

Application Form
申請表格

Premier Ultra
卓裕計劃

HONG KONG
香港

 **FRIENDS
PROVIDENT
INTERNATIONAL**
英國友誠國際有限公司

FAILURE TO DISCLOSE RELEVANT INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION 不披露有關資料將會引致申請處理延誤

**This Form is applicable only to persons signing applications in Hong Kong.
本表格只適用於香港簽署投保申請書的申請人。**

This Form should be read in conjunction with the current edition of the following documents, which set out the terms and conditions of the contract and the various investment options available to you:

- the Premier Ultra Principal Brochure, which also consists of:
 - the Fund Prices leaflet
 - the Mirror Funds leaflet
 - the Annual Charges leaflet
- the Premier Ultra Technical Guide
- the Premier Ultra Policy Conditions

If you make any mistakes while completing this 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.

本表格應與下列文件的最新版本一併閱讀，這些文件載述合約條款及條件及本公司為您提供的各項投資選擇。

- 卓裕計劃主要說明書，當中包括：
 - 基金價格單張
 - 影子基金單張
 - 外在基金 - 年費
- 卓裕計劃投資指南
- 卓裕計劃保單條款

若你填寫此表格時有錯，請刪除錯處並清楚填寫新的資料。**更正處必須由一名或多名填表人草簽。**請不要使用塗改液或其他方式來刪除不正確的資料。

Introducing Intermediary 介紹中介人

Company name
公司名稱

Intermediary account number
中介人戶口號碼

792 -

Plan number allocated
獲分配計劃編號

Additional information/Special instructions 附加資料/特別指示

Please complete all sections 請填妥所有部份

Failure to provide all relevant information and documentation will result in a delay to the proposal being processed. Further information may be required during the validation process (i.e. questions arising from the information provided). **Please note that even if the premium has been received and banked, the policy will not be issued until all documentation has been received and validated.**

如不提供所有有關資料及文件，將會引致建議書處理延誤。在審核過程中，亦可能需要提供進一步資料(即有關呈交資料的問題)。**請注意，即使保費已收妥結算，本公司必須在收妥並核實所有文件後才會簽發保單。**

Tick Box 請✓選以下方格

Section 1 : Details of Applicant(s)
第1部份 : 申請人詳細資料

Section 2 : Policy Details
第2部份 : 投資詳情

Section 3 : Illustration Document
第3部份 : 退保說明文件

Section 4 : Declarations
第4部份 : 聲明

Certified copy of client identity
已核證的客戶身份證明副本

Certified copy of utility bill (or suitable alternative) to verify the residential address of the Applicant(s)
已核證的公用事業帳單(或其他適當帳單)副本作為申請人的住址證明

Method of payment details
付款方法詳情

FAILURE TO DISCLOSE RELEVANT INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION 不披露有關資料將會引致申請處理延誤

Replacement Warning* 轉保聲明*

1. **Have you replaced**** in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?
閣下是否於過去12個月內以這份投保申請書/建議書取代閣下任何現有壽險保單，或取代任何現有壽險保單內大部分的壽險成分？**

Yes (Please complete a Customer Protection Declaration Form)
是 (請填寫《客戶保障聲明書》)

No (Please answer question 2 below)
否 (請回答下列問題2)

2. **Do you intend to replace** in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?
閣下是否打算於未來12個月內以這份投保申請書/建議書取代閣下任何現有壽命保單，或取代任何現有壽險保單內大部分的壽險成分？

Yes (Please complete a Customer Protection Declaration Form)
是 (請填寫《客戶保障聲明書》)

No (Please read carefully and sign the Declaration below)
否 (請詳閱下列聲明及簽署)

I realise if I answer "No" to both questions above but indeed,

- (i) this application/proposal has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months; or**
(ii) my current intention is to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this application/proposal,

I may jeopardise my future right of redress if I find later that I have been disadvantaged because of such replacement.

本人明白如果本人就上述兩條問題都選擇「否」，但事實上：

- (i) 這份投保申請書/建議書卻於過去12個月內，取代本人任何現有壽險保單或任何現有壽險保單內大部分的壽險成份；或者**
(ii) 本人現正打算於未來12個月內，以這份投保申請書/建議書取代本人任何現有壽險保單或任何現有壽險保單內大部分的壽險成份，
即使日後發現因是次轉保導致本人蒙受損失，本人或會因此而有損日後的追討權益。

I hereby authorise the Insurer of the new life insurance policy to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association, the Insurance Authority ("IA"), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement Declaration and any related records or information.

本人現授權新壽險保單的保險公司向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會、保險業監督(「保監」)、香港保險業聯會、所有已被取代或將會被取代的現有壽險保單的保險公司(如適用者)，或為了有效管理/執行/履行《壽險轉保守則》及保監根據《保險公司條例》指明的「最低限度規定」所需的其他機構，提供本「轉保聲明」的副本，以及任何有關紀錄或資料。

Signature(s) 簽署

First (or only) Applicant 第一(或唯一)申請人

Second Applicant 第二申請人

Signature 簽署
Date 日期

Signature 簽署
Date 日期

Notes 附註

- * The agent/broker must explain this Replacement Declaration to the applicant/proposer before the latter signs it, but this Replacement Declaration does not form part of the application/proposal for the new life insurance policy.

在申請人/投保人簽署本「轉保聲明」之前，保險代理/經紀必須向申請人/投保人解釋「轉保聲明」的內容。但本「轉保聲明」並不是新壽險保單的投保申請書/建議書其中一部分。

- ** Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the applicant/proposer, which has/have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination includes lapses, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies). "A substantial part" means "50% or above". However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a Replacement.

任何購買壽險的交易，如涉及(i)任何現有壽險保單或其基本壽險保障的大部分保額已被終止或將被終止，或(ii)現有壽險保單內大部分的保證現金價值已被減少/將被減少，包括：大部分的保證現金價值已被提取/將被提取作為保單借貸，均會被視為「轉保」。現有壽險保單包括在新購壽險保單生效日前後的12個月內，申請人/投保人已終止或將會終止的任何壽險保單。壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單。終止保單包括：讓保單失效、退保、或根據現有壽險保單的不能作廢條款，將保單轉為減額繳清/展期保單。「大部分」指「50%或以上」。若根據現有壽險保單的條款，將定期壽險保單轉為終身壽險保單(或某些形式的長期壽險保單)，則不會被視為「轉保」。

SECTION 1: DETAILS OF APPLICANT(S)

第1部份：申請人的詳細資料

*Delete as appropriate *請刪去不適用者

If the Proposed Policyholder(s) is/are Trustee(s) of an existing trust, please use the Trustee Application Form (available on request).
如果建議保單持有人是現有信託的信託人，請使用信託人申請表格(可供索取)。

To be completed by each investor who is the current legal owner of the premium(s)
由每名現時合法擁有保費的投資者填寫

Please use BLOCK CAPITALS
請用正楷填寫

	First (or only) Applicant 第一(或唯一)申請人	Second Applicant 第二申請人																								
1 Title 稱謂	<table border="1"> <tr> <td>Mr 先生</td> <td><input type="checkbox"/></td> <td>Mrs 太太</td> <td><input type="checkbox"/></td> <td>Miss 小姐</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Other Please Specify 其他請註明</td> <td colspan="2"><input type="text"/></td> <td colspan="2">Other Please Specify 其他請註明</td> </tr> </table>	Mr 先生	<input type="checkbox"/>	Mrs 太太	<input type="checkbox"/>	Miss 小姐	<input type="checkbox"/>	Other Please Specify 其他請註明		<input type="text"/>		Other Please Specify 其他請註明		<table border="1"> <tr> <td>Mr 先生</td> <td><input type="checkbox"/></td> <td>Mrs 太太</td> <td><input type="checkbox"/></td> <td>Miss 小姐</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Other Please Specify 其他請註明</td> <td colspan="2"><input type="text"/></td> <td colspan="2">Other Please Specify 其他請註明</td> </tr> </table>	Mr 先生	<input type="checkbox"/>	Mrs 太太	<input type="checkbox"/>	Miss 小姐	<input type="checkbox"/>	Other Please Specify 其他請註明		<input type="text"/>		Other Please Specify 其他請註明	
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Other Please Specify 其他請註明		<input type="text"/>		Other Please Specify 其他請註明																						
2 Surname 姓氏	<input type="text"/>	<input type="text"/>																								
3 First name(s) 名字	<input type="text"/>	<input type="text"/>																								
4 Marital status 婚姻狀況	<input type="text"/>	<input type="text"/>																								
5 Date of birth 出生日期	<input type="text"/>	<input type="text"/>																								
6 Country of residence 居住國家	<input type="text"/>	<input type="text"/>																								
7 Residence address 住宅地址	<input type="text"/>	<input type="text"/>																								
8 Telephone number 電話號碼	<input type="text"/>	<input type="text"/>																								
9 Fax number 傳真號碼	<input type="text"/>	<input type="text"/>																								
10 E-mail address 電郵地址	<input type="text"/>	<input type="text"/>																								
11 How long have you lived at this address? 您在上址居住了多久?	<input type="text"/>	<input type="text"/>																								
12 Correspondence address (if different to residence address) 通訊地址(若與住宅地址不同)	<input type="text"/>	<input type="text"/>																								
Please tick if you wish all correspondence / statements to be sent direct to the Applicant(s) (If the box is not ticked, all correspondence will be sent to the introducing intermediary.) 如欲將所有函件/報表直接寄予申請人，請於格內劃上✓號(如格內並無劃上✓號，則所有函件將寄予介紹中介人。)	<input type="checkbox"/>	<input type="checkbox"/>																								
13 Nationality 國籍	<input type="text"/>	<input type="text"/>																								
14 Occupation 職業	<input type="text"/>	<input type="text"/>																								
	(If retired, please state former occupation) (如已退休，請填寫退休前職業)	(If retired, please state former occupation) (如已退休，請填寫退休前職業)																								
15 Nature of business 業務性質	<input type="text"/>	<input type="text"/>																								
16 Are you in good health? 您的健康狀況良好嗎? If No, please give details on a separate piece of paper 若「否」，請於別紙上填寫詳細資料	<table border="1"> <tr> <td>Yes 是</td> <td><input type="checkbox"/></td> <td>No 否</td> <td><input type="checkbox"/></td> </tr> </table>	Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>	<table border="1"> <tr> <td>Yes 是</td> <td><input type="checkbox"/></td> <td>No 否</td> <td><input type="checkbox"/></td> </tr> </table>	Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>																
Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>																							
Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>																							
17 Are you to be a Life Assured? 您是否將成為受保人? (If the applicants are not to be the Lives Assured, the relevant supplementary form must be completed) (如申請人不會成為受保人，必須填寫有關附加申請表)	<table border="1"> <tr> <td>Yes 是</td> <td><input type="checkbox"/></td> <td>No 否</td> <td><input type="checkbox"/></td> </tr> </table>	Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>	<table border="1"> <tr> <td>Yes 是</td> <td><input type="checkbox"/></td> <td>No 否</td> <td><input type="checkbox"/></td> </tr> </table>	Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>																
Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>																							
Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>																							
18 Are you to be a Policyholder? 您是否準保單持有人?	<table border="1"> <tr> <td>Yes 是</td> <td><input type="checkbox"/></td> <td>No 否</td> <td><input type="checkbox"/></td> </tr> </table>	Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>	<table border="1"> <tr> <td>Yes 是</td> <td><input type="checkbox"/></td> <td>No 否</td> <td><input type="checkbox"/></td> </tr> </table>	Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>																
Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>																							
Yes 是	<input type="checkbox"/>	No 否	<input type="checkbox"/>																							

SECTION 2: POLICY DETAILS

第2部份：投資詳情

*Delete as appropriate *請刪去不適用者

Total Premium 保費總額

Monthly Contributions 每月供款	US\$/£/€/HK\$* 美元/英鎊/歐羅/港元*	Minimum US\$1,500 or currency equivalent 最低1,500美元或同等價值的其他貨幣
Quarterly Contributions 每季供款	US\$/£/€/HK\$* 美元/英鎊/歐羅/港元*	Minimum US\$4,500 or currency equivalent 最低4,500美元或同等價值的其他貨幣
Half-Yearly Contributions 每半年供款	US\$/£/€/HK\$* 美元/英鎊/歐羅/港元*	Minimum US\$9,000 or currency equivalent 最低9,000美元或同等價值的其他貨幣
Yearly Contributions 每年供款	US\$/£/€/HK\$* 美元/英鎊/歐羅/港元*	Minimum US\$18,000 or currency equivalent 最低18,000美元或同等價值的其他貨幣

The Plan will normally be issued as a single policy. If you wish your Plan to be issued as 10 individual policies, tick here.

卓裕計劃通常只簽發單一保單。如欲就您的卓裕計劃簽發10份保單，請在此劃上✓號。

Payment Methods 付款方法

WARNING: Please note that cash is not acceptable as a premium payment method. Any payments made in cash **may** not be returned.

警告：請注意本公司恕不接納現金付款，任何以現金繳付的款項**可能**不被退回。

- BY CHEQUE. Please make cheques payable to Friends Provident International Limited.
支票 抬頭請註明Friends Provident International Limited。
- BY BANKER'S DRAFT/TELEGRAPHIC TRANSFER. Please complete the **Bank Instruction Letter**. Where a banker's draft is chosen please ensure that your bank makes the draft payable to Friends Provident International Limited (Ref: Policyholder). Please also include a copy of the bank's acknowledgement letter when you forward the bank draft to us.
銀行本票/電匯 請填妥**銀行指示函**。若選擇銀行本票者，請確保銀行一方發出的本票收款人為 Friends Provident International Limited(參考編號：保單持有人)。同時，銀行本票及銀行確認信副本須一併遞交。
- BY STANDING ORDER. Please complete the **Banker's Standing Order** and enclose a cheque for the first premium.
自動轉帳指示 請填妥**銀行自動轉帳指示**並附上支票支付第一次保費。

Source of Wealth 財富來源

Please read the separate Source of Wealth table, available from Friends Provident International Limited, which details additional supporting information/documentation requirements.

請參閱財富來源表，該表可向英國友誠國際有限公司索取，並詳盡列明須提供的附加證明資料/文件。

<input type="checkbox"/>	Regular savings from salary 來自薪金的累積儲蓄	Current annual salary 現時年薪	<input type="text"/>
		Employer's name 僱主名稱	<input type="text"/>
<input type="checkbox"/>	Pension provision by employer. Please provide the Employer's Letter of Confirmation and Certificate of Incorporation. 顧主提供的退休金。請提供僱主確認信及公司註冊證書。		
<input type="checkbox"/>	Other regular income 其他定期收入	Amount of additional income 額外收入款額	<input type="text"/>
		Details 詳情	<input type="text"/>
<input type="checkbox"/>	Regular savings from company profits 來自公司利潤的定期儲蓄	Amount of annual profit 每年利潤額	<input type="text"/>
		Company name 公司名稱	<input type="text"/>
		Nature of company business 公司業務性質	<input type="text"/>

Other Source of Wealth
(please specify)
其他財富來源(請註明)

Valuation Currency 估值貨幣

Please select the currency in which you wish to receive valuations of your plan. (If no selection is made, valuations will be produced in the currency in which premiums are paid.)

請選擇下列一種貨幣作為您計劃的估值貨幣。(如沒有特定選擇，估值貨幣將會是支付保費的貨幣。)

<input type="checkbox"/> US Dollars (US\$) 美元	<input type="checkbox"/> Sterling (£) 英鎊	<input type="checkbox"/> Euros (€) 歐羅	<input type="checkbox"/> HK Dollars (HK\$) 港元
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Option Date 行權日

The Option Date must be not less than 5 years and not more than 25 years from inception of the Plan.

The maximum age of the youngest Life Assured at the chosen Option Date must be 75.

行權日必須為計劃生效後5年以上但不多於25年。最年輕的受保人於所選定的行權日的年齡不可高於75歲。

SECTION 3: ILLUSTRATION DOCUMENT

第3部份：退保說明文件

*Delete as appropriate *請刪去不適用者

THE ASSUMED RATES USED BELOW ARE FOR ILLUSTRATIVE PURPOSES. THEY ARE NEITHER GUARANTEED NOR BASED ON PAST PERFORMANCE. THE ACTUAL RETURN MAY BE DIFFERENT!

以下所用的回報率只供說明用途，並不受保證，亦非根據過往表現提供。實際回報率可能並不相同！

IMPORTANT 重要資料

THIS IS A SUMMARY ILLUSTRATION OF THE SURRENDER VALUES OF PREMIER ULTRA. IT IS INTENDED TO SHOW THE IMPACT OF FEES AND CHARGES ON SURRENDER VALUES BASED ON THE ASSUMPTIONS STATED BELOW AND IN NO WAY AFFECTS THE TERMS AND CONDITIONS STATED IN THE POLICY DOCUMENT.

以下是卓裕計劃退保價值的摘要說明，旨在顯示各項費用及收費會如何影響根據下文假定得出的退保價值，但此說明在任何方面並不會影響保單文件中的條款及條件。

Contract Term: 合約期限：	25 years 25年
Premium: 保費：	HK\$12,000 per month 每月12,000港元
Additional Life Cover: 額外人壽保障：	Nil 沒有
Premium Protection Cover: 保費保障計劃：	Nil 沒有
Return: 回報：	Illustrated at 5% and 9% per annum 按每年5%及每年9%加以說明

Projected Surrender Values for a regular premium to Premier Ultra with a monthly premium of HK\$12,000.

向卓裕計劃每月支付12,000港元定期保費的預計退保價值。

End of Policy Year	Total premium paid since start of Policy	Surrender Value assuming net rate of return of 5% per annum † 假定每年5%淨回報率的退保價值 †	Surrender Value assuming net rate of return of 9% per annum † 假定每年9%淨回報率的退保價值 †
保單年度終結時	從保單生效起已支付的保費總額		
1	HK\$144,000	HK\$0	HK\$0
2	HK\$288,000	HK\$113,139	HK\$115,968
3	HK\$432,000	HK\$272,948	HK\$284,218
4	HK\$576,000	HK\$440,089	HK\$467,149
5	HK\$720,000	HK\$614,941	HK\$666,055
10	HK\$1,440,000	HK\$1,619,580	HK\$1,954,078
15	HK\$2,160,000	HK\$2,886,150	HK\$3,915,276
20	HK\$2,880,000	HK\$4,488,722	HK\$6,906,030
25	HK\$3,600,000	HK\$6,565,399	HK\$11,581,760

† The rates of return shown here are for illustrative purposes and are not based on past performance. The actual return may be different. The rates used are net of a Fund Administration Charge of 1.2% per annum and external fund charge of 1.4%‡. The assumed gross rates of return are, therefore, 7.6% and 11.6%.

† 在此所示回報率只供說明用途，並非根據過往表現計算。實際回報率可能並不相同。所用回報率已扣除每年1.2%的基金管理費及1.4%的外在基金收費‡。因此假定總回報率為7.6及11.6%。

‡ This charge has been calculated on the basis of an arithmetical mean and should be used as a reference point only. For details of the external fund charge of each individual fund, please refer to the external fund charges leaflet.

‡ 此收費根據算術中位數計算，只應作為參考。有關個別基金的外在基金收費詳情，請參閱外在基金收費單張。

WARNING 警告

You should only invest in this product if you intend to pay the premium for the whole of your chosen premium payment term. Should you terminate this product early, you may suffer a loss as illustrated above.

若您打算在您所選定的整個保費繳付期內繳付保費，才應投資於此產品。若您提早終止此產品，可能會蒙受上文所示的損失。

DECLARATION 聲明

I/We* confirm having read and understood the information provided in this illustration and received the principal Brochure and Technical Guide.
本人/我們*確認已經閱讀和明白此退保說明文件中提供的資料，並已收到主要說明書及投資指南。

SIGNATURE(S) 簽署

First (or only) Applicant 第一(或唯一)申請人

Second Applicant 第二申請人

Signature 簽署
Date 日期

Signature 簽署
Date 日期

Important Notes 重要提示

1. A specimen policy document and/or copy of this completed form are available on request.
2. You are advised to satisfy yourself/selves that, under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect the policy.
3. You should seek guidance from your usual Independent Financial Adviser as to the suitability of the policy to your own particular circumstances.
4. Information which you provide in connection with this Application and any subsequent Policy will be held (whether stored electronically or otherwise), used or disclosed by Friends Provident International Limited or any associated company that exists from time to time. You have the right to obtain access to and to request a correction of any personal information about you. Requests can be made to the Compliance Officer at Royal Court, Castletown, Isle of Man, British Isles IM9 1RA or the Regional Sales Director, Suites 1203-1211, Two Pacific Place, 88 Queensway, Hong Kong.
5. Each policy is governed by and shall be construed in accordance with the law of the Isle of Man.
6. FUND ACKNOWLEDGEMENT

Friends Provident International Limited offers products that give you an investment choice from a very wide-ranging menu of investments. Investment may be direct through our Reserve product, or indirect through our other products, via a range of internal mirror funds that Friends Provident International Limited has created. Please check carefully to ensure that, as a Hong Kong investor, you are able to access the funds of your choice. Your Independent Financial Adviser will be able to advise you. Before investing in any fund, through one of our products, please ensure that:

- You have read and understood the information supplied to you, including the relevant principal brochures and illustration document, and understand the nature of any risks involved.
- You have discussed with your Independent Financial Adviser whether such an asset is appropriate to link part of your policy to it.
- You are eligible and able to invest into the fund.
- You are aware that all investment involves an element of risk. Fund prices may go up and down. Past performance is not necessarily a guide to future performance.

Liquidity Information

Some of our mirror funds, particularly our specialist ones, and also some of the underlying funds, may have restrictions on their ability to pay cash due to the type of investments they hold. This could limit your ability to raise cash from the fund in the future, although any restriction is only likely to occur in extreme market conditions. Investment into specialist funds either directly, or via our mirror funds, should be considered as a long-term investment. You, in conjunction with your Independent Financial Adviser, should consider the amount you invest via your policy if it is likely that you will need access to your capital quickly in the future.

1. 如有需要，我們將樂意提供保單文件樣本及/或已填妥的申請表格以供參考。
2. 申請人必須清楚知道根據您須遵守的稅務、外匯管制或保險法例，以確定您是否可以投資卓裕計劃。
3. 申請人應就保單是否適合個人的特定情況，諮詢您的獨立理財顧問。
4. 申請人就此申請表格及其後的保單所提供的資料，將由英國友誠國際有限公司或其當時的聯營公司持有(以電子方式或其他方式儲存)、使用或披露。申請人有權向本公司要求查閱及更正您的個人資料。任何有關要求可呈交本公司的監察主任，地址為 Royal Court, Castletown, Isle of Man, British Isles IM9 1RA 或區域營業總監，地址為香港金鐘道88號太古廣場二座1203-1211室。
5. 每份保單受馬恩島法律管轄，並按馬恩島法律解釋。
6. 基金確認

英國友誠國際有限公司提供的投資相連壽險計劃，可以讓您在各式各樣的投資項目中作出選擇。您可以透過本公司的豐裕計劃直接投資於相關基金，或透過本公司的其他投資相連壽險計劃經英國友誠國際有限公司設立的全線內部影子基金間接投資於相關基金。請仔細查核，確保您作為香港投資者，是否能投資於您所選擇的基金。您的獨立理財顧問可在這方面向您提供意見。透過本公司的投資相連壽險計劃投資於任何基金前，請確保：

- 您已閱讀並明白所提供給您的資料，包括有關的主要說明書及退保說明文件，而且明白所涉風險的性質。
- 您已與您的獨立理財顧問商討，所投資的資產是否適合與您保單的某部份相連。
- 您符合資格並且可投資於該基金。
- 您知道所有投資均涉及某程度的風險。基金價格可升可跌。以往的表現並不能作為基金將來表現的指標。

基金流通性資料

本公司某些影子基金，尤其是專家基金，以及某些相關基金，可能由於其所持有的投資種類，在支付現金的能力上會受到限制。這將會對您日後從基金取回現金的能力造成限制，不過此限制一般只會在極端的市場情況下才發生。直接或經由本公司的影子基金間接地投資於專家基金，應視作長期投資。如果您日後需要在短時間內動用資金，您就應該與您的獨立財務顧問共同考慮您透過保單投資的款額。

DECLARATIONS 聲明

Attention is drawn to the following Declarations. If the Application Form requests information which has to be assessed by the Company before acceptance, then: You must disclose all facts which are material. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal. If you are in doubt as to the relevance of any particular information you should disclose it, as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.

請注意以下聲明。如申請表格內要求填寫的資料須先由本公司審核才能接納此申請，您必須披露一切重要事實，就是保險公司認為可能影響建議書的審核及批准的該等事實。如對任何特定資料是否相關有疑問，您仍應予以披露，否則將可能引致您收到錯誤的保單報價條款、被拒索償或減少索償金額，或保單不能生效。

1. FUND ACKNOWLEDGEMENT 基金確認

Before you invest in any specialist funds through your policy, Friends Provident International Limited wishes to ensure that you are aware of the nature and possible risks associated with them. Would you therefore please make the following declarations:

- (i) I/We* acknowledge that it is my/our* responsibility to ensure that the fund is suitable bearing in mind my/our* investment objectives, attitude to risk and any appropriate legislative restrictions.
- (ii) I/We* confirm that I/we* understand that certain funds may have restrictions on their ability to raise cash in the future, and that further details are included in the Prospectus issued by the respective Fund Manager.
- (iii) I/We* acknowledge that Friends Provident International Limited is not responsible for any loss suffered or reduction in the value of my/our* policy arising from my/our* investment. Friends Provident International Limited does not have any responsibility for the management of the underlying fund and Friends Provident International Limited does not approve any asset as a suitable investment.
- (iv) I/We* acknowledge that Friends Provident International Limited reserves the right to reject any asset at the time of investment if certain administration and due diligence criteria are not met.

在您透過保單投資於任何專家基金之前，英國友誠國際有限公司希望您確實知道投資可能涉及的風險及其性質。因此，懇請您作出以下各項聲明：

- (i) 本人/我們*承認，本人/我們*有責任確保在考慮到本人/我們*的投資目標、對風險的態度及任何適當的法律限制之下，投資的基金是適當的。
- (ii) 本人/我們*確認，本人/我們*明白某些基金日後在取回現金的能力上會有限制，而有關的基金經理所發出的發行章程中已載明更多的詳情。
- (iii) 本人/我們*承認，英國友誠國際有限公司無須就本人/我們*的投資所導致的損失或本人/我們*保單價值減低而負責。英國友誠國際有限公司無須對相關基金的管理負責，亦並未對任何資產是否適當的投資給予認可。
- (iv) 本人/我們*確認，如果任何資產的投資並未符合某些行政及盡職查證準則，英國友誠國際有限公司保留拒絕任何資產投資的權利。

2. DECLARATIONS 聲明

I/We* declare that this Application was signed in
本人/我們*謹此聲明，此申請表簽署地為

	(country 國家)
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and the advice was given in
意見提供地為

	(country 國家)
--	--------------

and that, to the best of my/our* knowledge and belief, all the above statements are true. I/We* agree that they, together with any other statements made to a medical examiner in the event of a medical examination or to the Company, now or in the future, shall form the basis of the contract under the law of the Isle of Man. I/We* have read and understood all the printed materials relevant to this contract and I/we* have acquainted myself/ourselves* with the management charges made by Friends Provident International Limited.

I/We* understand that I/we* may choose the investments to which my/our* Premier Ultra Policies are to be linked. Consequently, Friends Provident International Limited shall not be responsible for the investment performance or for any loss or liability arising from my/our* choice of investment, however arising.

I/We* understand that this application can only be accepted by employees of Friends Provident International Limited situated at the Company's Head Office in the Isle of Man and that no other employees or third parties have the necessary authority to create a binding contract.

而且就本人/我們*所知及所信，上述一切陳述均正確無誤。本人/我們*同意，這些陳述及呈交給醫療檢查機構(如進行醫療檢查)或公司的任何其他陳述於現時或將來將構成馬恩島法律規定下的合約的基礎。本人/我們*已閱讀並明白一切與此合約相關的印刷資料，並已知悉英國友誠國際有限公司收取的管理費用。

本人/我們*明白，本人/我們*可選擇與本人/我們*的卓裕計劃保單相連的投資項目。因此，英國友誠國際有限公司無須對投資表現或因本人/我們*選擇的投資所造成的損失或債務負上任何責任。

本人/我們*明白此申請表格只可由英國友誠國際有限公司位於馬恩島總辦事處的僱員受理，其他僱員或第三者均未獲所需的授權設立任何具約束力的合約。

3. CANCELLATION RIGHTS AND REFUND OF PREMIUM 取消權利及退還保費

I/We* understand that I/we* have the right to cancel and obtain a refund of any premium(s) paid less any market value adjustment, by giving written notice. I/We* understand that such notice must be signed by me/us* and received directly by Friends Provident International Limited, Suites 1203-1211, Two Pacific Place, 88 Queensway, Hong Kong within 21 days after the delivery of the policy or issue of a notice informing me/us* or my/our* representative about the availability of the policy and the expiry date of the cooling-off period, whichever is earlier. I/We* understand that if I/we* would like to obtain details of the basis you calculate the market value adjustment, I/we* can ask your office to send me/us* further information.

本人/我們*明白本人/我們*有權以書面通知要求取消保單及取回扣除市值調整後的已繳保費。本人/我們*明白本人/我們*必須簽署要求取消保單的通知，並確保英國友誠國際有限公司香港分支辦事處(地址：香港金鐘道88號太古廣場二座1203-1211室)於以下時段內直接收到該份函件：保單交付本人/我們*或本人/我們*的代表後或說明保單已經可以領取及「冷靜期」的屆滿日之《通知書》發予本人/我們*或本人/我們*的代表後起計的21天，以較先者為準。本人/我們*明白如本人/我們*希望索取 貴公司計算市值調整的基準，本人/我們*可要求 貴公司寄出有關資料以供參考。

4. DATA PROTECTION 資料保護

I/We* consent that any personal information collected or held by Friends Provident International Limited (whether contained in this Application or otherwise) is provided and may be held (whether stored electronically or otherwise), used or disclosed to enable Friends Provident International Limited to:

- (i) transfer the information between its offices wherever they are situated; and
- (ii) provide me/us* with information about other products or services which it believes may be of interest to me/us*; and
- (iii) communicate with me/us*, my/our* independent financial adviser and fund adviser whether directly or indirectly for any purpose; and
- (iv) to supply the details or provide a copy of the information to any financial services company wherever they are situated to enable the purchase of assets requested to be linked to the policy.

本人/我們*同意，任何由英國友誠國際有限公司蒐集或持有的個人資料(不論是否在此申請表格或以其他方式載明)，是為下列目的提供給英國友誠國際有限公司的，並可由英國友誠國際有限公司持有(以電子或其他方式儲存)、使用或披露，以便：

- (i) 把資料傳遞到其位於各地的辦事處；及
- (ii) 向本人/我們*提供本人/我們*可能有興趣的其他產品或服務資料；及
- (iii) 直接或間接地為任何目的與本人/我們*、本人/我們*的獨立財務顧問及基金顧問通訊；及
- (iv) 向位於各地的金融服務公司提供資料詳情或其副本，以便購入的資產可與保單相連。

5. I/We* acknowledge that Friends Provident International Limited and my/our* advising intermediary have entered into an agreement ("terms of business") which sets out the basis upon which Friends Provident International Limited is prepared to accept applications submitted by the intermediary on my/our* behalf. This agreement categorically states that the intermediary acts as my/our* agent, and not the agent of Friends Provident International Limited. I/We* acknowledge that my/our* advising intermediary, or any other, has no authority to act as the agent of Friends Provident International Limited or to state, suggest or imply that it has such authority.

本人/我們*承認，英國友誠國際有限公司已與本人/我們*的中介人顧問簽訂協議(「業務條款」)，規定英國友誠國際有限公司擬接受中介人代表本人/我們*遞交的申請的基礎。該協議明確地表明中介人擔任本人/我們*的代理人而並非英國友誠國際有限公司的代理人。本人/我們*承認本人/我們*的中介人顧問或任何他人均未獲授權擔任英國友誠國際有限公司的代理人，亦不可聲明、暗示或默認其獲得該項授權。

Signature(s) 簽署

First (or only) Applicant 第一(或唯一)申請人

Second Applicant 第二申請人

Signature 簽署	
Date 日期	

Signature 簽署	
Date 日期	

VERIFICATION OF IDENTITY - CHECKLIST

身份核證 - 查檢表

*Delete as appropriate *請刪去不適用者

Please complete ALL sections 請填寫所有部份

This document should be completed by the introducing Intermediary. (Where there is more than one individual Applicant a separate form for each additional Applicant should be completed.)

此文件應由介紹中介人填寫。(如申請人多於一名，每名額外申請人均須另行填寫。)

Full name of customer 客戶全名	<input type="text"/>	
Reference number 參考編號	PASSPORT 護照 <input type="text"/>	NATIONAL IDENTITY CARD 身份證 <input type="text"/>
Issuing office 簽發辦事處	<input type="text"/>	<input type="text"/>
Country 國家	<input type="text"/>	<input type="text"/>
Certified copy included 附上已核證副本	Yes 是 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>

Please also provide a certified copy of a utility bill (or bank statement, employer's letter) verifying the Applicant's residential address[†]
請附上已核證的公用事業帳單(或銀行結單、僱主證明信)的副本，作為申請人的住址證明。[†]

How long have you known the applicant?
您認識申請人有多久？

Who introduced the applicant to you?
誰介紹您認識申請人？

Are any concurrent proposals being made to other life offices and does the applicant hold any other life investment products?
是否同時向其他人壽保險公司遞交建議書？申請人是否已購買任何其他壽險投資產品？
Yes 是 No 否

If Yes, please give full details
若有，請提供詳細資料

Declaration 聲明

I/We* being the person introducing the above customer hereby give assurance that:

本人/我們*是以上客戶的介紹人，謹此保證：

- (a) evidence of the identity of the Client has been obtained and has been and will continue to be recorded by me/us* in accordance with:
本人/我們*已獲得客戶的身份證明，並已經及將會繼續根據以下各項予以記錄：
- (i) Any requirements of Friends Provident International Limited from time to time notified to me/us*.
英國友誠國際有限公司不時通知本人/我們*的任何規定。
 - (ii) The Isle of Man Insurance and Pensions Authority - Common Trading Practices for Isle of Man Insurers' Guidance Notes on the Prevention of Money Laundering (and all legislation regulations, and guidance issued in substitution thereof and in addition thereto where applicable).
馬恩島保險及退休管理局 - 馬恩島保險公司防止洗黑錢之一般貿易慣例指引(及所有代替及增補的法例規定及指引，以適用者為準)。
 - (iii) The requirements of any other regulatory body of any jurisdiction applicable to the business submitted.
任何國家地區的任何其他監管機構作出的適用於有關業務的規定。
- (b) I confirm that I have seen the original documents specified above and have checked the name and identity of the customer and beneficial owner and attach a certified copy for your records.
本人確認已看到上述文件的正本，並已查檢客戶及受益擁有人的姓名及身份。現附上已核證副本以作記錄。

Signature
簽署

Date
日期

Full name
全名

Sole Trader/Partner/Director or other duly authorised signatory - please delete as applicable
獨資經營者/合夥人/董事或其他獲正式授權簽署人 - 請刪去不適用者

For and on behalf of
代表

Full name of Intermediary Firm 中介機構全名

Authorising Body
授權機構

Authorising Number
授權編號

Address of Intermediary Firm
中介機構地址

[†] A full list of acceptable proof of address documents is available from Friends Provident International Limited

[†] 可接受地址證明文件的詳盡列表可向英國友誠國際有限公司索取

VERIFICATION OF IDENTITY - CHECKLIST

身份核證 - 查檢表

*Delete as appropriate *請刪去不適用者

Please complete ALL sections 請填寫所有部份

This document should be completed by the introducing Intermediary. (Where there is more than one individual Applicant a separate form for each additional Applicant should be completed.)

此文件應由介紹中介人填寫。(如申請人多於一名，每名額外申請人均須另行填寫。)

Full name of customer 客戶全名	<input type="text"/>	
Reference number 參考編號	PASSPORT 護照 <input type="text"/>	NATIONAL IDENTITY CARD 身份證 <input type="text"/>
Issuing office 簽發辦事處	<input type="text"/>	<input type="text"/>
Country 國家	<input type="text"/>	<input type="text"/>
Certified copy included 附上已核證副本	Yes 是 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>

Please also provide a certified copy of a utility bill (or bank statement, employer's letter) verifying the Applicant's residential address[†]
請附上已核證的公用事業帳單(或銀行結單、僱主證明信)的副本，作為申請人的住址證明。[†]

How long have you known the applicant?
您認識申請人有多久？

Who introduced the applicant to you?
誰介紹您認識申請人？

Are any concurrent proposals being made to other life offices and does the applicant hold any other life investment products?
是否同時向其他人壽保險公司遞交建議書？申請人是否已購買任何其他壽險投資產品？
Yes 是 No 否

If Yes, please give full details
若有，請提供詳細資料

Declaration 聲明

I/We* being the person introducing the above customer hereby give assurance that:

本人/我們*是以上客戶的介紹人，謹此保證：

- (a) evidence of the identity of the Client has been obtained and has been and will continue to be recorded by me/us* in accordance with:
本人/我們*已獲得客戶的身份證明，並已經及將會繼續根據以下各項予以記錄：
- (i) Any requirements of Friends Provident International Limited from time to time notified to me/us*.
英國友誠國際有限公司不時通知本人/我們*的任何規定。
 - (ii) The Isle of Man Insurance and Pensions Authority - Common Trading Practices for Isle of Man Insurers' Guidance Notes on the Prevention of Money Laundering (and all legislation regulations, and guidance issued in substitution thereof and in addition thereto where applicable).
馬恩島保險及退休管理局 - 馬恩島保險公司防止洗黑錢之一般貿易慣例指引(及所有代替及增補的法例規定及指引，以適用者為準)。
 - (iii) The requirements of any other regulatory body of any jurisdiction applicable to the business submitted.
任何國家地區的任何其他監管機構作出的適用於有關業務的規定。
- (b) I confirm that I have seen the original documents specified above and have checked the name and identity of the customer and beneficial owner and attach a certified copy for your records.
本人確認已看到上述文件的正本，並已查檢客戶及受益擁有人的姓名及身份。現附上已核證副本以作記錄。

Signature
簽署

Date
日期

Full name
全名

Sole Trader/Partner/Director or other duly authorised signatory - please delete as applicable
獨資經營者/合夥人/董事或其他獲正式授權簽署人 - 請刪去不適用者

For and on behalf of
代表

Full name of Intermediary Firm 中介機構全名

Authorising Body
授權機構

Authorising Number
授權編號

Address of Intermediary Firm
中介機構地址

[†] A full list of acceptable proof of address documents is available from Friends Provident International Limited

[†] 可接受地址證明文件的詳盡列表可向英國友誠國際有限公司索取

Bank Instruction Letter 銀行指示信件

**Only applicable to Applicants who DO NOT have bank accounts in the Far East.
只供在遠東地區並未設有銀行戶口的申請人填寫。**

This letter should be returned with your Application Form. Please use BLOCK CAPITALS *Delete as applicable
此信件應連同申請表格一併交還。請用正楷填寫 *請刪去不適用者

Name and full postal address of your Bank
銀行名稱及詳細郵寄地址

To: The Manager 致：經理	Bank 銀行
Address 地址	
Postcode 郵政編碼	

Sort Code (if applicable)* 分類編碼 (若適用)*

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SWIFT/BIC Code (if applicable)* SWIFT/BIC編碼 (若適用)*

IBAN (Euro payments only)* IBAN (只適用於以歐羅付款) *

Account Number 戶口號碼

Account Currency (must be completed if the account is multi-currency)
戶口貨幣 (如戶口設有多種貨幣，必須填寫)

Account Holder's Name 戶口持有人名稱

Dear Sir,

On my/our* behalf would you please prepare a Telegraphic Transfer (see Section A) or a Draft (see Section B) and carry out the transaction indicated within 48 hours of you receiving this instruction.

敬啟者：

請在收到此指示後48小時內，代表本人/我們*準備電匯(見A節)或銀行本票一張(見B節)及進行所示的交易。

Section A - Telegraphic Transfers A節 - 電匯

If remitting sterling from a UK/Channel Island or Isle of Man bank account, send the payment by CHAPS direct to the Isle of Man Bank Limited, East Region, Douglas, Sort Code 60-95-45. For all other currencies, please remit a SWIFT Payment Order direct to Isle of Man Bank Limited, SWIFT Code RBOSIMD2, IBAN: GB48RBOS60954540038485. The beneficiary account name is Friends Provident International Limited and the beneficiary account number is shown below.

如需由英國/英倫群島或馬恩島的銀行戶口安排英鎊匯款，請以CHAPS直接電匯往Isle of Man Bank Limited, East Region, Douglas, 分類編碼60-95-45。所有其他匯款，請以SWIFT Payment Order直接電匯往Isle of Man Bank Limited, SWIFT編碼RBOSIMD2, IBAN: GB48RBOS60954540038485。收款人戶口名稱為Friends Provident International Limited，而收款人戶口號碼如下：

US Dollar, Sterling and Euro Transfer - Account No. 9545-40038485
美元、英鎊及歐羅匯款 - 戶口號碼：9545-40038485

The reference number below (see Section C) must be quoted by the Bank on all advices.
銀行必須在所有通知單註明以下參考編號(見C節)。

US\$/€/£* 美元/歐羅/英鎊*	(figures) (數額)	US\$/€/£* 美元/歐羅/英鎊*	(words) (大寫)
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Please charge the amount of the payment **together with any bank and agent bank's charges** to my/our* account.
請將匯款的款項，連同任何銀行及代理銀行的費用於本人/我們*的戶口中扣除。

Section B - Drafts B節 - 本票

On receipt of this letter please prepare a (tick one box only)
收到此信件後，請準備(只須於其中一項加上✓號)

- US Dollar Draft (drawn on a bank in New York)
美元本票(從紐約的銀行提取)
- Euro Draft (drawn on a bank in EEA)
歐羅本票(從歐洲經濟區的銀行提取)
- Sterling Draft (drawn on a bank in the United Kingdom)
英鎊本票(從英國的銀行提取)

payable to **Friends Provident International Limited**, quoting the reference given below, for exactly
抬頭人為 **Friends Provident International Limited**，註明下面所示參考編號，本票數額為

US\$/€/£* 美元/歐羅/英鎊*	(figures) (數額)	US\$/€/£* 美元/歐羅/英鎊*	(words) (大寫)
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After preparation of the Draft please airmail it at my/our* own cost, together with a copy of this instruction, immediately to Friends Provident International Limited, Royal Court, Castletown, Isle of Man IM9 1RA.
請將準備好的銀行本票，連同此指示副本立即以空郵形式寄往Friends Provident International Limited，地址為Royal Court, Castletown, Isle of Man IM9 1RA。郵費由本人/我們*支付。

Yours faithfully, 此致
Signature(s) 簽署

Date 日期

My/Our* Address
本人/我們*的地址

Section C (To be completed by Friends Provident International Limited) C節 (由英國友誠國際有限公司填寫)

This Reference Number must be quoted by the Bank on all advices
銀行必須在所有通知單註明此參考編號

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Bank Instruction Letter 銀行指示信件

Only applicable to Applicants with bank accounts in the Far East.
只供在遠東地區設有銀行戶口的申請人填寫。

Please note that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.
請注意，有些銀行要求客戶使用其銀行自動轉帳指示表格，故此您應向您的銀行諮詢是否接受本文件。

This letter should be returned with your Application Form. Please use BLOCK CAPITALS *Delete as applicable
此信件應連同申請表格一併交還。請用正楷填寫 *請刪去不適用者

Name and full postal address of your Bank
銀行名稱及詳細郵寄地址

To: The Manager 致：經理	Bank 銀行
Address 地址	
Postcode (if applicable) 郵政編碼 (如適用)	

Sort Code (if applicable)* 分類編碼 (若適用)*

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
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SWIFT/BIC Code (if applicable)* SWIFT/BIC編碼 (若適用)*

IBAN (Euro payments only)* IBAN (只適用於以歐羅付款) *

Account Number 戶口號碼

Account Currency (must be completed if the account is multi-currency)
戶口貨幣 (如戶口設有各種貨幣，必須填寫)

Account Holder's Name 戶口持有人名稱

Dear Sir,

On my/our* behalf would you please prepare a Telegraphic Transfer (see Section A) or a Draft (see Section B) and carry out the transaction indicated within 48 hours of you receiving this instruction.

敬啟者：

請在收到此指示後48小時內，代表本人/我們*準備電匯(見A節)或銀行本票一張(見B節)及進行所示的交易。

Section A - Telegraphic Transfers A節 - 電匯

Please remit to the HSBC Limited, 1 Queen's Road, Central, PO Box 64, Hong Kong, SWIFT Code HSBCHKHH for credit to Friends Provident International Limited and the beneficiary account number shown below.

匯款請電匯往香港上海匯豐銀行有限公司，地址為香港郵政信箱64號中環皇后大道中1號，SWIFT編碼HSBCHKHH轉帳給Friends Provident International Limited，收款人戶口號碼如下：

<input type="checkbox"/> US Dollar Transfer - Account No. 511-667685-201 美元匯款 - 戶口號碼：511-667685-201	<input type="checkbox"/> Sterling Transfer - Account No. 511-667685-202 英鎊匯款 - 戶口號碼：511-667685-202
<input type="checkbox"/> HK Dollar Transfer - Account No. 511-667685-001 港元匯款 - 戶口號碼：511-667685-001	<input type="checkbox"/> Euro Transfer - Account No. 511-667685-220 歐羅匯款 - 戶口號碼：511-667685-220

The reference number below (see Section C) must be quoted by the Bank on all advices.
銀行必須在所有通知單註明以下參考編號(見C節)。

US\$/£/€/HK\$* 美元/英鎊/歐羅/港元*	(figures) (數額)	US\$/£/€/HK\$* 美元/英鎊/歐羅/港元*	(words) (大寫)
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Please charge the amount of the payment **together with any bank and agent bank's charges** to my/our* account.
請將匯款的款項，連同任何銀行及代理銀行的費用於本人/我們*的戶口中扣除。

Section B - Drafts B節 - 本票

On receipt of this letter please prepare a (tick one box only)
收到此信件後，請準備(只須於其中一項加上✓號)

<input type="checkbox"/> US Dollar Draft (drawn on a bank in New York) 美元本票(從紐約的銀行提取)	<input type="checkbox"/> Sterling Draft (drawn on a bank in the United Kingdom) 英鎊本票(從英國的銀行提取)
<input type="checkbox"/> HK Dollar Draft (drawn on a bank in Hong Kong) 港元本票(從香港的銀行提取)	

payable to **Friends Provident International Limited**, quoting the reference given below, for exactly
抬頭人為 **Friends Provident International Limited**，註明下面所示參考編號，本票數額為

US\$/£/HK\$* 美元/英鎊/港元*	(figures) (數額)	US\$/£/HK\$* 美元/英鎊/港元*	(words) (大寫)
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After preparation of the Draft please airmail it at my/our* own cost, together with a copy of this instruction, immediately to Friends Provident International Limited, Royal Court, Castletown, Isle of Man IM9 1RA.

請將準備好的銀行本票，連同此指示副本立即以空郵形式寄往Friends Provident International Limited，地址為Royal Court, Castletown, Isle of Man IM9 1RA。郵費由本人/我們*支付。

Yours faithfully, 此致

Signature(s) 簽署

<input type="text"/>
Date 日期

My/Our* Address
本人/我們*的地址

Section C (To be completed by Friends Provident International Limited) C節 (由英國友誠國際有限公司填寫)

This Reference Number must be quoted by the Bank on all advices
銀行必須在所有通知單註明此參考編號

<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"/>
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FAILURE TO DISCLOSE RELEVANT INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION 不披露有關資料將會引致申請處理延誤

Important Information 重要資料

THE INFORMATION GIVEN IN THIS DOCUMENT is based on the understanding of Friends Provident International Limited of current law and Isle of Man taxation practice, which may change in the future. No liability can be accepted for any personal tax consequences of this scheme or for the effect of future tax or legislative changes.

Past performance should not be viewed as an indication of future performance, fund prices may go up and down depending upon investment performance and are not guaranteed. You may get back less than you have paid in. All fund performance quoted is net of annual charges. Please note that securities held within a fund may not be denominated in the currency of that fund and, as a result, fund prices may rise and fall purely on account of exchange rate fluctuations.

Holders of policies issued by the Company will not be protected by the UK Financial Services Compensation Scheme if the Company should become unable to meet its liabilities to them. Policyholders will receive the protection of the Life Assurance (Compensation of Policyholders) Regulations 1991 of the Isle of Man.

Complaints we cannot settle can be referred to the Financial Services Ombudsman Scheme for the Isle of Man or the Financial Ombudsman Scheme in the UK, depending on the parties involved.

Some telephone communications with the Company are recorded and may be randomly monitored or intruded into.

刊載於此文件的資料是根據英國友誠國際有限公司對現有法例及馬恩島稅務慣例的理解而提供的，這些法例及稅務慣例日後會有所改變。本公司將不會為此計劃導致的個人稅務後果或將來稅務或法例改變所帶來的影響承擔任何責任。

以往的表現並不能作為基金將來表現的指標，因為基金價格可升可跌，視乎投資表現而定。您的投資價值從無保證，而您取回的款額可能比投資額少。所報出的基金表現皆已扣除每年收費。請注意，基金持有的證券並不一定以該基金的貨幣作為結算單位。因此，基金價格會純粹基於匯率的波動而升跌。

如本公司無力償還其對保單持有人的債務，該等保單持有人將不會受到英國金融服務賠償計劃的保障。但保單持有人將受馬恩島1991年人壽保險法例(保單持有人的賠償)的保障。

本公司未能處理的投訴，可轉介到馬恩島金融服務申訴專員計劃或英國金融申訴專員計劃解決，視乎所涉各方人士而定。

本公司會對某些來電通訊進行錄音，並會抽樣監察或聆聽其中的對話。

LEGAL INTERPRETATION 法律解釋

Each policy is governed by and shall be construed in accordance with the law of the Isle of Man.

每份保單均受馬恩島法律管轄並按馬恩島法律解釋。

Important Notes 重要提示

The documentation of Premier Ultra has been authorised by the Hong Kong Securities and Futures Commission pursuant to Section 105(1) of the Securities and Futures Ordinance. In giving this authorisation the Commission has made no assessment of, nor does it take responsibility for, the financial soundness or merits of Premier Ultra, nor has it verified the accuracy or truthfulness of statements or opinion expressed in the documentation. The constitutive documents of Premier Ultra are available for inspection at Friends Provident International Limited's offices at the address given.

Each policy is governed by and shall be construed in accordance with the law of the Isle of Man. However, this will not preclude the right to bring legal action in a Hong Kong court.

Friends Provident International Limited accepts responsibility for the accuracy of statements contained in this brochure and that no material facts have been omitted from the information provided to the best of Friends Provident International Limited's knowledge.

卓裕計劃的文件已獲香港證券及期貨事務監察委員會依據《證券及期貨條例》第105(1)條予以認可。證監會在給予認可時，並未評核卓裕計劃的財務穩健性或優勝之處，不會為此負責，而且並未核證文件所載的陳述或意見是否準確或真實。卓裕計劃的組成文件可按所示地址在英國友誠國際有限公司辦事處查閱。

每份保單均受馬恩島法律管轄並按馬恩島法律解釋，但這並不妨礙本公司在香港法院提出訴訟的權利。

英國友誠國際有限公司對本說明書所載各項陳述的準確性負責，而且據英國友誠國際有限公司所知而提供的資料並未遺漏任何重要的事實。

ILLUSTRATION OF SURRENDER VALUE 退保價值的說明

Applicants will be required to sign an illustration document as part of the application for a policy. This document includes a table of figures which shows the impact of fees and charges on the product and their effect on surrender values. The figures are based on certain assumptions as stated in the document.

申請人須填寫一份退保說明文件，作為申請保單投資計劃的一部份。此文件包括一個數表，此數表顯示投資產品的費用及收費以及其對退保價值的影響。數表內的數字是根據此文件內所述的假設而釐定。

COOLING-OFF RIGHTS 冷靜期的權利

Applicants have the right to cancel a policy and obtain a refund of any premiums paid less any market value adjustment by giving a written notice to us. If you decide to cancel your policy, you must send a written notice to us direct at our office at Suites 1203-1211 Two Pacific Place, 88 Queensway, Hong Kong. Such notice must be signed by you and received by us within 21 days after the delivery of the policy or issue of a notice to you or your representative about the availability of the policy and the expiry date of the cooling-off period, whichever is earlier. If you would like to know how we calculate the market value adjustment, please contact our office at the address shown above for further information.

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申請人有權以書面通知要求取消保單及取回扣除市值調整後的已繳保費。如您決定取消保單，您必須簽署取消保單通知書並在保單交付您或您的代表後或說明保單已經可以領取及「冷靜期」的屆滿日之《通知書》發予您或您的代表起計的21天內(以較先者為準)直接遞交該通知書至本公司的辦事處，地址為香港金鐘道88號太古廣場二座1203-1211室。如果您希望了解我們怎樣計算市值調整，請按上述地址與本公司的辦事處聯絡，我們將寄出有關資料以供參考。

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FAILURE TO DISCLOSE RELEVANT INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION
不披露有關資料將會引致申請處理延誤

Friends Provident International Limited

Registered & Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA
Telephone: +44(0) 1624 821212 Fax: +44(0) 1624 824405

Incorporated company limited by shares
Registered in the Isle of Man No. 11494
Authorised by the Isle of Man Insurance & Pensions Authority
Provider of life assurance and investment products

The appointed representative of the Company in Hong Kong is
Friends Provident International Limited's branch office:

Friends Provident International Limited

Suites 1203-1211, Two Pacific Place, 88 Queensway, Hong Kong
Telephone: +852 2524 2027 Fax: +852 2868 4983
Website: www.fpinternational.com.hk

Authorised by the Office of the Commissioner of Insurance to conduct long-term insurance business in Hong Kong

Friends Provident, Friends Provident International and FRIENDS are registered trade marks of the
Friends Provident group of companies in the UK and other countries

英國友誠國際有限公司

註冊及總辦事處：Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA
電話：+44(0) 1624 821212 傳真：+44(0) 1624 824405

登記為股份有限公司
在馬恩島的註冊號碼為11494
獲馬恩島保險及退休金管理局認可
人壽保險及投資產品提供者

本公司在香港的指定代表是
英國友誠國際有限公司分支辦事處：

英國友誠國際有限公司

香港金鐘道88號太古廣場二座1203-1211室
電話：+852 2524 2027 傳真：+852 2868 4983
網址： www.fpinternational.com.hk

獲保險業監理處授權在香港經營長期保險業務

Friends Provident、Friends Provident International及FRIENDS是英國友誠的公司
在英國及其他國家的註冊商標

