

Optional management authority and alterations

選擇性管理授權及變更

Not for use with portfolio bond products
不適用於投資組合計劃產品

Please write in English and in BLOCK CAPITALS.
請用英文正楷填寫。

To: Friends Provident International Limited
致：英國友誠國際有限公司

For completion by the policyholder(s) 由保單持有人填寫

Policy number 保單號碼		
Full name of policyholder(s) (the "Policyholder(s)") 保單持有人全名 (「保單持有人」)	First (or only) policyholder 第一 (或唯一) 保單持有人	Second policyholder 第二保單持有人
Name of product 產品名稱		

Declaration 聲明

I/We declare that I/we wish to appoint (Name of Investment Adviser Firm)
本人/我們謹此聲明，本人/我們欲委任 (投資顧問公司名稱)
to be the investment adviser (the "Adviser") of the investment-linked funds held within the Policy. I/We request Friends Provident International Limited ("Friends Provident International") to enter into any formal agreements required by the Adviser to facilitate this appointment.
擔任保單內所持投資相連基金的投資顧問 (「顧問」)。本人/我們要求英國友誠國際有限公司 (「英國友誠國際」) 訂立顧問所須的正式協議，以促成此項委任。

Part 1 Granting of optional management authority 第1部分 授予選擇性管理授權

SECTION A A節

I/We grant the Adviser authority to act in the following capacity in relation to the Policy (**please read the three options carefully before indicating the authority you wish to grant to the Adviser**):

本人/我們授權顧問以下列身份就保單行事 (在指明您希望向顧問作出什麼授權前，請先細閱下列三個選項)：

Please select one of the following options.
請選擇以下其中一項選項。

Option 1: Advisory basis only, my signed consent required
選項一：只提供顧問服務，並須本人簽署同意

I/We declare that the Adviser will discuss any proposed alterations to the composition of the investment-linked funds held within the Policy, and Friends Provident International should only act upon investment instructions that I/we, as Policyholder(s), have signed. Friends Provident International should not action any investment instructions that have not been signed by me/us.

本人/我們聲明，顧問會就保單內持有的投資相連基金組合的任何更改建議與本人/我們進行商討，而英國友誠國際應只根據本人/我們作為保單持有人簽署的投資指示行事。英國友誠國際不應就未經本人/我們簽署的投資指示採取任何行動。

Option 2: Advisory basis only, without signed consent
選項二：只提供顧問服務，並毋須本人簽署同意

I/We declare that the Adviser will discuss any proposed alterations to the composition of the investment-linked funds held within the Policy, and obtain my/our agreement before any changes are made. I/We authorise the Adviser to submit written investment instructions to Friends Provident International on my/our behalf, without the need to obtain my/our signature(s) on these instructions.

本人/我們聲明，顧問會就保單內持有的投資相連基金組合的任何更改建議與本人/我們進行商討，並在取得本人/我們的同意後才進行任何更改。本人/我們授權顧問代表本人/我們向英國友誠國際遞交書面投資指示，而該等指示毋須本人/我們簽署。

Option 3: Delegated investment management
選項三：委託投資管理權

I/We declare that I/we have delegated investment decisions to the Adviser, who has complete discretionary authority, without consulting me/us first, to make all investment decisions, including exercising the option for switching between investment-linked funds whose performance will notionally be used to calculate the value of the Policy and/or re-direct regular premiums to other investment-linked funds. I/We authorise Friends Provident International to act upon the investment instructions of the Adviser as if the instructions are originated from me/us in person.

本人／我們聲明，本人／我們已將投資決定權委託予顧問，予其擁有全權酌情決定權限，作出所有投資決定前毋須先徵詢本人／我們的意願，包括行使轉換投資相連基金的權利，而此等基金的表現名義上會被用於計算保單價值，及／或更新配置定期保費至其他投資相連基金。本人／我們授權英國友誠國際根據顧問的投資指示行事，如同本人／我們親自發出的指示一樣。

I/We hereby ratify and confirm any and all investment instructions made to Friends Provident International heretobefore or hereafter by the Adviser for the Policy. I/We authorise Friends Provident International to act upon this authority until revoked by me/us by a written notice addressed to Friends Provident International and delivered to Friends Provident International's registered office in Hong Kong but such revocation shall not affect any liability on the Adviser's part in any way resulting from investment instructions made prior to such revocation.

本人／我們特此追認及確認顧問此前或此後就保單向英國友誠國際作出的任何及全部投資指示。本人／我們授權英國友誠國際按此授權行事直至本人／我們向英國友誠國際香港註冊辦事處遞交書面通知撤銷為止，然而，該撤銷在任何情況下將不會影響顧問對在該撤銷之前作出的投資指示應負的任何責任。

I/We agree that Friends Provident International shall not be responsible for any loss or liability to the Policy, as a result of the actions, or failure to take action, on the Adviser's part, which gives rise to any loss in value to the Policy howsoever arising.

本人／我們同意，如因顧問採取或未有採取行動而對本人／我們的保單價值造成任何損失，不管該等損失如何產生，英國友誠國際將不會對保單的任何損失負責。

I/We and my/our estates promise to repay or reimburse Friends Provident International for all losses, damages, liabilities, actions, proceedings, claims, costs and expenses (including legal expenses) arising from the activities of the Adviser (including, but not limited to, the cost of defending in any court of law such claim, demand or action against Friends Provident International and the cost of recovering the investments held by the Adviser).

本人／我們及本人／我們的遺產管理人承諾向英國友誠國際償還或賠償因顧問的活動招致的所有損失、損害、責任、訴訟、法律程序、申索、費用及開支（包括法律開支）（包括但不限於就他人對英國友誠國際提出的申索、要求或訴訟而在法院進行答辯的費用，以及追回由顧問持有投資所產生的費用）。

SECTION B 節

Remuneration (the "OMA Fee") 報酬（「OMA費用」）

Effective date

生效日期

D	D	M	M	Y	Y	Y	Y
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Your Intermediary Account Number payable to
您中介戶口號碼

Please select one of the following options.

請選擇以下其中一個選項。

I/We have agreed with the Adviser that an OMA Fee will not be paid.
本人／我們已與顧問協定不會支付OMA費用。

Annually - I/We have agreed to pay the Adviser an OMA Fee at the rate of 0.50% 0.75% 1.00% per annum 的OMA費用，
每年 - 本人／我們已同意向顧問支付每年
of the bid value of the Policy* on each anniversary of the Policy. I/We wish to make a series of withdrawals from the Policy in order to pay the OMA Fee and request Friends Provident International to effect these withdrawals by cancelling units allocated to the Policy and subsequently to pay the OMA Fee to the Adviser.

基數為每個保單週年日保單的買入價值*。本人／我們希望從保單中提款以支付OMA費用，英國友誠國際透過取消分配至保單的單位執行該等提款，之後向顧問支付OMA費用。

Quarterly - I/We have agreed to pay the Adviser an OMA Fee at the rate of 0.15% 0.20% 0.25% per quarter 的OMA費用，
每季 - 本人／我們已同意向顧問支付每季
of the bid value of the Policy* on each quarterly anniversary of the Policy. I/We wish to make a series of withdrawals from the Policy in order to pay the OMA Fee and request Friends Provident International to effect these withdrawals by cancelling units allocated to the Policy and subsequently to pay the OMA Fee to the Adviser.

基數為每個保單季度日保單的買入價值*。本人／我們希望從保單中提款以支付OMA費用，並要求英國友誠國際透過取消分配至保單的單位執行該等提款，之後向顧問支付OMA費用。

* For regular premium contracts, the value of any Initial Units will not be included in the bid value of the Policy for the calculation and payment of the OMA Fee. Therefore, both annual and quarterly payments of the OMA Fee will commence on the second anniversary of the Policy, unless stated otherwise.

對於定期保費合約，任何初始單位的價值不會在計算及支付OMA費用時，計入保單買入價值。因此，除非另行說明，否則OMA費用的年度及季度付款均將從保單的第二個週年日開始。

For single premium contracts, annual payments of the OMA Fee will commence on the first anniversary of the Policy. For quarterly payments, the payments of the OMA Fee will commence on the first quarterly anniversary of the Policy, unless stated otherwise.

對於整付保費合約，OMA費用的年度付款將從保單的第一個週年日開始。對於季度付款，除非另行說明，否則OMA費用的支付將從保單首個季度日開始。

Please note that in agreeing to pay the Adviser the OMA Fee, you are doing so in the knowledge that the Illustration document which you have signed does not take into account of these discretionary fees you choose to pay to the Adviser.

請注意，您同意向顧問支付OMA費用，即表示您已知悉此支付予顧問選擇性費用並未反映在您所簽署的退保說明文件。

**Part 2 For completion by the adviser (i.e. the investment advisor firm)**
第2部分 由顧問（即投資顧問公司）填寫**Declaration 聲明**

I/We have read and understand the conditions outlined in Part 1 of this form and agree to act in accordance with them. The capacity in which I/we shall act as the Adviser will be (please indicate below by ticking the appropriate box):

本人/我們已細閱及明白本表格第一部分概述的條件，並同意根據該等條件行事。本人/我們將以下列身份擔任顧問（請在下文適當空格內加✓號）：

**Advisory basis only (Policyholder(s) has/have selected OPTION 1 in Part 1 of this form)**
只提供顧問服務（保單持有人已在本表格第一部分選取選項一）

I/We understand that Friends Provident International will only act upon investment instructions that have been signed by the Policyholder(s).

本人/我們明白，英國友誠國際只會根據已由保單持有人簽署的投資指示行事。

**Advisory basis only (Policyholder(s) has/have selected OPTION 2 in Part 1 of this form)**
只提供顧問服務（保單持有人已在本表格第一部分選取選項二）

I/We understand that I/we must obtain the Policyholder's/Policyholders' agreement to any investment instructions submitted to Friends Provident International and that I/we may be asked to provide such agreement to Friends Provident International if requested.

本人/我們明白，本人/我們必須就任何提呈英國友誠國際的投資指示取得保單持有人的同意，並且本人/我們可能須應要求向英國友誠國際提供該同意書。

**Delegated investment management (Policyholder(s) has/have selected OPTION 3 in Part 1 of this form)**
委託投資管理權（保單持有人已在本表格第一部分選取選項三）

I/We confirm that the Policyholder(s) has/ have authorised me/us to manage the investment-linked funds of the Policy, including but not limited to submitting investment instructions and/ or re-direct any future regular premiums to other investment-linked funds on the Policyholder(s)' behalf and I/we further confirm that I/we and my/our relevant employees, servants or agents hold the appropriate authorization (SFC Type 9 licence) enabling me/us and my/our relevant employees, servants or agents to provide the said service including but not limited to submitting investment instructions to Friends Provident International in relation to the Policy.

本人/我們確認，保單持有人已授權本人/我們管理保單的投資相連基金，包括但不限於代表保單持有人提交投資指示及/或重新配置任何日後的定期保費至其他投資相連基金，以及本人/我們進一步確認，本人/我們及本人/我們相關的僱員、員工或代理持有合適的授權（證監會第9類牌照），使本人/我們及本人/我們相關的僱員、員工或代理能提供上述服務，包括但不限於就保單向英國友誠國際提交投資指示。

My/Our SFC License Number is

本人/我們的證監會牌照號碼是

I/We confirm that I/we and my/our relevant employees, servants or agents are competent to provide the services to the Policyholder(s) in the capacity above and I/we shall use my/our best endeavours to act and ensure my/our relevant employees, servants or agents to act competently, honestly and fairly to the Policyholder(s).

本人/我們確認本人/我們及本人/我們相關的僱員、員工或代理有資格以上述身份向保單持有人提供服務；本人/我們將竭力向保單持有人提供恰當、誠實及公平的服務，並竭力確保本人/我們相關的僱員、員工或代理亦如是行事。

I/We confirm that I/we have complied with all relevant rules and regulations in Hong Kong where I am/we are licensed to conduct insurance brokerage business and/or the regulated activities as mentioned above. I/We undertake to continue using my/our best endeavours to comply with all relevant rules and regulations. I/We confirm that I/we shall notify Friends Provident International of any changes to my/our authorization status, changes of the authorization/ licensing status of my/our relevant employees, servants or agents; and any disciplinary action taken against me/us and/ or against my/our relevant employees, servants or agents.

本人/我們確認，本人/我們已遵守香港所有相關規例及條例，並在香港獲取牌照進行保險經紀業務及/或上述受規管的活動。本人/我們保證繼續竭力遵守所有相關規例及條例。本人/我們確認，本人/我們將就本人/我們授權情況的任何變更，及本人/我們相關的僱員、員工或代理授權/持牌情況的任何變更，以及對本人/我們及/或本人/我們相關的僱員、員工或代理採取的任何紀律處分通知英國友誠國際。

Signature of the Adviser
顧問簽署

For and on behalf of
代表

Date
日期

Name of Authorised Signatories
(Please print name)

獲授權簽署人姓名（請用正楷填寫）

Name of the person providing
the relevant service to the Policyholder(s)
提供有關服務予保單持有人之人士姓名

Telephone of the Adviser
顧問電話

Fax No. of the Adviser
顧問傳真號碼

Email of the Adviser
顧問電郵

Part 3 Optional management authority alterations 第3部分 選擇性管理授權變更

Please select one of the following options.
請選擇下列其中一個適用選項。

I/We wish to alter my/our existing Optional Management Authority ('OMA') granted to the Adviser in the following manner:
本人/我們希望按以下方式變更本人/我們向顧問作出的現有選擇性管理授權（「OMA」）：

Cancellation of existing optional management authority
取消現有選擇性管理授權

I/We hereby revoke the existing OMA granted to the Adviser and instruct Friends Provident International to stop accepting any investment instructions from the Adviser made on my/our behalf in relation to the Policy and cease to make any payments from my/our Policy to the Adviser with regards to the OMA with immediate effect.

本人/我們特此撤銷向顧問作出的現有選擇性管理授權，並指示英國友誠國際停止接受顧問代表本人/我們就保單下達的任何投資指示，並停止從本人/我們的保單向顧問支付與選擇性管理授權有關的任何款項，即時生效。

Please note: If you are cancelling your OMA as a result of changing the Adviser, please also complete a new OMA form for your new Adviser (where applicable).

請注意：如果您因更換顧問而取消您的選擇性管理授權，另請為閣下的新顧問填寫一份新的選擇性管理授權表格（如適用）。

Change the frequency of remuneration payment to the adviser
更改向顧問支付報酬的次數

Quarterly to Annually
由每季改為每年

I/We wish to change my/our current fee paid to the Adviser with regards to the OMA to a rate of 0.50% 0.75% 1.00%
本人/我們希望將本人/我們目前就選擇性管理授權向顧問支付費用的次數改為每年，

per annum of the bid value of the policies' accumulation units, and further instruct Friends Provident International to make a series of withdrawals from the Policy to effect the said payments commencing from the next anniversary of the Policy.

基數為保單累積單位的買入價值，並進一步指示英國友誠國際自保單的下個週年日起從保單提款，以執行上述付款。

Annually to Quarterly
由每年改為每季

I/We wish to change my/our current fee paid to the Adviser with regards to the OMA to the rate of 0.15% 0.20% 0.25%
本人/我們希望將本人/我們目前就選擇性管理授權向顧問支付費用的次數改為每季，

per quarter of the bid value of the policies' accumulation units, and further instruct Friends Provident International to make a series of withdrawals from the Policy to effect the said payments commencing from the first quarterly anniversary after the next anniversary of the Policy.

基數為保單累積單位的買入價值，並進一步指示英國友誠國際自保單的下個週年日後首個滿一季之日從保單提款，以執行上述付款。

Note 註

Please return the original duly completed form to our Hong Kong registered office. In instances where a faxed copy is sent initially, please kindly arrange to let us have the original within 8 weeks, otherwise we would deem this alteration has been cancelled.

請將適填妥的本表格正本交回至我們的香港註冊辦事處。若最先以傳真文件發送，請將表格正本於八週內提交，否則本公司會視該變更已被取消。

Personal Data (Privacy) Ordinance ('PDPO') Personal information collection statement ('PICS')

個人資料(私隱)條例(「個人資料(私隱)條例」)收集個人資料聲明(「聲明書」)

1 We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy - please visit www.fpinternational.com.hk/legal/privacy-and-cookies.jsp to view the full policy or this can be provided on request from our Data Protection Officer.

我們十分重視處理個人資料的責任，我們只會向您查詢所需的資料以處理有關指示。請瀏覽<https://zh.fpinternational.com.hk/legal/privacy-and-cookies.jsp>以查閱完整的私隱政策；您亦可向本公司的資料保護主任索取此政策。

2 Friends Provident International Limited ('FPIL', 'we', 'our' or 'us') is committed to protecting the privacy of its customers. We are bound by the Data Protection Principles set out in the PDPO. We only collect, use or disclose your personal data in accordance with the PDPO and this PICS.

英國友誠國際有限公司(「英國友誠國際」或「本公司」)致力保護本公司客戶的私隱。本公司須受個人資料(私隱)條例所載的保障個人資料原則約束。本公司只會根據個人資料(私隱)條例及本聲明書而收集、使用或披露您的個人資料。

3 It is mandatory for you to provide all of the personal data requested on this form. Failure to provide all the personal data requested on this form may mean that we are unable to process your application.

您必須提供本表格中要求提供的所有個人資料。如您未能提供本表格要求提供的所有個人資料，則可能導致本公司無法處理您的申請。

Personal Data (Privacy) Ordinance ('PDPO') Personal information collection statement ('PICS') (cont.)
個人資料(私隱)條例(「個人資料(私隱)條例」)收集個人資料聲明(「聲明書」)(續)

4 The personal data collected or held by FPIL which includes all the personal data contained in the application form you have completed, or in any document to be provided to FPIL which forms part of the application form, or is otherwise authorised by you to be provided to FPIL, may be used by us for the following purposes (all purposes in this paragraph 4 shall collectively be referred to as the 'purposes'):

英國友誠國際所收集或持有的個人資料(包括您填妥的申請表格或將向英國友誠國際提供並構成投保申請表格一部分的任何文件所載的所有個人資料,或其他已獲您授權提供予英國友誠國際的所有個人資料)均可由英國友誠國際用作以下用途(在第4段詳列的所有用途統稱為「有關用途」):

- (i) processing the policy application form including underwriting;
處理投保申請表格(包括承保);
- (ii) administering your policy and providing services in relation to your policy;
管理您的保單及提供與您保單相關的服務;
- (iii) investigating and processing claims made under your policy;
調查及處理您根據保單提出的索償;
- (iv) conducting research, surveys, customer analysis and data matching for statistical purposes;
研究、調查、客戶分析、資料核對及統計用途;
- (v) keeping you informed about other insurance and financial products and services provided by FPIL, and other financial services providers with whom FPIL maintains business referral or partnership arrangements;
讓您了解由英國友誠國際及與英國友誠國際保持業務轉介關係或業務夥伴安排的其他理財服務供應商所提供的其他保險及理財產品及服務;
- (vi) facilitating direct debits, requests for payment of premiums, surrender values and death benefit claims;
接受直接付款,支付保費要求、退保價值及身故利益索償要求;
- (vii) communicating with you, the insured, and your financial adviser for purposes relating to the policy;
就與保單相關的事項與您、受保人及您的理財顧問聯繫;
- (viii) communicating with government authorities, any industry association or federation such as the Hong Kong Federation of Insurers or similar organisation ('Federation'), any members of the Federation to allow these parties to carry out their regulatory functions or such other functions that may be assigned to them from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
與政府機構、任何行業協會或聯會(例如香港保險業聯會或類似機構)(「聯會」)、聯會的任何成員聯繫,以便有關方面可履行其監管職責或者可能不時委派予聯會而且對保險業界或聯會任何成員的利益而言是合理需要的其他職責;
- (ix) meeting any disclosure requirements imposed by any local or foreign law or court order binding on FPIL or pursuant to guidelines issued by regulatory or other relevant authorities with which FPIL is expected to comply;
符合對英國友誠國際具約束力的任何本地或外地法例或法庭命令,或根據監管或其他相關機構所要求英國友誠國際遵守的指引而提出的任何披露要求;
- (x) meeting any tax assessment and tax collection obligations;
履行任何評稅及徵稅責任;
- (xi) allowing government authorities (such as the Insurance Authority) to carry out their regulatory functions;
允許政府機構(例如保險業監管局)履行其監管職責;
- (xii) prevention of crime or detection of fraud, debt collection, enabling assets to be rightfully claimed; and
防止罪行或偵查欺詐及收集債務,使資產得以適當方式索償;及
- (xiii) enabling actual or proposed assignee or transferee of FPIL to evaluate FPIL.
讓英國友誠國際的實際或建議承讓人或受讓人能夠評估英國友誠國際。

5 The passing of personal data to other third parties whether within or outside Hong Kong by FPIL for the purposes:

英國友誠國際移交個人資料予香港境內或境外的其他第三方作有關用途:

For the purposes, FPIL may provide your personal data to the following:

英國友誠國際可就有關用途而向以下人士提供您的個人資料:

- (i) your financial adviser;
您的理財顧問;
- (ii) companies carrying on reinsurance related business;
經營再保險相關業務的公司;
- (iii) medical examiners and practitioners;
醫生;
- (iv) claims investigation companies in the event of a claim;
索償調查公司(在出現索償情況下);
- (v) any professional adviser, data processor, IT service provider, mailing house or third party service providers providing administration services to FPIL;
向英國友誠國際提供任何專業顧問、資料處理員、資訊科技服務供應商、郵遞公司或提供管理服務的第三方供應商;

Personal Data (Privacy) Ordinance ('PDPO') Personal information collection statement ('PICS') (cont.)
個人資料(私隱)條例(「個人資料(私隱)條例」)收集個人資料聲明(「聲明書」)(續)

- (vi) researchers;
調查機構／人員；
- (vii) any actual or proposed assignee of FPIL or transferee of FPIL's rights in respect of the customer;
英國友誠國際的任何實際或建議承讓人或承繼英國友誠國際對客戶的權利的任何實際或建議受讓人；
- (viii) government agencies and authorities as required or permitted by law;
法律規定或允許的政府機構及部門；
- (ix) any industry association or Federation; and
任何保險業協會或聯會；及
- (x) any person pursuant to a court order.
根據法院命令所指的任何人士。
- 6 You have various rights in relation to your personal data including accessing your data, and in some limited circumstances objecting to processing or having your data erased. You can find out more information about how to exercise these rights and details of who to contact with queries on our privacy practices by viewing our full privacy policy available on our website www.fpinternational.com.hk/legal/privacy-and-cookies.jsp or it can be provided upon request from our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA.

您就您的個人資料擁有各種權利，包括查閱您的資料，以及在某些有限的情況下反對處理或刪除您的資料。您可以瀏覽本公司的網站 <https://zh.fpinternational.com.hk/legal/privacy-and-cookies.jsp> 查閱完整的私隱政策，進一步了解有關如何行使這些權利以及查詢有關私隱慣例。您亦可向本公司的資料保護主任(地址：Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA)索取完整的私隱政策。

- 7 Nothing in this PICS shall limit the rights of customers or insured persons under the PDPO.

本聲明書所載內容不會限制您根據個人資料(私隱)條例享有的權利。

8 Declarations 聲明

I/We have read and understood this PICS.

本人／我們已閱讀並明白本聲明書。

First (or only) policyholder
第一(或唯一)保單持有人

Second policyholder
第二保單持有人

Signature(s)
簽署

Date
日期

PLEASE SIGN & SEND THE COMPLETED FORM NO LATER THAN 14 DAYS TO US

請將已填妥及簽署的表格於14天內交予本公司

Email 電郵: polycyservicing@fpihk.com

Mail 郵寄: Friends Provident International Hong Kong office, 803, 8/F., One Kowloon, No.1 Wang Yuen Street, Kowloon Bay, Hong Kong.
英國友誠國際香港辦事處，香港九龍灣宏遠街1號一號九龍803室。

Friends Provident International Limited: Registered and 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. Isle of Man incorporated company number 11494C. Authorised and regulated by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. **Hong Kong branch:** 803, 8/F., One Kowloon, No.1 Wang Yuen Street, Kowloon Bay, Hong Kong. Telephone: +852 2524 2027 | Fax: +852 2868 4983 | Website: www.fpinternational.com.hk. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.

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 | 網址: www.fpinternational.com
馬恩島的註冊公司號碼為11494C 獲Isle of Man Financial Services Authority認可及監管
人壽保險及投資產品的供應商 獲Prudential Regulation Authority認可 受Financial Conduct Authority監管及
受Prudential Regulation Authority有限度監管 有關Prudential Regulation Authority之監管程度可向本公司查詢
香港分公司辦事處: 香港九龍灣宏遠街1號一號九龍803室 電話: +852 2524 2027 | 傳真: +852 2868 4983
網址: www.fpinternational.com.hk 獲香港保險業監管局授權在香港經營長期保險業務
英國友誠國際為英國友誠國際有限公司的註冊商標及商號