



'Guidance and Direction when you go Offshore'

INTERNATIONAL WEALTH STRUCTURING • INHERITANCE TAX
INTERNATIONAL PORTFOLIO & RETIREMENT SOLUTIONS • FOREX

Insurance: Application Checklist & Terms of Business

Dear Applicant,

Please complete, date, sign and send this Form together with your Application Form and accompanying Documents, and please also ensure inclusion of the following:

- 1. ID - Black & White Passport Copy of each Life Assured.
2. Original UTILITY-BILL for proof of address - please note that mobile phone bills and P.O. Box numbers are not valid.
3. Amount of Life Cover, term and amount of premium (see quote): page-4
4. Signed Bank Account details of premium payer: page-9.
5. Intended commencement date (non-mortgage related plans)
6. Completed, dated and signed 'Residential Questionnaire'.
7. Completed, dated and signed 'Supplementary Questionnaire'.
8. Fully completed, dated and signed Application Form.

Indemnity Terms: Advisor: Charles Stirling International Ltd. Policy No:

In making this application for a Life Insurance Policy with Friends Provident International, I hereby undertake that it I am fully committed to paying my policy premiums on time, and for the term as stated in my application. My failure in doing so may be deemed as an act of default.

I understand that my advisor may receive a commission for processing my application. If, for any reason, I cancel or default on said policy within 12 months of its commencement, I agree to pay my advisor the full amount of commission that he may have received. I agree to do this within 14 days of being advised.

Signed Date/.....200...

Signed Date/.....200...

Registered Office: Drake Chambers, Road Town, Tortola, British Virgin Islands
e-mail: chairman@charlestirling.com • www.charlestirling.com



FRIENDS PROVIDENT
INTERNATIONAL

Residential Questionnaire

Application Number (if known)

(Please refer to this form in the residential question on the application form)

TO BE COMPLETED BY THE LIFE ASSURED

NAME

DATE OF BIRTH

COUNTRY OF BIRTH

NATIONALITY

(Evidence may be required)

1. Details of your current residential status (include length of stay granted by visas etc. and whether right of permanent residence has been granted).

2. Details of your future residence/travel intentions (other than holidays):

Dates of stay	Country	Frequency (number of trips per year)	Duration of each stay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Details of your residence and travel during the last five years (ignore holidays and stays of less than one month in any year):

Dates of stay	Country	Frequency (number of trips per year)	Duration of each stay
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Names and addresses (and fax numbers, if available) of any doctors you have consulted (other than the doctor you have given on the application) in the last two years.

NOTE. For Income Protection the following residence condition will apply:

The insured may travel or reside anywhere in the world but entitlement to Benefit is restricted to a maximum of 26 weeks in any period of 52 weeks and is subject to an overall maximum of 52 weeks whilst the Insured is travelling or residing outside the following countries: Andorra, Australia, Austria, Belgium, Canada, Channel Islands, Cyprus, Denmark, Finland, France, Germany, Gibraltar, Greece, Iceland, Isle of Man, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Portugal, Republic of Ireland, San Marino, Spain, Sweden, Switzerland, the United Kingdom, the United States of America and the Vatican State.

DECLARATION

I declare that the answers I have given are, to the best of my knowledge and belief, true and that I have not withheld any material fact that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance to Friends Provident International and that failure to disclose any material fact known to me may invalidate the contract.

Signed

Date



**FRIENDS PROVIDENT
INTERNATIONAL**

Member of The Association of International Life Offices

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*Friends Provident International is the trading name of Friends Provident Life and Pensions Limited for business conducted outside the United Kingdom
Registered and Head Office: Pixham End, Dorking, Surrey RH4 1QA England
Incorporated company limited by shares and registered in England number 4096141*

Member of the Friends Provident Marketing Group and regulated in the United Kingdom by the Financial Services Authority

The rules and regulations made by the Financial Services Authority for the protection of investors will not normally apply to persons resident outside the United Kingdom