

REGULAR PREMIUM INCREASE AND SINGLE PREMIUM TOP-UP REQUEST FORM

FOR USE WITH FOCUS, VISION
AND CHOICE PLANS

A PLANHOLDER DETAILS

	First Planholder	Second Planholder (if applicable)
1 Plan number(s) ("Plan")	<input type="text"/>	<input type="text"/>
2 Full name	<input type="text"/>	<input type="text"/>
3 Do you have a former name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide full details.	<input type="text"/>	<input type="text"/>
4 Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
5 Nationality	<input type="text"/>	<input type="text"/>
6 City of birth	<input type="text"/>	<input type="text"/>
7 Country of tax residence	<input type="text"/>	<input type="text"/>
8 Taxpayer Identification Number ("TIN")	<input type="text"/>	<input type="text"/>
9 Do you hold dual nationality?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please state second nationality here.	<input type="text"/>	<input type="text"/>
10 2nd Country of tax residence (if applicable)	<input type="text"/>	<input type="text"/>
11 2nd TIN	<input type="text"/>	<input type="text"/>
12 Please provide an explanation if you do not have a TIN	<input type="text"/>	<input type="text"/>

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost Worldwide Limited, Singapore Branch: 6 Battery Road #16-02, Singapore 049909 T+65 66729152
E SingaporeRO@utmostworldwide.com. Registered in Singapore as a Branch of a Foreign Company - Number T10 FC0110K.
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Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No.27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended). Registered Head Office: Utmost Worldwide Limited, Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR. T +44 (0) 1481 715 800 F +44 (0) 1481 712 424 E UWCustomerService@utmostworldwide.com

Websites may refer to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.

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REGULAR PREMIUM INCREASE AND SINGLE PREMIUM TOP-UP REQUEST

13 Are you the ultimate beneficial owner¹ of this Plan? Yes No

If No, please complete the Beneficial Owner Identification Form and submit together with this document.

B REGULAR PREMIUM INCREASE (FOCUS and Vision Plan only)

Please note that regular Premium increases are only permitted where received by Utmost Worldwide before commencement of the final year of the original Payment Term for Vision Plans and before the end of the Commitment Period for FOCUS Plans.

i) Current Regular Premium:

ii) Amount of Regular Premium increase:

iii) Total New Regular Premium:

Important Note: Regular Premium increases must be at least 5% of the current regular Premium. You should only elect to pay a total Premium amount that you can afford to pay until the end of the Payment Term for Vision Plans or Commitment Period for FOCUS Plans. Early termination of regular Premium payments is likely to result in significant costs to your Plan. We recommend that annualised regular Premium amounts do not exceed more than 30% of your gross annual income. Premiums above this amount may result in additional information being required from you and/or your request being declined.

- iv) I request that my regular Premium is increased as detailed above for the remaining Payment Term of my Vision Plan (or Commitment Period for FOCUS Plans) with effect from the date that the next regular Premium is due and with no change to the frequency of regular Premium payments.
- v) I confirm that unless indicated otherwise, regular Premiums should be allocated to the same ILP Sub-Funds, in the same proportions, as currently applied to regular Premiums of the Plan.

Please only complete the table below if you wish to redirect your regular Premiums after this increase. (If you wish to switch your existing ILP Sub-Funds holdings, you must complete a separate switch request.)

I wish to allocate my future regular Premiums to ILP Sub-Funds as per the table below (please complete table):

ILP Sub-Funds Name	Currency	% Percentage of Regular Premium
(Please ensure your allocation instruction totals 100%) Total Allocation:		100%

¹ As defined in MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism, beneficial owner means "the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement." To avoid confusion, beneficial owner does not mean a Beneficiary of your Plan nominated under the Insurance Act.

C SINGLE PREMIUM TOP-UP REQUEST (FOCUS, Vision and Choice Plans)

I wish to pay a single Premium top-up for my Plan as detailed below:

Single Premium Top-Up Amount:	<input style="width: 95%;" type="text"/>		(please specify currency)
ILP Sub-Funds Name	Currency	% Percentage to be Allocated	
(Please ensure your allocation instruction totals 100%) Total Allocation:			100%

D EMPLOYMENT AND FINANCIAL DETAILS


	First Planholders	Second Planholders (if applicable)
1 Employment details	<input type="checkbox"/> Employed or Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not currently employed	<input type="checkbox"/> Employed or Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not currently employed
2 Date of retirement or leaving employment (if applicable)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3 Your occupation		
a. The nature of your employment and the position held (e.g. job title, level of seniority)	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
b. Length of service with current Employer or business	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
c. If less than 18 months please state previous employment details	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

REGULAR PREMIUM INCREASE AND SINGLE PREMIUM TOP-UP REQUEST

D EMPLOYMENT AND FINANCIAL DETAILS (CONTINUED)

d. If you are self-employed or business owner, please state percentage of business owned

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 If retired or not currently employed, please state former occupation, including role e.g. Director and industry sector e.g. accountancy and include date of retirement or unemployment.

4 Name and address of employer or business

Postcode	Postcode

5 Industry or business sector

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6 Employer or business website address

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D1 INCOME DETAILS

Please provide an estimated breakdown of your current annual income:

DETAILS	FIRST POLICYHOLDER		SECOND POLICYHOLDER (IF APPLICABLE)	
Specify Currency	<input type="checkbox"/> US\$	<input type="checkbox"/> GBPE	<input type="checkbox"/> Euro€	<input type="checkbox"/> US\$
	<input type="checkbox"/> Other (state currency)	<input type="text"/>	<input type="checkbox"/> Other (state currency)	<input type="text"/>
INCOME DETAILS	DESCRIPTION	VALUE	DESCRIPTION	VALUE
Annual Salary/Income				
Annual Bonus Income				
Other Annual Income (please specify, for example, Investment Income, Pension Income, Benefits in Kind)				
Total Annual Income				

REGULAR PREMIUM INCREASE AND SINGLE PREMIUM TOP-UP REQUEST

E SOURCE OF FUNDS AND WEALTH

E1 SOURCE OF FUNDS FOR YOUR INVESTMENT WITH UTMOST

First Planholders

- 1 Savings from employment income (including salary, bonus and fees)
- 2 Compensation payment/legal settlement
- 3 Competition win
- 4 Gift
- 5 Inheritance
- 6 Loan
- 7 Maturing policy/policy claim/replacement policy/pension

- 8 Sale of asset portfolio or investment
 - 9 Company sale or sale of interest in a business
 - 10 Property sale
 - 11 Other income sources
 - 12 Third party payment (please specify)
-

Second Planholders

- 1 Savings from employment income (including salary, bonus and fees)
- 2 Compensation payment/legal settlement
- 3 Competition win
- 4 Gift
- 5 Inheritance
- 6 Loan
- 7 Maturing policy/policy claim/replacement policy/pension

- 8 Sale of asset portfolio or investment
 - 9 Company sale or sale of interest in a business
 - 10 Property sale
 - 11 Other income sources
 - 12 Third party payment (please specify)
-

	First Planholder	Second Planholder (if applicable)
a. Please confirm the main country that the above economic source of funds came from.		
b. Which country has your overall wealth been generated in, if different?		

E2 PERSONAL WEALTH

a. Please state your estimated personal net worth (after deduction of mortgages or loans).

	First Planholder	Second Planholder (if applicable)
Currency		
Amount		

b. Please provide an estimated breakdown of how your current wealth is held:

DETAILS	FIRST PLANHOLDER		SECOND PLANHOLDER (IF APPLICABLE)	
	CURRENCY	VALUE	CURRENCY	VALUE
1. Property				
2. Valuables (motor vehicles, furniture, jewellery etc.)				
3. Investments (stocks and bonds)				
4. Owner managed business interests				
5. Cash and savings accounts				
6. Other				

REGULAR PREMIUM INCREASE AND SINGLE PREMIUM TOP-UP REQUEST

E SOURCE OF FUNDS AND WEALTH (CONTINUED)

c. Please indicate the main source for your wealth:

First Planholder

- Same as Source of Funds (see C1 above)
- Where different to Source of Funds, please specify main source of your wealth below.

Second Planholder

- Same as Source of Funds (see C1 above)
- Where different to Source of Funds, please specify main source of your wealth below.

DETAILS	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

DETAILS	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

F REMITTING BANK ACCOUNT

Please confirm the bank account details that will be used to fund the regular Premium increase or top-up in the section below:

Bank Name:

Bank Address:

Account Holder Name:

Account No.:

IBAN CLABE:

Sort Code Swift Code BIC ABA:

Years account held²:

If your regular Premiums are paid by credit card, we will deduct the increased amount at your next Premium collection date.

² If this account has been held for less than 1 year, then previous bank details are also required. Please use a separate page if necessary.

REGULAR PREMIUM INCREASE AND SINGLE PREMIUM TOP-UP REQUEST

G PLANHOLDER(S) SIGNATURE(S)

IMPORTANT NOTES - PLEASE READ CAREFULLY:

Before increasing your regular Premium and/or making a single Premium top-up, you should ensure that you are aware of the impact on fees and charges associated with your Plan.

Vision only: For regular Premium increases that exceed any previous regular Premium level, a new Initial Period will apply, meaning that higher Administration Fees will apply throughout the remaining Payment Term of the Plan. Administration Fees are based on the highest committed regular Premium level regardless of actual regular Premiums paid. Any subsequent regular Premium decreases or an early surrender of your Plan will not result in a decrease in Administration Fees. The balance of these fees is deducted on surrender before the end of the Payment Term.

Vision and Choice only: For single Premium top-ups, a new Early Discontinuance Charge will apply to the value of the additional Premium paid if full surrender of the Plan occurs, or if the Plan is terminated within 5 years of payment of the top-up. Establishment charges are also payable.

FOCUS only: Regular Premium increases during the Commitment Period which exceed any previous regular Premium level will result in an increase in the monthly Regular Premium Establishment Fee which will apply throughout the remaining Commitment Period. Any subsequent regular Premium decrease or an early surrender of your Plan will not result in a decrease in Regular Premium Establishment Fees. The balance of these fees is deducted on surrender before the end of the Commitment Period.

FOCUS only: For single Premium top-ups, a Single Premium Establishment Fee is deducted when the Premium is allocated to the Plan.

Utmost Worldwide reserves the right to refuse to accept any request for a regular Premium increase or single Premium top-up. Capitalised terms used and not defined in this form have the meanings given to them in the Terms and Conditions applicable to the relevant Plan.

Local Rules, Laws and Regulations

All transactions related to your Plan are subject to any rules, laws and regulations applicable to Utmost Worldwide Limited in your jurisdiction of tax residence; inclusive of tax deductions and reporting.

Planholder Declaration

- › I/We request to increase the regular Premium and/or make a single Premium to my/our Plan as indicated above.
- › I/We declare that, to the best of my/our knowledge and belief, all the information above is true, correct and complete.
- › I/We declare that I/we have considered and understand the change in fees and charges that will be associated with the regular Premium increase and/or single Premium top-up; and
- › I/We confirm that the monies being used to fund the Premium are derived from legitimate activities.

	First Planholder³:	Second Planholder (if any):																
SIGNATURE																		
Date:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">d</td> <td style="width: 20px; height: 20px; text-align: center;">d</td> <td style="width: 20px; height: 20px; text-align: center;">m</td> <td style="width: 20px; height: 20px; text-align: center;">m</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">d</td> <td style="width: 20px; height: 20px; text-align: center;">d</td> <td style="width: 20px; height: 20px; text-align: center;">m</td> <td style="width: 20px; height: 20px; text-align: center;">m</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> <td style="width: 20px; height: 20px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											

If there are further Planholders, please complete this section on an additional sheet(s) and attach securely to this form. Please tick this box if additional sheet(s) are attached:

³ If the Planholder is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

REGULAR PREMIUM INCREASE AND SINGLE PREMIUM TOP-UP REQUEST

H FINANCIAL ADVISERS

Where you have received financial advice in connection with the proposed Premium increase or single Premium top-up, your adviser should complete the section below:

Financial Adviser Declaration

- › I declare that, to the best of my knowledge and belief, the Planholder is of good standing and the information given in this questionnaire is true and complete;
- › I confirm and am satisfied that, to the best of my knowledge and belief, the monies being used to pay the Premium are derived from legitimate activities;
- › I confirm that client fact-find forms have been duly completed and the change to the Plan is within the risk profile of the Planholder(s);
- › I confirm that I have explained to the Planholder the change in fees and charges that will be associated with the regular Premium increase and/or single Premium top-up.

SIGNATURE **Signature of the Financial Adviser⁴:**

Date:

Financial Adviser Name
 (printed in BLOCK CAPITALS):

Financial Adviser Legal
 Entity Name:

⁴ If the Financial Adviser is not an individual, its authorised signatories should sign in accordance with its authorised signatory list. A legal entity name should be specified wherever the Financial Adviser is acting as a representative of that entity.