

Change of address/contact details

Who is this form for?

This form is for Friends Provident Intentional ("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

¹Required for individual policy owners and individual trustees.

²Required for corporate investors.

Company details (if applicable)

Company name	<input type="text"/>
New registered address and postcode (in full)	<input type="text"/>
Date moved to new address (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>
New correspondence address and postcode (in full)	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>
Company tax reference number(s)	<input type="text"/>
If it is not possible to provide a tax reference number, you must specify the reason here	<input type="text"/>
FATCA GIIN (if applicable)	<input type="text"/>

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	<input type="text"/>
Forename(s)	<input type="text"/>
Position held as PEP	<input type="text"/>
Country position held	<input type="text"/>
Dates position held (dd/mm/yyyy)	From <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/>
If the PEP is a family member or close associate, please confirm the relationship	<input type="text"/>

	Policy owner/Trustee/Authorised Signatory 1	Policy owner/Trustee/Authorised Signatory 2
Signature	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 50%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 50%; height: 20px;" type="text"/>
Full name	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Country of birth	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Country or countries of tax residence	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Tax reference number (ie TIN/NI)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
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	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 50%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 50%; height: 20px;" type="text"/>
Full name	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Country of birth	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Country or countries of tax residence	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Tax reference number (ie TIN/NI)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
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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