBS, OCBC, HSBC, or others (please specify)

- a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c) This authorisation will remain in force until terminated by your written notice. Please advise us in writing by giving one month's notice before the next deduction date.

Bank Account Holder's Name(s)

My/Our bank account number

Account Holder(s)' contact number(s)

My/Our Signature(s) or Thumbprint(s)  
as per bank's record

**Thumbprint must be verified by the bank**

Date of Signature (DD/MM/YYYY)

## Section B – To be completed by Friends Provident International Limited (Singapore Branch)

|  | Bank |   |   |   | Branch |   |   | Account number |   |   |   |   |   |   |   |   |  |  |
|--|------|---|---|---|--------|---|---|----------------|---|---|---|---|---|---|---|---|--|--|
| Friends Provident International Limited Bank | 7    | 2 | 3 | 2 | 1      | 4 | 7 | 1              | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 3 |  |  |

Friends Provident International Limited  
(Singapore branch) Policy Reference Number

## Section C – To be completed by the Bank

To: Friends Provident International Limited (Singapore branch)

☐ This application is hereby **approved**. (Please tick.)

This application is hereby **rejected** for the following reason(s) indicated below. (Please tick.)

☐ Signature/Thumbprint differs from financial institution's records

☐ Wrong account number

☐ Signature/Thumbprint incomplete/unclear

☐ Amendments not countersigned by customer

☐ Account operated by signature/thumbprint

☐ Other (please specify below)

Name of approving/rejecting officer  
(please print)

Authorised signature

Date of Signature (DD/MM/YYYY)

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- 1 When your current card expires please update your card details on our secure online facility at [www.fpinternational.com/creditcard](http://www.fpinternational.com/creditcard). Alternatively, you can complete a new Direct Charge Authority Form and post it to the address shown on top of this form.
- 2 When your credit card payment is first set up, certain checks will be administered, including a pre-authorisation check. A nominal amount may show on your account, but the pre-authorisation is not a charge and no money will be deducted from your account.
- 3 Where premiums are paid by card, the card charge (if applicable) will be collected in addition to the total premium amount meaning we will collect the total premium amount plus the card charge from your card. The card charge will be used to cover the charges imposed by the card issuing company. Fees or transmission charges for incoming or outgoing payments may be taken by banking partners. We do not levy any additional payment charges but reserve the right to pass on any fees or charges taken by banking partners.
- 4 Collection may happen one working day prior to regular collection date. If it is not successful we will attempt 2 more times which will be after regular collection date. If first 3 collection attempts fail, only for 1 missed premium, there is an additional collection attempt 8 working days from the regular collection date.
- 5 If a payment is declined, we will automatically inform the premium payer by email, or by post if no email address is provided. For monthly premium, we will request a dual payment the following month, and on consecutive months until missed premiums have been paid. No more than two premiums should be collected each month.
- 6 Please note that some cards cannot be used outside their country of issue and therefore we strongly recommend that you contact your card issuer to ensure your card can be used in this instance.

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# Bank details for bank transfer

For setting up a recurring Bank Standing Order (BSO) or one-time remittance with your bank directly, please quote our bank details below.

Kindly also take note on the following points:

1. Use the bank details in the same currency as your premium currency.
2. To facilitate matching of premium received to the correct policy, please quote your policy number as the reference number.
3. To ensure the full premium is received and applied to the policy without delay, kindly ensure to buffer in any bank and agent bank charges in the total amount transferred. For the relevant charges, please check with your bank directly.
4. Provide us a copy of the set-up/remittance document proof showing these details:
  - a. Your bank name
  - b. Your bank account holder(s) name(s)
  - c. Your account number
  - d. Amount and date of transfer
  - e. Reference number quoted

## Only applicable to applicants paying Singapore dollars

Account Name : Friends Provident International Limited (Singapore branch)  
Account Number : 147-110001-003  
Bank Address : HSBC Singapore, 10 Marina Boulevard, Marina Bay Financial Centre Tower 2, #44-01, Singapore 018983  
SWIFT Code : HSBCSGSG

## Only applicable to applicants paying US dollars, Sterling, Euro, HK dollars and AUD dollars

Account Name : Friends Provident International Limited  
Bank Address : Bank HSBC, 27-32 Poultry, London, EC2 2BX, United Kingdom  
SWIFT/BIC code : MIDLGB22

|                    |                   |      |   |
|--------------------|-------------------|------|---|
| HKD Account number | : 400515-69521410 | IBAN | : GB66MIDL40051569521410                          |
| USD Account number | : 400515-69521429 | IBAN | : GB38MIDL40051569521429                          |
| EUR Account number | : 400515-69521437 | IBAN | : GB16MIDL40051569521437                          |
| GBP Account number | : 400515-69521445 | IBAN | : GB91MIDL40051569521445                          |
| AUD Account number | : 400515-77464146 | IBAN | : GB02MIDL40051577464146 (For Purpose Saver only) |

**Friends Provident International Limited:** Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. 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. **Singapore branch:** 182 Cecil Street, Level 17 Frasers Tower, Singapore 069547. 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. Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.