

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 for the evidential requirements to support Source of Wealth.

		First (or only) Policyholder	Second Policyholder
<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*		
	Employer's name		
	Employer's address		
	Nature of Business		
	Occupation (if retired, please state former occupation)		
<input type="checkbox"/> Maturity or surrender of life policy	Policy provider		
	Policy number/reference		
	Date of maturity or surrender		
	Amount received		
<input type="checkbox"/> Sale of investments/ liquidation of investment portfolio	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"/> Sale of property	Sold property address		
	Date of sale		
	Total sale amount		
<input type="checkbox"/> Inheritance	Name of deceased		
	Date of death		
	Relationship to Applicant		
	Date received		
	Total amount		
	Solicitor's details		
<input type="checkbox"/> Company profits	Company name		
	Company address		

Source of Wealth (cont.)

Company profits - continued

Incorporation certificate

Nature of company

Amount of annual profit

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

Signature(s)

First (or only) Policyholder

Second Policyholder

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

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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')	<input type="text" value="Friends Provident International Limited"/>
Name of Policyholder(s)	<input type="text"/>
Policy Number	<input type="text"/>
Policyholder(s)' Bank Name e.g. DBS, OCBC, HSBC, or others (please specify)	<input type="text"/>

- 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)	<input type="text"/>
My/Our bank account number	<input type="text"/>
Account Holder(s)' contact number(s)	<input type="text"/>
My/Our Signature(s) or Thumbprint(s) as per bank's record	<input type="text"/> <p style="text-align: right; color: blue;">Thumbprint must be verified by the bank</p>
Date of Signature (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>

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

	Bank	Branch	Account number
Friends Provident International Limited Bank	<input type="text" value="7 2 3 2"/>	<input type="text" value="1 4 7"/>	<input type="text" value="1 1 0 0 0 1 0 0 3"/>
Friends Provident International Limited (Singapore branch) Policy Reference Number	<input type="text"/>		

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.)

- | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Signature/Thumbprint differs from financial institution's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint incomplete/unclear | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint | <input type="checkbox"/> Other (please specify below) |

Name of approving/rejecting officer (please print)	<input type="text"/>
Authorised signature	<input type="text"/>
Date of Signature (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>

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Preferred: Please provide your card details via our secure online facility at www.fpinternational.com/creditcard

If you prefer to complete this form, please do NOT send it to us via email. We automatically review email content and attachments and delete anywhere when credit or debit card numbers are detected. We adhere to the Payment Card Industry Data Security Standard (PCI DSS) which does not deem email to be a secure form of communication. We can only accept this form via post or fax via the below contact details.

For New Business application, please complete and submit together with your application form.

Please use block capitals.

To: Friends Provident International Limited, 182 Cecil Street, Level 17 Frasers Tower, Singapore 069547
Customer Service Hotline: +65 6320 7399 Fax: +44 (0) 1624 821284

I authorise you to debit my Mastercard VISA

Section 1

Name of issuing company or bank	<input type="text"/>
Country of issue	<input type="text"/>
Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card expiry date ¹ (MM/YY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name on card	<input type="text"/>
with the sum of ²	<input type="text"/> (figures) <input type="text"/> (words)
Currency	USD <input type="checkbox"/> GBP <input type="checkbox"/> SGD <input type="checkbox"/> HKD <input type="checkbox"/> EUR <input type="checkbox"/> AUD* <input type="checkbox"/> *For Purpose Saver only
in respect of premiums for my policy number	<input type="text"/>

Section 2

Collection on the ⁴ (premium due date) (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
and on the same day until further notice or cancelled in writing	Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly <input type="checkbox"/>
Address of card holder (as hold by the card provider)	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/> Country <input type="text"/>
Telephone number (daytime including country and area code)	<input type="text"/>
Email address	<input type="text"/>
Signature	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Important notes

- 1 When your current card expires please update your card details on our secure online facility at 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. 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:** 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.