

# Appointment of Third Party Payee as Beneficiary

**Important** – Using this form may not be an effective solution if your objective is to reduce the inheritance tax payable by your estate on death. We recommend that you obtain legal advice before signing the form.

\* Delete as appropriate

Name of Policyholder (If held in joint names, insert names of all joint policyholders):

  


Policy number:

**To: Friends Provident International Limited**

Subject to any future revocation or appointment, I/we\* hereby appoint the following person/persons\* as Beneficiary in the share/shares\* indicated below.

This appointment does not apply to any Critical Illness Cover and Disability Benefit, Terminal illness Benefit/Accelerated Life Cover or Total and Permanent Disability Benefit included in the Policy.

**Certified identification and verification of residential address for each Beneficiary will be required at the time of claim.**

**Beneficiary details**

**Share of Benefit (%)**

1	Full name and address	<input style="width: 100%; height: 40px; border: 1px solid black;" type="text"/>	<input style="width: 80%; height: 20px; border: 1px solid black;" type="text"/>
	Relationship to Life/Lives Assured	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
2	Full name and address	<input style="width: 100%; height: 40px; border: 1px solid black;" type="text"/>	<input style="width: 80%; height: 20px; border: 1px solid black;" type="text"/>
	Relationship to Life/Lives Assured	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
3	Full name and address	<input style="width: 100%; height: 40px; border: 1px solid black;" type="text"/>	<input style="width: 80%; height: 20px; border: 1px solid black;" type="text"/>
	Relationship to Life/Lives Assured	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
4	Full name and address	<input style="width: 100%; height: 40px; border: 1px solid black;" type="text"/>	<input style="width: 80%; height: 20px; border: 1px solid black;" type="text"/>
	Relationship to Life/Lives Assured	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	

**Total**

Please note: Certified identification and verification of residential address for each beneficiary will be required at the time of the claim.

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In the event that at the time of any payment you are unable to contact the Beneficiary, you should make enquiries of the following person/persons\* for the purposes of locating the Beneficiary:

**If no contact name is given, this will not affect the validity of this appointment. Names and details of other contact persons may be attached if desired.**

Name of contact:

Address:

Telephone number:

I/We\* confirm that I/we\* have taken legal advice before signing this form or I/we\* have elected not to do so.

I/We\* understand that this appointment revokes any previous appointment of Beneficiary. I/We\* also understand that the Beneficiary appointment made on this form shall be revoked by any surrender, assignment or disposal of the Policy and also by my death/the death of the survivor of us\* if at my death/the death of the survivor of us\* I am/we are\* survived by other persons named as Life Assured on the Schedule to the Policy.

In the event that the Policy is written on a joint life first death basis, the death benefit will be payable to the surviving Policyholder if one survives the Life Assured.

This form shall form part of the Policy and the appointment is made in accordance with the relevant provision of the Policy.

**Signed (All joint policyholders must sign)**

Signature
Date

Signature
Date

**Accepted by Friends Provident International Limited on**

**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  
Website: www.fpinternational.com

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

**Hong Kong**

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

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

**Singapore**

**Friends Provident International Limited (Singapore Branch)**

63 Market Street, #06-05, Bank of Singapore Centre, Singapore 048942  
Telephone: +65 6320 1088 Fax: +65 6327 4020

Registered in Singapore No. F06835G  
Registered by the Monetary Authority of Singapore to conduct life insurance business in Singapore

