



# Protected Investment Portfolio Bond

**Important.**

This Application should only be completed after you have received a Key Features leaflet and an Illustration for this Bond. Please ask your financial adviser if you have not already received these. This Application should be completed using BLOCK CAPITALS throughout and boxes ticked where appropriate.

Adviser's ref. number

A copy of the completed Application will be available on request.

**A. Life (Lives) to be Assured - the person(s) on whose life (lives) the Bond is to be written**

	First Life	Second Life (if Joint Life)
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Address*	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Town <input type="text"/>	Town <input type="text"/>
	County <input type="text"/>	County <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Daytime telephone number (including STD code)	<input type="text"/>	<input type="text"/>
Home telephone number (including STD code)	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Date of birth**	<input type="text"/>	<input type="text"/>

\* Unless instructions are given to the contrary, all communications will be sent to the address of the First Life to be Assured or, if the section below has been completed, to the address of the First Applicant.

\*\* Maximum age is 75 next birthday. For Joint Life Bonds one of the Lives Assured must be under 75 years.

**B. Applicant(s) - the person(s) in whose name(s) the Bond is to be issued**

This section does not need to be completed if the Life to be Assured is the Single Applicant under a Single Life Bond or if the Lives to be Assured are the Joint Applicants under a Joint Life Bond.

	First Applicant	Second Applicant (if Joint Application)
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Town <input type="text"/>	Town <input type="text"/>
	County <input type="text"/>	County <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date of birth*	<input type="text"/>	<input type="text"/>
What is the Applicant(s) relationship or interest in the person or people named in Part A above?	<input type="text"/>	<input type="text"/>

\* Minimum age 18 attained.



## F. Source of wealth

Industry guidance on anti-money laundering and financial crime has led to us including the following questions on the source of wealth. We need this information from the Applicant(s).

	First Applicant	Second Applicant (if applicable)
Current amount of annual income (gross) from employment or occupation	£ <input type="text"/>	£ <input type="text"/>
Please specify employment or occupation	<input type="text"/>	<input type="text"/>

Note: "Source of wealth" is the **reason(s)** for having funds available for investment. Typical sources of wealth are shown below. It is not the actual location of the funds such as an account number or name.

	First Applicant	Second Applicant (if applicable)
Please tick as appropriate	<input type="checkbox"/> Savings from income	<input type="checkbox"/> Savings from income
	<input type="checkbox"/> Sale of investments	<input type="checkbox"/> Sale of investments
	<input type="checkbox"/> Sale of house or land	<input type="checkbox"/> Sale of house or land
	<input type="checkbox"/> Inheritance or gift	<input type="checkbox"/> Inheritance or gift
	<input type="checkbox"/> Other (please specify below)	<input type="checkbox"/> Other (please specify below)
	<input type="text"/>	<input type="text"/>

## G. Declaration by the Applicant(s)

I submit this Application with a view to entering into a Protected Investment Portfolio Bond. I understand that the contract will commence on the acceptance of this application by Friends Provident on its normal terms and conditions (which I am aware are available on request).

I authorise Friends Provident to pay the withdrawals as requested in the regular withdrawal scheme section by way of a partial surrender in full satisfaction and discharge of the surrendered portions of the Bond.

I agree Friends Provident will use the information I give (as well as information about me relating to any existing policy I have with Friends Provident) for administration, research and statistical purposes. I agree Friends Provident may pass information about my policy to my financial adviser, to reinsurers and any agency appointed by Friends Provident for these purposes. (These agencies may be located in countries outside the UK that do not have laws to protect your information. Details of the companies and countries involved in your case will be provided on request. Friends Provident will remain responsible for making sure that the information is held securely).

I also agree Friends Provident may pass the information to third parties for the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

I would like Friends Provident to use the information I have supplied to let me know about other products and services in the Friends Provident Group\* that may interest me.

\* The Friends Provident Group means Friends Provident plc and any other company in which it has directly or indirectly a material shareholding.

	First Applicant	Second Applicant (if applicable)
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

Friends Provident Life Assurance Limited

Salisbury Office: United Kingdom House, Castle Street, Salisbury, Wiltshire SP1 3SH

Registered and Head Office: Pixham End, Dorking, Surrey RH4 1QA

Incorporated company limited by shares and registered in England number 782698

Authorised and regulated by the Financial Services Authority

www.friendsprovident.com Telephone 0870 608 3678

FRIENDS® and 'the power of FRIENDS®' are registered trade marks of Friends Provident in the UK and other countries



**FRIENDS PROVIDENT**