

Personal Financial Review Update

Part A. You and your financial situation

1 Have any of your personal details changed?

2 Has your occupation changed?

3 Have your assets/liabilities changed?

4 Have your income/outgoings changed?

5 Has your health changed since the original review?

6 Have you used any tobacco products within the last 24 months?
(This includes cigarettes, cigars and pipes or nicotine replacements).
If 'Yes', please provide details of average daily usage (ie number of cigarettes or cigars and amount of tobacco, in ounces).

7 Have you taken out, amended or considered changing any protection, savings, pension or investment plans since your last review?

| Client A | Client B |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you have answered 'Yes' to any of the above questions, please give details below.

| Question number | Please provide details |
|-----------------|------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

8 Long term care

Do you have an immediate need for long term care? Do you have a concern that you may lose your independence or your assets?

Would you stand to make a financial loss if you needed long term care now or in the future?

Would you stand to make a financial loss if someone you know needed long term care, either due to financial dependency or because it could affect a potential inheritance?

Have you made any existing provision in this area?

Do you want to review this area in more detail?

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9 Have you lapsed, paid up, cancelled or surrendered any policies within the past 12 months?

If yes, please give details below.

| Owned by Joint/A/B | Type of plan | Provider | Purpose | Monthly premium when in force (if known) | Surrender value (if known/appropriate) | Current value (if appropriate) | Date started (if known) |
|--------------------|--------------|----------|---------|--|--|--------------------------------|-------------------------|
| | | | | £ | £ | £ | |
| | | | | £ | £ | £ | |
| | | | | £ | £ | £ | |
| | | | | £ | £ | £ | |

Why was this action taken?

| |
|--|
| |
|--|

Part C – Areas for detailed review

C1. Replacing your income in the event of long-term illness

If you were unable to work as a result of serious illness or accident:

- How much income would you and your family need to maintain a reasonable standard of living?
If employed how long would your salary continue to be paid?
- What percentage of your salary would be paid during the above period?
- Are you prepared to use your savings to replace your income?
If 'Yes', how long do you think they will last?

| Client A | | | | Client B | | | |
|--------------------------|------|--------------------------|--------|--------------------------|------|--------------------------|--------|
| £ | | pa | | £ | | pa | |
| | mths | | weeks | | mths | | weeks |
| at | % | at | % | at | % | at | % |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | | months | | | | months |

4 Existing plans (include personal and employer benefits)

| Life assured A/B | Provider | Benefit payable | For how long? | Deferred period | End date | Monthly premium |
|------------------|----------|-----------------|---------------|-----------------|----------|-----------------|
| | | | | | | £ |
| | | | | | | £ |
| | | | | | | £ |
| | | | | | | £ |

5 An estimate of your current shortfall

- Maximum provision – 65% x £30,000 pa plus 45% of excess over £30,000 pa
- Long-term state incapacity benefit
- Existing provision from employer or personal schemes
- Income replacement shortfall (a minus b minus c)

| Client A | | | | Client B | | | |
|----------|------|--------------------------------|----------------------------|----------|------|--------------------------------|----------------------------|
| £ | | pa | | £ | | pa | |
| £ | | pa | | £ | | pa | |
| £ | week | <input type="text" value="1"/> | – <input type="checkbox"/> | £ | week | <input type="text" value="1"/> | – <input type="checkbox"/> |
| £ | week | <input type="text"/> | – <input type="checkbox"/> | £ | week | <input type="text"/> | – <input type="checkbox"/> |
| £ | week | <input type="text"/> | onwards | £ | week | <input type="text"/> | onwards |
| £ | week | <input type="text" value="1"/> | – <input type="checkbox"/> | £ | week | <input type="text" value="1"/> | – <input type="checkbox"/> |
| £ | week | <input type="text"/> | – <input type="checkbox"/> | £ | week | <input type="text"/> | – <input type="checkbox"/> |
| £ | week | <input type="text"/> | onwards | £ | week | <input type="text"/> | onwards |

6 What is your attitude to risk for this area?

Very Cautious, Cautious Managed, Balanced Managed, Adventurous, Very Adventurous. (Please circle relevant category).

C2. Repaying liabilities and providing an income on your death

If you were to die today:

- Would your mortgage be repaid?
If 'No', consider completing the mortgage section.
- How much capital would be required for additional bills, loans and liabilities?
- What net income would you want for your family?
- Would you like to make further provision for your dependants?
If 'Yes', how much as a lump sum?

| Client A | | | Client B | | | | | | | | |
|--------------------------|-----|--------------------------|----------|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| £ | | | | £ | | | | | | | |
| £ | | pa (net) | | £ | | pa (net) | | | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | |
| £ | | | | £ | | | | | | | |

- 5 Assumed rate of return to be used to calculate the fund from which replacement income will be provided.
- 6 Do you want to include pension death benefits in the calculation of shortfall?

| Client A | | Client B | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|
| | % pa | | % pa |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7 An estimate of your current shortfall

- You require an annual net income of
- You have income from death benefits (ie any widow's/widower's pension, state benefit) of
- Income shortfall (a-b)
- Capital sum required to provide for income shortfall based on agreed annual return of
- Lump sum required to repay liabilities
- Further lump sum required
- Total lump sum required (d+e+f)
- Lump sums from existing death benefits
- Shortfall (g-h)

| Client A | | | Client B | | |
|----------|----|------|----------|----|------|
| £ | | pa | £ | | pa |
| £ | | pa | £ | | pa |
| £ | | | £ | | |
| £ | at | % pa | £ | at | % pa |
| £ | | | £ | | |
| £ | | | £ | | |
| £ | | | £ | | |
| £ | | | £ | | |
| £ | | | £ | | |

8 Existing plans (including pension scheme death benefits to be included in the shortfall calculation)

| Life assured Joint/A/B | Type of policy | Provider | Life cover | Critical illness benefit | Is critical illness benefit stand-alone? | Monthly premium | Start date | End date | Special features |
|------------------------|----------------|----------|------------|--------------------------|--|-----------------|------------|----------|------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

9 What is your attitude to risk for this area?

Very Cautious, Cautious Managed, Balanced Managed, Adventurous, Very Adventurous. (Please circle relevant category).

C3. Lump-sum payment in the event of critical illness

If you were to suffer a critical illness today how much capital would you want to:

- Repay outstanding liabilities (excluding mortgages)
- Cope with lifestyle changes eg nursing fees, house and car conversion, extended period of recuperation?
- Do you have any form of protection arrangement which will pay out a lump sum?

Enter any existing plans in 8 above.

| Client A | | Client B | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|
| £ | | £ | |
| £ | | £ | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4 An estimate of your current shortfall

- Total capital required (1+2 above)
- Capital available from existing policies
- Shortfall (a-b)

| Client A | | Client B | |
|----------|--|----------|--|
| £ | | £ | |
| £ | | £ | |
| £ | | £ | |

5 What is your attitude to risk for this area?

Very Cautious, Cautious Managed, Balanced Managed, Adventurous, Very Adventurous. (Please circle relevant category).

C4. Protecting and repaying your mortgage

1 Your current mortgage

| | Lender | Borrower | Amount owed | Type eg endowment | Term (years) | Interest basis eg deferred |
|----------------|--------|-----------|-------------|-------------------|--------------|----------------------------|
| Main property | | Joint/A/B | £ | | | |
| Other property | | Joint/A/B | £ | | | |

2a What short-term plans do you have which may involve starting or rearranging a mortgage?

b Value of property

£

c Deposit available

£

Source of deposit

Your new or rearranged mortgage

3 We have discussed each of the following mortgage repayment methods.

Which one(s) would you be interested in hearing more about or consider using as a means of repaying your mortgage?

| Joint | Client A | Client B |
|--|--|--|
| <input type="checkbox"/> ISAs | <input type="checkbox"/> ISAs | <input type="checkbox"/> ISAs |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Pension | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Capital and interest (repayment mortgage) | <input type="checkbox"/> Capital and interest (repayment mortgage) | <input type="checkbox"/> Capital and interest (repayment mortgage) |
| <input type="checkbox"/> Endowment | <input type="checkbox"/> Endowment | <input type="checkbox"/> Endowment |

4

| | Lender | Borrower | Amount | Type eg endowment | Term (years) | Interest basis eg deferred |
|----------------|--------|-----------|--------|-------------------|--------------|----------------------------|
| Main property | | Joint/A/B | £ | | | |
| Other property | | Joint/A/B | £ | | | |

5 For your current, new or rearranged mortgage

If the term of the mortgage runs beyond retirement, how will you fund the expense?

6 Existing plans

List any life or pension plans you are using or may wish to use to ensure your mortgage is paid off in the event of early death, critical illness or at the end of the term.

| Life assured Joint/A/B | Type of policy | Provider | Projected maturity value or pension fund | Life cover | Critical illness benefit | Monthly premium | Date started | End date |
|---------------------------|----------------|----------|---|------------|--------------------------------|--------------------|--------------|----------|
| | | | £ | £ | £ | £ | | |
| | | | £ | £ | £ | £ | | |
| | | | £ | £ | £ | £ | | |
| | | | £ | £ | £ | £ | | |
| | | | £ | £ | £ | £ | | |

7 An estimate of your current shortfall

Protecting your home if you should die

- Total amount of all mortgages held or proposed
- Total life insurance cover in place to repay mortgages
- Mortgage protection shortfall (a-b)

| Joint | Client A | Client B |
|-------|----------|----------|
| £ | £ | £ |
| £ | £ | £ |
| £ | £ | £ |

Protecting your home if you suffer a critical illness

- Total amount of all mortgages held or proposed
- Total critical illness cover in place to repay mortgages
- Mortgage critical illness shortfall (a-b)

| Joint | Client A | Client B |
|-------|----------|----------|
| £ | £ | £ |
| £ | £ | £ |
| £ | £ | £ |

Repaying your mortgage when it falls due (do not complete for repayment mortgages)

- Total amount of all mortgages held or proposed
- Total benefit in place to repay mortgages
- Mortgage repayment shortfall (a-b)

| Joint | Client A | Client B |
|-------|----------|----------|
| £ | £ | £ |
| £ | £ | £ |
| £ | £ | £ |

8 What is your attitude to risk for this area?

Very Cautious, Cautious Managed, Balanced Managed, Adventurous, Very Adventurous. (Please circle relevant category).

Additional notes

C5. Planning for your retirement

1 If you retired today, how much pension income would you want?

| Client A | Client B |
|----------|----------|
| £ | £ |

2 Does your employer provide a pension scheme for employees (including stakeholder scheme)?

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Yes (go to Q3a) | <input type="checkbox"/> No (go to Q4) | <input type="checkbox"/> Yes (go to Q3a) | <input type="checkbox"/> No (go to Q4) |
|--|--|--|--|

3a Are you a member of that scheme?

| | | | |
|--|-----------------------------|--|-----------------------------|
| <input type="checkbox"/> Yes (go to Q3d) | <input type="checkbox"/> No | <input type="checkbox"/> Yes (go to Q3d) | <input type="checkbox"/> No |
|--|-----------------------------|--|-----------------------------|

3b Are you eligible or will you become eligible to join?

| | | | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|------------------------------|-----------------------------|

3c If you are not eligible to join, or have decided not to join, please give the details or reasons.

| | |
|--|--|
| | |
|--|--|

3d Are you now or in the future able to maximise your employers contribution (including contributions to AVCs with added years/pension guarantees)?

| | | | |
|------------------------------|--|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (go to Q4) | <input type="checkbox"/> Yes | <input type="checkbox"/> No (go to Q3e) |
|------------------------------|--|------------------------------|---|

3e If you are not maximising employer contributions on offer under the scheme, why not?

| | |
|--|--|
| | |
|--|--|

The questions set out below are for employees only

4 Are you contracted out of S2P?

| Client A | Client B |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5 If 'Yes,' how did you contract out?

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Company scheme | <input type="checkbox"/> Personal pension | <input type="checkbox"/> Company Scheme | <input type="checkbox"/> Personal pension |
|---|---|---|---|

Fund Protection

6 Do you have fund protection?

| | | | |
|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> enhanced | <input type="checkbox"/> primary | <input type="checkbox"/> enhanced | <input type="checkbox"/> primary |
| <input type="checkbox"/> both | <input type="checkbox"/> none | <input type="checkbox"/> both | <input type="checkbox"/> none |

7 Pensions in payment

| Client A/B | Scheme Name/Provider | Date pension commenced | Pension amount £ (pre 6th April 2006) | Escalation % (pre 6th April 2006) | % SLA used (post 6th April 2006) |
|------------|----------------------|------------------------|---------------------------------------|-----------------------------------|----------------------------------|
| | | | £ p/a Gross | | |
| | | | £ p/a Gross | | |
| | | | £ p/a Gross | | |

Existing Plans**8 Defined Benefit (Final Salary) and 'Added Years' Schemes**

| Client A/B | Scheme Name | Current EE conts £ Gross per annum/% | Scheme salary £ | NRA | Pension accrual or Paid up pension £ | TFCS accrual / entitlement in addition or by commutation | Death benefit/ PTA £ | Expected pay rise £/%/RPI |
|------------|-------------|---|-----------------|-----|--------------------------------------|--|----------------------|---------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Total A | | | | | | | |
| | Total B | | | | | | | |

9 Money Purchase Arrangements (Group, Individual, AVC/FSAVC)

| Client A/B | Scheme type/Provider | Current contributions if applicable £ Gross per annum | | Fund value £ | Death benefit/PTA £ | Benefits in trust? (Y/N) | Guaranteed AnnuityRate? (Y/N) |
|------------|----------------------|--|----|--------------|---------------------|-----------------------------|----------------------------------|
| | | Individual | ER | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Total A | | | | | | |
| | Total B | | | | | | |

10 Money Purchase Scheme Arrangements – Maximum tax relievable contributions for current tax year

| | Client A | Client B |
|---|----------|----------|
| Annual Allowance (AA) | £ | £ |
| Relevant Earnings for this tax year (restricted to AA) (A) | £ | £ |
| Total deemed contributions paid in this tax year* (B) | £ | £ |
| Remaining allowance for this tax year (A) - (B) | £ | £ |

* Total deemed contributions – please refer to the best advice guidelines for calculating deemed contributions for current members of Final Salary Schemes Arrangements.

Additional notes

A large, empty rectangular box with a thin black border, intended for additional notes.

C6. Your regular savings strategy

1 Existing plans (please give details of your current regular savings arrangements).

| Owned by Joint/A/B | Type of plan | Provider | Purpose | Current premium | Projected value (if known) | Current value | Date started (state tax year for ISAs) | End date (if appropriate) |
|-----------------------|--------------|----------|---------|--------------------|----------------------------------|------------------|---|------------------------------|
| | | | | £ | £ | £ | | |
| | | | £ | £ | £ | | | |
| | | | £ | £ | £ | | | |
| | | | £ | £ | £ | | | |

2 What else would you like to save for (eg future wedding expenses, 18th birthdays, school fees, university fees, 'rainy day' funds etc)?

| Client Joint/A/B | Proposed event | Date of event | Estimated sum required |
|---------------------|----------------|---------------|---------------------------|
| | | | £ |
| | | £ | |
| | | £ | |
| | | £ | |
| | | £ | |

3 What is your attitude to risk for this area?

Very Cautious, Cautious Managed, Balanced Managed, Adventurous, Very Adventurous. (Please circle relevant category).

Additional notes

C7. Lump-sum investments

1 Existing plans (please give details of your current lump-sum investment arrangements).

| Owned by Joint/A/B | Type of investment | Provider | Purpose | Projected value (if known) | Current value | Date started | End date (if appropriate) | Special features |
|--------------------|--------------------|----------|---------|----------------------------|---------------|--------------|---------------------------|------------------|
| | | | £ | £ | | | | |
| | | | £ | £ | | | | |
| | | | £ | £ | | | | |
| | | | £ | £ | | | | |
| | | | | £ | £ | | | |

2 What do you want to achieve with your investments? (you may tick more than one box)

| Joint | Client A | Client B |
|---|---|---|
| <input type="checkbox"/> Emergency fund | <input type="checkbox"/> Emergency fund | <input type="checkbox"/> Emergency fund |
| <input type="checkbox"/> Improved capital growth | <input type="checkbox"/> Improved capital growth | <input type="checkbox"/> Improved capital growth |
| <input type="checkbox"/> Improved income | <input type="checkbox"/> Improved income | <input type="checkbox"/> Improved income |
| <input type="checkbox"/> A balance of income and growth | <input type="checkbox"/> A balance of income and growth | <input type="checkbox"/> A balance of income and growth |
| <input type="checkbox"/> Tax efficiency | <input type="checkbox"/> Tax efficiency | <input type="checkbox"/> Tax efficiency |
| <input type="checkbox"/> Pension provision | <input type="checkbox"/> Pension provision | <input type="checkbox"/> Pension provision |
| <input type="checkbox"/> Capital Protection | <input type="checkbox"/> Capital Protection | <input type="checkbox"/> Capital Protection |

3 If appropriate, would you be prepared to rearrange your investments to meet your objectives?

| | | |
|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|

4 Do you have a specific sum in mind that you wish to invest at the moment?
If 'Yes', how much and when?

| | | |
|---|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No £ | <input type="checkbox"/> Yes <input type="checkbox"/> No £ | <input type="checkbox"/> Yes <input type="checkbox"/> No £ |
|---|---|---|

5 Does this sum/or part thereof, come from the sale of shares or other such investments within the last 6 months.

If yes, please give details.

| | | |
|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|

6 What event (if any) does the customer wish to invest for, and when is the event likely to take place?

Where the customer has no specific event in mind, this should be documented here, together with the reason for the period of investment chosen.

7 What is your attitude to risk for this area?

Very Cautious, Cautious Managed, Balanced Managed, Adventurous, Very Adventurous. (Please circle relevant category).

C8. Additional notes

Part D. Declarations

1.1 DISCLAIMER DECLARATION

Must be completed if customer declines to fully complete any relevant sections of the review.

If you decline to provide relevant information requested in this document it will compromise the quality of advice you receive on the following areas:

- Your needs and objectives
- Your ability to afford the proposed contract(s)
- Suitability of the proposed contract(s)
- Taxation implications

Please confirm your understanding of this situation by signing the declaration below:

I/We fully understand the implications of the above but I am/we are still unwilling or unable to provide details in the areas marked 'D'.

Client A signature

Client B signature

Date

1.2 REPLACEMENT DECLARATION

1 Change to or cancellation of existing plans

In the unlikely event that existing arrangements are being changed/cancelled in connection with the action being taken, this space will be used to record: plan type and number, details of and reason for change/cancellation, the consequences involved, details of what alternatives were discussed and why they were considered inappropriate.

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

I/We confirm that the reasons and consequences of, and alternative options to cancelling, converting, lapsing or realising the existing plans set out above have been explained and understood by me/us.

Client A signature

Client B signature

Date

1.3 SPOUSE/CIVIL PARTNER/PARTNER DECLARATION

I understand that the advice I have been given is based only upon the information I have provided and I wish to proceed without my spouse/civil partner's/partner's involvement.

Client A signature

Client B signature

Date

1.4 GENERAL DECLARATION (TO BE COMPLETED IN ALL CASES)

PLEASE READ THE DECLARATION CAREFULLY BEFORE SIGNING.

- 1 I/We confirm that the information in this document is a fair summary of the details provided by me/us and understand that it will form the basis of any advice.
- 2 I/We are unable to provide information in the areas marked 'N/K' and understand that the advice given may be limited by this.
- 3 I/We confirm that the representative named below has furnished me/us with a terms of business letter, business card and relevant key feature documents.



Data Protection Act Information

I agree that Friends Life Company Ltd and Friends Life Services Limited, members of the Friends Life group, will use my personal information, and that of any joint members to provide financial advice and quotes for appropriate products/identify the areas of investment in which I wish to receive advice, assess my financial needs and give pension advice.

I understand that Friends Life may pass my information to other companies in the Friends Life group for administration, research or statistical purposes. I also agree that Friends Life may pass my information to my financial adviser, re-insurers, such other third parties as may be necessary to assist in the provision and administration of my policy, including those located outside of the European Economic Area and where we are legally required to provide information (e.g. requests from government agencies).

By signing this form I consent to the use of my personal data as set-out above.

Marketing

I understand that Friends Life Company Ltd would like to keep me informed about other products and services provided by companies within the Friends Life group and other carefully selected organisations.

I do not wish you to contact me by:

Post Phone Email

You may change your mind at any time by writing to Friends Life Services Limited, NPE Dept, PO Box 1810, Bristol, BS99 5SN. Otherwise we will assume that you are happy to be contacted in this way for the time being.

Anti-money laundering

To verify your identity and prevent financial crime we may use and share your information with any company within the Friends Life group of companies*, with companies who work for us and with appropriate organisations.

We may also search, send your details to, and use information from third party verification service providers and financial crime and credit reference agencies (Third Parties). This involves checking your details against databases these Third Parties use. We and these Third Parties may keep a record of the search, the results of the search, any suspicions of financial crime and the details may be used to assist other companies for verification and identification purposes. The search is not a credit check and your credit rating will be unaffected.

By accepting our Terms & Conditions/Terms of Use you are giving consent to these activities which will make it easier for you to do business with us and help prevent financial crime. For more information please write to: Financial Crime Manager, F&I (BM7SA), Friends Centre, Brierly Furlong, Stoke Gifford, Bristol, BS34 8SW.

* Friends Life group means Friends Life Group plc and all subsidiaries of that company

Client A signature

Client B signature

Date

 / /

Representatives present at this interview:

Signature

Signature

Date

 / /

Personal Introductions

Do you know anyone who would benefit from my advice? If yes, provide details below:

| |
|------------------|
| Name |
| Address |
| |
| Telephone number |
| Fax number |

| |
|------------------|
| Name |
| Address |
| |
| Telephone number |
| Fax number |

| |
|------------------|
| Name |
| Address |
| |
| Telephone number |
| Fax number |

| |
|------------------|
| Name |
| Address |
| |
| Telephone number |
| Fax number |

For office use only

Who was present other than representative and client(s)?

| |
|---------------------------------|
| <input type="checkbox"/> No one |
|---------------------------------|

Branch/Appointed Representative

| |
|--|
| |
|--|

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|--|---|--|--|---|---|---|---------|--|---------|--|-------------------|--|----------|--|----------|--|------------|---|
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