

ALL

1.002 - IFA移管申請内容書

現在のIFA会社名	Amici		
移管後の担当者	YOSHIZERO TSUKIYAMA		
保険会社	<input checked="" type="checkbox"/> Friends Provident <input type="checkbox"/> Generali / Utmost <input type="checkbox"/> Standard Life <input type="checkbox"/> その他 _____		
証券番号	16667865		
申込商品	Premier Capital Redemption		
弊社経由で他にご契約証券をお持ちですか。	<input type="checkbox"/> はい (証券番号: _____) <input checked="" type="checkbox"/> いいえ		
既存の個人・法人アカウントへ紐づけ (既存のお客様のみ)	<input type="checkbox"/> 希望する (ADM _____) <input checked="" type="checkbox"/> 希望しない ※ 希望した場合、弊社ご登録連絡先は、最新のものに統一されます。		
ご契約名 (英字)	第一名義人氏名: HIROMASA TOKUNAGA	<input checked="" type="checkbox"/> 男 <input type="checkbox"/> 女	
	生年月日(西暦): 1982 年 07 月 16 日		
	第二名義人氏名: (該当する場合)	<input type="checkbox"/> 男 <input type="checkbox"/> 女	
	生年月日(西暦): (該当する場合) 年 月 日		
出生地 市、都道府県、国名	第一名義人: 大分県速見郡日出町 第二名義人:		
現住所	第一名義人: 〒 870-0872 大分県大分市高崎2-6-14		
	第二名義人: 〒 (該当する場合)		
通知先住所 (現住所と異なる場合のみご記入ください)			
電話番号	自宅電話番号: 携帯電話番号: 090-7296-8691		
Eメールアドレス (携帯メール以外)	注1) アルファベットは全て大文字で記入 注2) メールアドレスに数字がある場合は、数字の下に「す」と記入 注3) メールアドレスにドット(.)がある場合は、数字の下に「ド」と記入 注4) メールアドレスにハイフン(-)がある場合は、数字の下に「ハ」と記入 注5) メールアドレスにアンダーバー(_)がある場合は、数字の下に「ア」と記入		
o i t a . n o . k a i b u t u . t o k u n a g a @ g m a i l . c o m ド ド ド ド ド ド ド			
現在の支払い方法	クレジットカード決済 DDA口座引落 / BSO自動送金 / 送金		
現在のプラン通貨	USD / JPY / HKD / AUD / GBP / CHF		

私は、「受益者・受託者指定案内」を読み、受益者・受託者指定がない場合、死亡時にこのプランにかかわる資産の相続・継承のための手続きが煩雑かつ困難になり得るリスクを理解しています。

第一名義人署名 保険会社ご登録署名	徳永 拓真	第二名義人署名 保険会社ご登録署名 (該当する場合のみ)	
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Date : 11 / 02 / 2025

Appointment of Administration Administration 56: A004689129 **as FFI Intermediary**

Names of Account Holders

1) HIROMASA TOKUNAGA 2) _____

Policy Number(s)

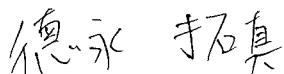
1) 16667865 2) _____

3) _____ 4) _____

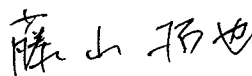
To Whom It May Concern:

With reference to the above accounts, please change my servicing intermediary to Administration as my intermediary. Please release any information about my accounts to Administration so that they may assist with the servicing of my accounts.

Should you have any questions, please do not hesitate to contact us.



Name: **HIROMASA TOKUNAGA**



Name: **TAKUYA FUJIYAMA**

Optional Management Authority

For all investment-linked product use only (except Reserve).

Hong Kong

To: Friends Provident International Limited

PART 1 – For completion by the policyholder(s)

Please write in Black Ink and use BLOCK CAPITALS

*Delete where applicable

SECTION A

Full name of policyholder(s)
(the "Policyholder(s)")

HIROMASA TOKUNAGA

Name of product

PREMIER CAPITAL REDEMPTION

Plan number allocated/Policy Number
(the "Policy")

16667865

Declaration

I/We* declare that I/we* wish to appoint Administration 56: A004689129 (Name of Investment Adviser Firm) 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.

Granting of Optional Management Authority

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):**

Please select one of the following options.

☐

Option 1: Advisory basis only, my signed consent required

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*.

☒

Option 2: Advisory basis only, without signed consent

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.

☐

Option 3: Delegated Investment Management

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.

I/We* hereby ratify and confirm any and all investment instructions made to Friends Provident International heretofore 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.

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.

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).

SECTION B

Remuneration (the "OMA Fee")

Effective Date (DD/MM/YYYY)

1 1

0 2

2 0 2 5

Your Intermediary Account Number payable to

Administration 56: A004689129

Please select one of the following options.

☐

I/We* have agreed with the Adviser that an OMA Fee will not be paid.

☐

Annually - I/We* have agreed to pay the Adviser an OMA Fee at the rate of 0.50%/0.75%/1.00%* per annum 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.

☒

Quarterly - I/We* have agreed to pay the Adviser an OMA Fee at the rate of 0.15%/0.20%/0.25%* per quarter 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.

* 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.

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.

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.

First (or only) policyholder

Second policyholder

Signature(s)

德永 邦真

藤山 邦也

Date (DD/MM/YYYY)

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0 2

2 0 2 5

1 1

0 2

2 0 2 5

PART 2 – For completion by the Adviser (i.e. the Investment Adviser Firm)

Please write in Black Ink and use BLOCK CAPITALS

Declaration

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):

☐

Advisory basis only (Policyholder(s) has/have selected OPTION 1 in Part 1 of this form)

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

☒

Advisory basis only (Policyholder(s) has/have selected OPTION 2 in Part 1 of this form)

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.

☐

Delegated Investment Management (Policyholder(s) has/have selected OPTION 3 in Part 1 of this form)


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.

My/Our* SFC License Number is _____

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).

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.

Signature of the Adviser

For and on behalf of

ADMINISTRATION

Date (DD/MM/YYYY)

1 | 1 | 0 | 2 | 2 | 0 | 2 | 5

Name of Authorised Signatories
(Please print name)

James Douglas Gadd

Name of the person providing
the relevant service to the Policyholder(s)

James Douglas Gadd

Telephone of the Adviser

+852 3796 3580

Fax No. of the Adviser

+852 3017 7180

Email of the Adviser

info@adminasia.com

Note: 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 authority has been revoked.

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. 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.

Hong Kong: Friends Provident International Limited | 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 trade mark of the Aviva group.