

# Appointment of Third Party as Payee

**Important – You should take legal advice before signing this form**

\* Delete as appropriate

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


Name of Policy:

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Policy Number:

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## To: Friends Provident International Limited

Subject to any future revocation or appointment, I/we\* hereby appoint the following person/persons\* as Payee(s) in the share/shares\* indicated below:

Full name and address of the Payee(s)

Share of Benefit (%)


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

This nomination shall not take effect until this request is received and validated by Friends Provident International Limited during the life time of both the Life Assured(s) and Policyholder(s) of the above policy.

**Not to be used for Capital Redemption Policies**

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

Name of contact:

Address:

Telephone number:

**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.**

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 Payee(s). I/We\* also understand that the appointment of Payee(s) 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.

This form shall form part of the Policy and the appointment is made in accordance with the relevant provision of the Policy. The expression 'Payee(s)' shall have the meaning given in the policy conditions.

**Signed (All policyholders must sign)**

Signature
Date

Signature
Date

Signature
Date

Signature
Date

**Accepted by Friends Provident International Limited on**

Date
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**Friends Provident International Limited:** Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Telephone: +44(0) 1624 821 212 | Fax: +44(0) 1624 824 405 | Website: www.fpinternational.com. Incorporated company limited by shares. Registered in the Isle of Man, number 11494. Authorised by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. Registered in the United Arab Emirates as an insurance company (Registration No. 76). Registered with the Ministry of Economy as a foreign company (Registration No. 2013); Registration date 18 April 2007. Authorised by the United Arab Emirates Insurance Authority to conduct life assurance and funds accumulation operations. Registered in Singapore No. T06FC6835J. Licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Friends Provident International is a registered trade mark of the Aviva group.