

# EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY

## APPLICATION FORM - NEW BUSINESS AND TOP-UP

utmost™

For accredited investors - individual, joint, corporate and trustee investors

Utmost is a brand name used by a number of Utmost companies. This item has been issued by Utmost International Isle of Man Limited.

**WARNING:** PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 OF SINGAPORE, AS MAY BE AMENDED FROM TIME TO TIME, IF YOU DO NOT FULLY AND FAITHFULLY DISCLOSE IN THIS APPLICATION FORM ALL FACTS WHICH YOU KNOW, OR OUGHT TO KNOW, THE POLICY ISSUED MAY BE VOID AND YOU MAY RECEIVE NOTHING FROM THE POLICY.

THIS DOCUMENT WAS LAST UPDATED IN APRIL 2026.

Please confirm with your financial adviser representative that this is the most up-to-date document for your product or servicing needs.

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

SECTION	PAGE	COMPLETED
A Type of application	4	<input type="checkbox"/>
B1 Individual/joint/non-corporate trustee applicant(s)	6	<input type="checkbox"/>
B2 Corporate/corporate trustee applicant	9	<input type="checkbox"/>
B3 Details of the trust - this section applies to trustee applicants	10	<input type="checkbox"/>
B4 Beneficial Ownership	11	<input type="checkbox"/>
B5 Politically exposed person - this section applies to all applicant types	11	<input type="checkbox"/>
C Details of any additional life/lives assured (if different from applicant(s))	12	<input type="checkbox"/>
D Source of Funds	13	<input type="checkbox"/>
E Investment details	13	<input type="checkbox"/>
F Source of Funds	15	<input type="checkbox"/>
G Request for Utmost International Isle of Man Limited to appoint a discretionary asset manager	20	<input type="checkbox"/>
H Regular withdrawals (optional)	20	<input type="checkbox"/>
I Number of policies	21	<input type="checkbox"/>
J Utmost International Isle of Man Limited charges	21	<input type="checkbox"/>
K Declaration and application	22	<input type="checkbox"/>
L1 Verification of customer identity - financial adviser representative/suitable certifier to complete - this section applies to all applicant types	28	<input type="checkbox"/>

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

L2	Verification of customer identity - financial adviser representative/suitable certifier to complete additional information for non corporate trustee applicants	29	<input type="checkbox"/>
L3	Verification of customer identity - financial adviser representative/suitable certifier to complete - additional information for corporate/corporate trustee applicants	30	<input type="checkbox"/>
M	Customer due diligence (CDD) requirements and financial adviser declaration	31	<input type="checkbox"/>

CUSTOMER ID NUMBER(S) IF KNOWN PLEASE ENTER THE CUSTOMER ID NUMBER(S)

Applicant 1

Applicant 2

FINANCIAL ADVISER REPRESENTATIVE

Utmost International Isle of Man Limited Adviser ID

MAS representative number

Name of Financial adviser representative

Company name

Address

Telephone number

Fax number

E-mail address

Utmost International Isle of Man Limited only accepts business introduced by companies which have Terms of Business with us.

**We only sell our products through financial adviser representatives as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser representative, you need to bear in mind that they are acting on your behalf and not on behalf of Utmost International Isle of Man Limited. You are responsible for their actions or omissions.**

The Executive Investment Account - Discretionary is issued by Utmost International Isle of Man Limited Singapore Branch on behalf of Utmost International Isle of Man Limited. All references to **we, us** and **our** in this application form mean Utmost International Isle of Man Limited.

IMPORTANT TAXATION INFORMATION

Under Automatic Exchange of Information (AEOI) regulations, Utmost International Isle of Man Limited is required to obtain information about an applicant's tax status. To enable us to comply with these regulations, when submitting this application form you must also submit the **'Taxation information and self-certification - for entity investors'** or **'Tax declaration and self-certification for Trusts (where the trustees are all individuals)'** form. Completion and submission of a self-certification is mandatory and failure to provide one could result in your policy being reported under AEOI by default. If any of the information contained in the self-certification changes, please advise Utmost International Isle of Man Limited promptly so we can determine if a new self-certification is required.

---

## IMPORTANT INFORMATION FOR YOU - THE APPLICANT

---

**This application form should be read together with the Policy Terms, Confirmation of Charges, Product Summary and Product Brochure, which are available from Utmost International Isle of Man Limited. You will also need to read Your Guide to Life Insurance (this can be downloaded from the Life Insurance Association's website: [www.lia.org.sg](http://www.lia.org.sg)).**

Please note this application form must not be used by applicants residing/incorporated in Hong Kong or the United States of America or its territories.

Before completing the application form, please make sure you receive and read through the relevant product information:

- › Executive Investment Account - Discretionary product brochure
- › Executive Investment Account - Discretionary product summary
- › Executive Investment Account - Discretionary Policy Terms (ref SO1B)

**For ease of reference we have used an arrow ► to highlight important facts.**

---

## FREE LOOK PROVISION

---

You have the right to cancel your Executive Investment Account - Discretionary or additional investment and obtain a refund of any premium(s) paid, less any applicable charges\*, and any fall in the value of the assets linked to your Executive Investment Account - Discretionary. You have 30 days from the date that you receive the Schedule for the initial premium, or letter accepting the additional investment, to let us know you want to cancel. Further information on how to cancel can be found in the Executive Investment Account - Discretionary Policy Terms.

\*Where relevant, applicable charges include non-refundable fund charges, fees we have paid to your financial adviser representative on your behalf and bank charges.

---

## COMPLETING THE FORM

---

To complete this form:

- › use CAPITAL LETTERS only
- › use blue or black ink
- › specify choices as appropriate
- › complete all relevant sections
- › do not use correction fluid; any amendments should be crossed out and initialled by all applicants (authorised signatories of the company or corporate trustee, if applicable).

Please ensure that you complete all relevant sections. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

**A** TYPE OF APPLICATION

Type of client, please tick (✓)

Individual

Joint

Corporate

Non-corporate Trustee (Individual/Joint)

Corporate  
Trustee

NATURE AND PURPOSE OF INVESTMENT

**IMPORTANT NOTE**

The responses provided below are required to meet our obligations under applicable anti-money laundering and countering the financing of terrorism regulations.

Please note that it is your responsibility, after taking any necessary legal or tax advice, from external professional parties such as your appointed financial adviser, to ensure that the product is a suitable investment and remains suitable based on your needs, objectives and risk appetite.

**1** What is the investment purpose of selecting this Utmost policy?

Please select which options apply:

- Medium to Long Term Investment to produce 'income' stream in the form of capital withdrawals
- Medium to Long Term Investment for capital growth
- Medium to Long Term Investment to produce a capital sum for retirement
- Accumulation of pension scheme assets
- Investment mobility (when working in different jurisdictions)
- Consolidation of financial assets into one product
- Estate and succession planning to pass wealth to next generation
- Other

**2** If you are not resident in Singapore, what influenced your decision to invest in Singapore, rather than your country of residence?

Please select which options apply:

- Strong regulatory framework overseeing financial services business
- Long history of economic stability
- Political autonomy and legislative freedom
- Skilled financial services workforce
- Favourable tax environment
- Other

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

- 3 How many years do you anticipate holding the Utmost policy?
- 1 to 5 years
  - 6 to 10 years
  - 11 to 15 years
  - 16 to 20 years
  - 20+ years
  - Unknown at present

An early surrender charge may apply if the policy is surrendered within the first ten years. Please consult your financial adviser for further details.

- 4 How many additional premiums do you anticipate making into the policy each year?
- 0
  - 1 to 2
  - 3 to 4
  - 5+
  - Unknown at present

- 5 What percentage of the value of the policy do you expect to withdraw each year?
- 0%
  - 1 - 5%
  - 6 - 10%
  - 11 - 20%
  - 20+%
  - Unknown at present

- 6 Do you intend to transfer the policy to another party at some future point? If so, what is their relationship to you?
- Please select which options apply:
- Not planning to transfer
  - Spouse
  - Children
  - Grandchildren
  - Parent
  - Business associate/partner
  - Other
  - Unknown at present

7 Do you intend to use the policy for collateral for a loan at any point?

Yes

No

Unknown at present

If "Yes", please indicate the purpose of the loan

8 Do you have plans to relocate to, or work in, another country?

Yes

No

Unknown at present

If "Yes", please indicate the country

NEW INVESTMENT

If this is an application for a NEW INVESTMENT, please tick here (✓).

ADDITIONAL INVESTMENT

If this is an application for an ADDITIONAL INVESTMENT, please provide your existing policy number: (you can find this in your policy documentation)

► Please complete sections B, C (if applicable), D, E, F, J, K, L and M. If your details have not changed, you would only need to complete the full forename(s) surname and employment details of each Policyholder in section B1 or Company name in B2 and full forename(s) and surname of each life assured (if applicable) in section C.

POLICY CURRENCY

I wish my policy to be valued in (✓)      S\$      US\$      €      £      Other (state currency)

Please note if no currency is entered your policy currency will be US dollars (US\$). The policy currency cannot be changed after the policy is set up.

**B1** INDIVIDUAL/JOINT/NON-CORPORATE TRUSTEE APPLICANT(S)

In this section, please give details of all individual applicant(s). Applicants must be at least 18 years old and the maximum age is 89. The maximum age for a life assured is 89.

If there are any further applicants, please photocopy this section, attach the details with this application form and tick here (✓)

► If additional pages are added, each separate page must be initialled by all applicants.

	Applicant 1			Applicant 2 (if any)		
Title (✓)	Mr	Mrs	Miss	Mr	Mrs	Miss
	Other	<input type="text"/>		Other	<input type="text"/>	
Full forename(s)	<input type="text"/>			<input type="text"/>		
Surname	<input type="text"/>			<input type="text"/>		

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

Maiden name, previous name or alias	Yes	No	Yes	No
If "Yes", provide other name(s)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Relationship to first applicant	<input style="width: 100%;" type="text"/>			

Sex (✓)	Male	Female	Male	Female
Date of birth	<input style="width: 100%; text-align: center;" type="text" value="d d m m y y y y"/>		<input style="width: 100%; text-align: center;" type="text" value="d d m m y y y y"/>	
NRIC/FIN number	<input style="width: 100%;" type="text"/>			
Nationality	<input style="width: 100%;" type="text"/>			
Dual nationality (if applicable)	<input style="width: 100%;" type="text"/>			
Passport number/ national identity card number	<input style="width: 100%;" type="text"/>			
Expiry date	<input style="width: 100%; text-align: center;" type="text" value="d d m m y y y y"/>		<input style="width: 100%; text-align: center;" type="text" value="d d m m y y y y"/>	
Country of issue	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Country of residence	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Residential address (where you are currently living, we do not accept PO Box or C/O addresses)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text" value="Postcode"/>	<input style="width: 100%;" type="text" value="Country"/>	<input style="width: 100%;" type="text" value="Postcode"/>	<input style="width: 100%;" type="text" value="Country"/>

In the past 3 years, did the residential address change?	Yes	No	Yes	No
If "Yes" please provide all previous address details	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text" value="Postcode"/>	<input style="width: 100%;" type="text" value="Country"/>	<input style="width: 100%;" type="text" value="Postcode"/>	<input style="width: 100%;" type="text" value="Country"/>

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

Correspondence address (if left blank we will use the residential address for correspondence)	<input style="width: 100%;" type="text"/>			
	<input style="width: 100%;" type="text"/>			
	<input style="width: 100%; text-align: center;" type="text" value="Postcode"/>			

Utmost International Isle of Man Limited accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International Isle of Man Limited reserves the right to send correspondence to the residential address where regulations prevent it being sent to any other address.

Telephone number including area code (daytime)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mobile number including area code (Please note each applicant must provide valid mobile number)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

E-mail address  
(Please note each applicant must have a unique e-mail address)



Is the applicant(s) also going to be a life assured? (✓)

Yes      No

Yes      No

**There must be an insurable interest between the applicant and the life assured where the applicant would suffer loss in the event of the death of the life assured, this must be stated in Section C.**

**Employment details**

**Applicant 1**

**Applicant 2 (if any)**

**For additional investment, if your employment details have not changed since the last application, please tick here (✓) and go to section B4.**

Please give details of your employer or your own company, if self-employed. If you have retired or are not currently employed please include details of your previous employer or your own company. If you have never been employed, please state N/A.

Please also enter your final year's salary/income and bonus if any.

Employment status (✓)	Employed	Self Employed	Employed	Self Employed
	Retired	Not employed	Retired	Not employed

Occupation (including role, e.g. Director and sector, e.g. Accountancy. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited occupations as confirmed on our Source of Funds and Source of Wealth guidelines)



Name of employer or your own company



Address of employer or your own company

  

  


Postcode

Postcode

Country



Employer or own company phone number



Employer or own company e-mail address



Website address of employer or your own company (if any)



Last year's gross salary/income amount



Currency (✓)

S\$      £      US\$      €

S\$      £      US\$      €

Other (state currency)

Other (state currency)

Last year's bonus amount (if applicable)



If you receive income from another source, please provide full details here (e.g. dividend, investment, rental income including their nature and source)

**B2 CORPORATE/CORPORATE TRUSTEE APPLICANT**

In this section, please give details of the corporate applicant.

CORPORATE APPLICANT

Please tick (✓)  Private company  Public company  Other

Company name

Contact person

Country of registration

Date of incorporation

Registered office address  
(This information must be provided in full. We are unable to accept PO Boxes and 'care of' addresses)  
  
  
  
Postcode

Correspondence address (if left blank we will use the registered address for correspondence)  
  
  
Postcode

Utmost International Isle of Man Limited accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International Isle of Man Limited reserves the right to send correspondence to a registered address where regulations prevent it being sent to a third party.

Telephone number including area code (daytime)

E-mail address  
(Please note each person must have a unique email address)

Corporate website address

Please state the company's main business  
(for example manufacturing or trading company)

AUTHORISED SIGNATORIES

Please confirm the minimum number of authorised signatories for the company needed to give instructions

**The company directors/authorised signatories of the company must complete and sign the declaration in section K.**

► **Additional documents are needed to evidence the identities of at least two directors, one of whom must be an executive director of the company.**

**B3** DETAILS OF THE TRUST - THIS SECTION APPLIES TO TRUSTEE APPLICANTS

TRUST DETAILS

In this section, please give the following details: the name of the trust (for example, 'the Mary Jones Policy Trust dated 1 April 1990', 'the John Brown Will Trust') and the date the trust was created on.

The trust name is:

The trust was created on:

Trust details:  
▶ Please explain the reason for establishing the trust, the type of trust it is and detail the source of the trust assets and the country of origin.

TRUST ASSOCIATED PARTY DETAILS

This section only applies to applications completed by Trustees acting on behalf of a Trust.

SETTLOR DETAILS

Details of the Settlers of the trust and any other persons who have provided funds to the trust must be supplied.

**You will need to provide suitable verification of their identity and residential address at Section L.**

	Settlor 1	Settlor 2
1 Role		
2 Title (Mr, Mrs, Ms, etc.)	<input type="text"/>	<input type="text"/>
3 Gender	<input type="text"/>	<input type="text"/>
4 First Name(s)	<input type="text"/>	<input type="text"/>
5 Surname(s)	<input type="text"/>	<input type="text"/>
6 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"/>
7 Place of birth	<input type="text"/>	<input type="text"/>
8 Please list all nationalities/ citizenships held (if applicable)	<input type="text"/>	<input type="text"/>
Have you held a previous nationality?	Yes No	Yes No
If "Yes", provide details	<input type="text"/>	<input type="text"/>
9 Permanent residential address (PO Box and 'care of' addresses are not acceptable)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	Postcode	

10 In the past 3 years, did the residential address change?

Yes

No

Yes

No

If "Yes" please provide all previous address details

Postcode	Country	Postcode	Country

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

11 If deceased, date of death

d	d	m	m	y	y	y	y	d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**B 4 BENEFICIAL OWNERSHIP**

A "Beneficial Owner" as defined in MAS Notice 314, on Prevention of Money Laundering and Countering the Financing of Terrorism - Life Insurers, 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.

Are you the ultimate beneficial owner of the Policy (✓)

Yes

No

If "No", please provide details of the beneficial owner(s) below and provide valid proof of identity for each beneficial owner.

**Please note that the following is NOT a nomination of beneficiary(ies) under the Policy.**

Name (as shown in NRIC/Passport/ FIN)

NRIC/Passport/ FIN No.

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Relationship to the Policyholder

Gender (M/F)

Residency status (Singaporean/Singapore PR/Pass holder/Other)

Nationality (if not Singaporean)

**If there are two or more beneficial owners photocopy this page and attach securely to this form.**

**B 5 POLITICALLY EXPOSED PERSON - THIS SECTION APPLIES TO ALL APPLICANT TYPES**

We are required to identify persons associated with this application who could be classed as a Politically Exposed Person ("PEP"). A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities. For example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary or the Military, a senior employee of a State Owned Corporation, or a board member of a Central Bank. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

Is there anyone associated with this application who could be considered a PEP? Yes No

If "Yes", please provide details

**C** DETAILS OF ANY ADDITIONAL LIFE/LIVES ASSURED (IF DIFFERENT FROM APPLICANT(S))

**Please note you do not need to complete this section if the applicant(s) is/are going to be the only life/lives assured. The maximum age for a life assured is 89.**

**If there are any further lives assured, please photocopy this page, attach the details with this application form and tick here (✓)**

► **If additional pages are added, each separate page must be initialled by all applicants.**

There must be an insurable interest between the applicant and the life assured where the applicant would suffer loss in the event of the death of the life assured.

	First additional life assured (if any)	Second additional life assured (if any)																
Title (✓)	Mr      Mrs      Miss Other <input style="width: 100px;" type="text"/>	Mr      Mrs      Miss Other <input style="width: 100px;" type="text"/>																
Full forename(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Sex (✓)	Male      Female	Male      Female																
Date of birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>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											
Residential address (where the life assured is currently living, we do not accept PO addresses)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Country of residence	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
In the past 3 years, did the residential address change?	Yes      No	Yes      No																
If "Yes" please provide all previous address details	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
Dual nationality (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

NRIC/FIN number

Relationship to applicant

**D SOURCE OF FUNDS**

This section must be completed in all instances.

BANK ACCOUNT OF WHERE FUNDS ARE BEING REMITTED FROM

If this is an application for a new investment, this section must be completed in full in all instances.

For additional investment, if the source of funding is the same as the last application, please tick here and indicate the payment amount and currency only. (✓)

- ▶ The premium payment must come from an account held in the name of the applicant(s), company or trust.
- ▶ If you are making multiple payments, please photocopy this page, attach the details and the reason why multiple payments are being made with this application form and tick here (✓)

Payment amount  Payment currency

Bank account holder (name as stated on bank account)

Bank account number/IBAN

Sort code (If applicable)  -  -

SWIFT or BIC code (If applicable)

Bank name

Bank address

Country

How long have you held this account?  years  months

- › Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.
- › Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International Bank Account Number (IBAN).

**E INVESTMENT DETAILS**

Please refer to page 38 of this application form for bank details and payment methods.

PREMIUM PAYMENT

Please confirm the total amount to be invested below. If the investments are in multiple payment methods and in different currencies, please state the total in chosen Policy currency at the latest applicable exchange rates.

Currency (✓)      S\$      US\$      €      £      Other (state currency)

Total anticipated investment amount  
(Minimum initial investment: S\$200,000/ US\$150,000/ €150,000/ £100,000 or currency equivalent)  
(Minimum additional investment: S\$10,000/ US\$7,500/ €7,500/ £5,000 or currency equivalent)

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

Amount

Payment method (✓)

Electronic bank transfer

Asset transfer

- ▶ **The premium payment must come from an account in the name of the applicant(s)/company/trust.**
- ▶ **Please remember to enclose a copy of receipt of your electronic bank transfer payment with this application form.**

---

REPLACEMENT OF LIFE POLICIES

---

Is this policy to replace or intended to replace any insurance(s) or other Designated Investment Product(s), such as a unit trust or life policy, held with another financial institution including insurance companies and banks?

Yes

No

If 'Yes' please provide the following details;

- › Name of existing policy/product (to be replaced) and the relevant financial institution.
- › Reason for replacement policy.
- › Surrender penalty incurred.
- › Length of time the existing policy/product held.

---

WARNING

---

**It is usually disadvantageous to replace existing life insurance policies or investments with a new one. Some of the disadvantages include:**

- xii. You may incur transaction costs without gaining any real benefit from the switch.
- xiii. The new investment product may offer a lower level of benefit at a higher cost or the same cost, or offer the same level of benefits at a higher cost.
- xiv. You may incur penalties for terminating the existing investment product.
- xv. The new investment product may be less suitable for you.

In your interest, we would advise that you consult your financial adviser representative before making a final decision.

If you sent in a premium with the application, we will offer you a refund of the premium in the event that you were not aware of the disadvantages of replacing one policy with another and do not wish to proceed with the application.

---

DECLARATION

---

**Before making a final decision to proceed with this application, I confirm that I have consulted my financial adviser representative who has made me aware of the disadvantages of replacing my old life Policy with a new one and I am happy to proceed with this application.**

If two applicants, both must sign. If there are more than two applicants, please continue on a separate sheet.

**SIGNATURE**

**Applicant 1**

**Applicant 2**

Full name

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

**F SOURCE OF FUNDS**

ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost International Isle of Man Limited is required to record details of how the funds being invested have been accumulated.

Where your funds come from more than one source, you should complete all relevant sections to give us the full picture of its origin.

**Documentary evidence requirements:**

If **all** of the following apply:

- › you are resident in; **and**
- › you are funding from; **and**
- › your financial adviser is regulated in,

Isle of Man, Jersey, Guernsey, Hong Kong, United Kingdom, Singapore or Sweden, the threshold for requiring supporting documentary evidence is GBP 2,000,000.00 of total premiums paid to date to Utmost International Isle of Man Limited.

Where the above doesn't apply, your financial adviser will tell you if additional documentary evidence is required by referring to our **Anti-Money Laundering Guide**.

**1. Accumulated Earned income (including salary, bonus and fees)**

Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>	
Number of years income accumulated	<input type="text"/> <input type="text"/>	years			
Institution holding the funds	<input type="text"/>				
Name of account where earned income accumulated	<input type="text"/>				
Account number	<input type="text"/>				
Sort code	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Length of time funds have been in this account	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>	months	
Main occupation during the accumulation period (e.g. Director)	<input type="text"/>				
Industry/Business sector	<input type="text"/>				
Main employer's name	<input type="text"/>				
Employer's address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>			Postcode	
Date employment commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Average annual salary over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>	
Average annual bonus over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>	

## 2. Compensation

Name of organisation or individual that paid compensation

Reason for compensation

Country compensation was awarded

Total amount received Currency  Amount

Date received

## 3. Competition win

Name of competition organiser

Description of competition

Country competition was held in

Total amount won Currency  Amount

Date of win

## 4. Gift

Full name of person who gave the gift

Date of birth

Nationality

Address   
  
  
 Postcode

Relationship to Applicant

Reason for gift

Description of gift

Total amount received Currency  Amount

Date received

Details of the activity that generate the amount received

Country gift was accumulated in

**5. Inheritance**

Deceased's full name

Relationship to Applicant

Date of death 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Details of the inheritance.  
Tell us about the assets forming the inheritance (e.g. cash, property, shares etc.)

Amount received Currency  Amount

Date received 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Details of the activity that generated the amount received

Country inheritance was accumulated in

Solicitor/lawyer's (who dealt with the estate) name

Solicitor or lawyer's firm name

Solicitor or lawyer's firm address   
  
  
 Postcode

**6. Loan**

Name of loan provider

Address of loan provider   
  
  
 Postcode

Total amount borrowed Currency  Amount

Date of loan 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Purpose of loan

**7. Maturing policy/policy claim/replacement policy**

**If the source of funds is the sale of an investment rather than maturity, please complete h instead.**

Name of policy provider

Address of policy provider   
  
  
 Postcode

Policyholder's full name

Length of time policy held  years  months

Amount of the original investment

Details of the activity that generated the original investment

Reason for policy claim or replacement policy (if applicable)

Total amount received Currency  Amount

Surrender penalty (if applicable)

Date received

**8. Sale of asset portfolio or investment**

**If the source of funds is a maturing investment rather than one that you are choosing to sell, please complete g instead.**

Description of asset portfolio or investment (e.g. government bonds, equities etc.)

Name of the company that held it

Registered address of company   
  
  
 Postcode

Account name

Length of time asset portfolio or investment held  years  months

Amount of the original investment

Details of the activity that generated the original investment

Date of sale

Net amount received Currency  Amount

**9. Sale of interest in company**

Company name

Industry/business sector

Address of company   
  
  
 Postcode

Your connection with the company For example: owner, partner or shareholder

Date connection with the company began

Average year dividend/income from the company over the previous three years

Date of sale

Sale amount Currency  Amount

Net amount received i.e. the amount you have received after any deductions such as fees and taxes. Currency  Amount

**10. Sale of property**

**If you are not the beneficial owner of this property, please select a different option for source of funds that is more appropriate**

Address of property sold (including postcode if applicable)   
  
 Postcode

Length of time property owned   years   months

Source of funds for the original property purchase

Was the property your main residence? Yes No

If "Yes" was an alternative main residence purchased? Yes No

If "Yes" please confirm Purchase price

Address of new residence   
  
 Postcode

Date of sale

Total sale amount Currency  Amount

Net amount Applicant received from sale Currency  Amount

**11. Other**

Description of the activity that generated the funds

Role in relation to above activities

Period over which the activities occurred

Country in which the activity occurred

Date received  years  months

Proceeds received from the activity  
 Currency  Amount

**G REQUEST FOR UTMOST INTERNATIONAL ISLE OF MAN LIMITED TO APPOINT A DISCRETIONARY ASSET MANAGER**

Discretionary Asset Manager name

Discretionary Asset Manager's firm name and registered address:

Country  Postcode

Discretionary Asset Manager's Regulatory Authority name  Licence number

**Discretionary Asset Manager charge**

Please enter the Discretionary Asset Manager charge that your financial adviser representative has explained will apply to your Executive Investment Account - Discretionary.

The charges for this service (inclusive of VAT or other applicable tax, if any) are as follows:

% per year of the value of the portfolio fund to be taken quarterly.

The charge detailed above is paid by Utmost International Isle of Man Limited. This charge will be reflected as a portfolio fund charge known as the Discretionary Asset Manager charge. This charge will be deducted in the Policy currency and paid quarterly. Please refer to your Policy Terms for further information on the Discretionary Asset Manager charge.

**Investment Mandate**

An Investment Mandate can be found on pages 30-33 of this application form and it must be completed. The Investment Mandate provides details of the aims, objectives and risk tolerance as well as anticipated time horizon to help the Discretionary Asset Manager provide and implement a suitable long-term investment strategy.

**H REGULAR WITHDRAWALS (OPTIONAL)**

If you would like to receive regular withdrawals from your Policy, please complete the 'Portfolio Bond Withdrawal/Closure form' which is available from your financial adviser representative.

I NUMBER OF POLICIES

NEW CONTRACTS ONLY

Please enter the number of policies you would like:

**The number of policies cannot be changed after the policy is set up.**

- ▶ We normally issue 240 policy schedules per contract. If you require a different number of policies, please insert the number required.
- › The minimum initial investment amount for each individual policy is S\$800, US\$600, €600, £400 or currency equivalent.
- › If you choose a number of policies which results in less than S\$800, US\$600, €600, £400 or currency equivalent per policy, we will automatically reduce the number of policies to a level where a minimum of S\$800, US\$600, €600, £400 or currency equivalent per policy is achieved.

J UTMOST INTERNATIONAL ISLE OF MAN LIMITED CHARGES

▶ **Before completing this section, please ask your financial adviser representative for a copy of the charging structure details recommended to you.**

The charging structure for your bond is based upon the reference code provided on your application; this will dictate the level, term and type of charges that apply and these will be confirmed to you in your policy documents. These charges will include our administration costs together with those incurred in making any initial commission payment to your financial adviser representative.

If you have agreed to pay your financial adviser representative an ongoing commission payment (referred to as fund-based commission) then this will be reflected in the deduction of an additional Ongoing Service Charge equivalent to the amount paid.

**Please enter the code for the Utmost International Isle of Man Limited charge package that your financial adviser representative has explained will apply to your Executive Investment Account - Discretionary. The appropriate Utmost International Isle of Man Limited charging code should be used. Failure to provide the right code could result in the incorrect package being applied and/or delays.**

Please enter the premium allocation percentage for this policy

 %

Please enter fund-based commission (if applicable)

 %

WEALTH INTERACTIVE AND LEAD POLICYHOLDER

**Wealth Interactive and Lead Policyholder**

If you provide your email address, when you apply for your Executive Investment Account, we set up a Wealth Interactive online service account. You will receive an e-mail from us containing a link that allows you to activate this service.

Once your Policy and online service account are live, you can sign in to Wealth Interactive to review the Policy. All the information you need about your investment will be available in the Wealth Interactive online service account ([www.utmostgroup.com](http://www.utmostgroup.com)).

We will usually communicate with you e.g. policy valuations, via the Wealth Interactive account, although there will be times when we will communicate through other methods.

If in the future you wish to receive correspondence in hard copy form, please see our [FAQ's Frequently Asked Questions - Utmost International Isle of Man Limited](#) or email us at [IOMaskingsingapore@utmostgroup.com](mailto:IOMaskingsingapore@utmostgroup.com) for further information.

**For joint applicants:** each applicant can set up their own online service account, however, each applicant must agree to select the same Lead Policyholder.

Please note, once appointed, the Lead Policyholder will be able to request Policy transactions on behalf of all Policyholders, including the ability to:

- › View Policy data and transaction history on screen
- › Obtain valuations
- › Retrieve Policy and client documents
- › Submit dealing instructions directly on behalf of all Policyholders, Corporate or Trust entity<sup>1</sup>
- › Change correspondence and residential address
- › Add and change bank details<sup>2</sup>

 **For trustee and/or corporate applicants**

Please ensure that the trust deed or articles of association (as applicable) allow for the delegation of authority to a named individual to act as Lead Policyholder on your behalf in respect of the Policy. If this authority is not available or the Trust or Company specifically ask that we always correspond by post please tick this box and move to the 'Premium and Sum Assured' subsection.

- 1 Full name of nominated Lead Policyholder
- 2 The specific<sup>1-3</sup> email address to be used for the Wealth Interactive account

If you are not registered for Wealth Interactive, we will send you monthly valuations by post. You can generate valuations through Wealth Interactive by registering for our online service ([www.utmostgroup.com](http://www.utmostgroup.com)).

If in the future you wish to change the way you access monthly valuations, including receipt in hard copy form, please see our FAQ [Frequently Asked Questions - Utmost International Isle of Man Limited](#) or email us at [IOMaskingsingapore@utmostgroup.com](mailto:IOMaskingsingapore@utmostgroup.com) for further information

**K** DECLARATION AND APPLICATION

DATA PRIVACY STATEMENT

I understand that Utmost Services Limited, Utmost International Business Services Limited, Utmost Services Ireland Limited, Utmost Administration Limited, Utmost International Isle of Man Limited, Utmost International Trustee Solutions Limited and / or Utmost PanEurope will process personal information about me and any other party whose personal information I have provided.

The type of personal information processed about me will depend on the purpose for which it has been collected and will include:

- › my contact details
- › information to verify my identity
- › information about my family, lifestyle, health and finances
- › my payment details.

<sup>1</sup> except where a fund adviser/discretionary asset manager has been appointed

<sup>2</sup> changing bank account details goes through a referral process before being accepted, and this may include carrying out security calls

<sup>3</sup> To protect the security of your information, this should not be a shared mailbox. Note that an email address cannot be used on multiple Wealth Interactive accounts.

The processing of my personal information may take place in a number of jurisdictions and may be shared with other parties within or outside the Utmost group of companies for the general purpose of establishing, maintaining and servicing an insurance policy. The sharing of my personal data may be used for any or all of the following purposes, to:

- › check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;
- › allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- › enable an appointed financial adviser or fund adviser to assist in the provision of services to the policyholder;
- › compile statistical analysis or market research, where information is not specific to the individual;
- › comply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standards;
- › enable an appointed discretionary asset manager or custodian to meet their legal or regulatory requirements, where that discretionary asset manager or custodian providing services in relation to a policy requests the personal data of an individual linked to an application, and where we are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

Where my personal information is shared with a third party for the provision of services relating to my policy, my personal information will only be used for the purposes for which it was collected. In some circumstances this may involve a transfer of my personal information to a third party outside the European Economic Area (EEA). Whenever my personal information is shared it will be subject to the same levels of security and protection that Utmost International Isle of Man Limited would apply.

I may ask Utmost International Isle of Man Limited to:

- › provide a copy of personal information held about me and an explanation of how this data is processed;
- › update or correct my personal information;
- › delete information about me (where it is no longer necessary in relation to the purpose for which it was originally collected);
- › restrict processing of my personal information where appropriate. I may also object to Utmost International Isle of Man Limited processing my data but understand that this may have consequences in Utmost International Isle of Man Limited being able to continue servicing my policy.

I have been made aware that a full explanation of how Utmost International Isle of Man Limited collects, uses and shares my personal information can be found at [www.utmostgroup.com/privacy-statements/](http://www.utmostgroup.com/privacy-statements/)

If I have any questions about data privacy I can address these to:

**For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited:** The Data Protection Officer, Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

Or email: [iomdpo@utmostgroup.com](mailto:iomdpo@utmostgroup.com)

If I have a complaint about the processing of my personal information and Utmost International Isle of Man Limited is unable to provide a satisfactory response I may contact the appropriate regulator:

**For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited:** The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, British Isles, IM1 1ET.

As the Isle of Man is not part of the United Kingdom, our Appointed Representative in the United Kingdom is an establishment of Utmost Services Limited based at Saddlers House, 5th Floor, 44 Gutter Lane, London, EC2V 6BR.

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to Utmost International Isle of Man Limited either in this application or within accompanying documentation.

---

## WARNING

---

Please read the declaration carefully. Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Executive Investment Account - Discretionary. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that Utmost International Isle of Man Limited can assess its possible significance. If you become aware of such a fact while Utmost International Isle of Man Limited is considering your application, you should notify Utmost International Isle of Man Limited immediately.

You should satisfy yourself under any taxation, exchange control or insurance law to which you may be subject that you are able to effect the proposed contract. You are responsible for any tax reporting and liability in relation to your Policy required by the relevant tax authorities. Your country of residence could vary how your Policy is taxed, and you should seek professional tax advice before moving to a new country.

---

#### DECLARATION - TO EACH APPLICANT

---

A copy of this completed application form is available on request.

References to the word 'I' in this declaration refer to:

1. Each applicant named in this application where they are individuals or individuals acting as trustees in relation to a trust; or
2. Each director/authorised signatory on behalf of the company where the applicant is a company, including where the applicant is a trust company.

---

#### APPOINTING A DISCRETIONARY ASSET MANAGER

---

1. These Discretionary Asset Manager, Investment Mandate and Executive Investment Account - Discretionary declarations are made by each applicant for individual applicants, the trustees jointly for a trustee applicant, or authorised signatory on behalf of a corporate applicant.
2. I hereby request that the Discretionary Asset Manager be appointed by Utmost International Isle of Man Limited to manage the composition of the assets/investments of the portfolio fund in respect of my policy.
3. I understand that the management of the portfolio fund shall be at the discretion of the Discretionary Asset Manager and they may utilise their preferred sub custodian to hold the assets.
4. I understand that the Discretionary Asset Manager charges detailed in this application will be paid by Utmost International Isle of Man Limited. I understand that these charges will be recouped as a portfolio fund charge known as the Discretionary Asset Manager charge and that this charge will be deducted in the policy currency and paid quarterly.
5. I understand that I or any person acting on my behalf will have no influence over the selection of assets chosen by the Discretionary Asset Manager.

---

#### INVESTMENT MANDATE

---

1. The Investment Mandate completed by me on pages 30-33 of this application form provides details of the aims, objectives and risk tolerance as well as the anticipated time horizon to help the Discretionary Asset Manager provide and implement a suitable long-term investment strategy.
2. I confirm that all the information in the Investment Mandate Form is accurate, complete, can be relied upon and that my investment objectives are set out in the Investment Mandate.
3. I understand that I must inform Utmost International Isle of Man Limited if the Investment Mandate changes. I understand that Utmost International Isle of Man Limited can accept no responsibility for the effects of any delay or failure to inform them of any such change. I also understand that only three changes can be made to the Investment Mandate in any 12 month period.
4. I request that Utmost International Isle of Man Limited agrees for the Discretionary Asset Manager to send reports to me which cover the investments that they hold. I understand that it will not contain the full valuation of the Executive Investment Account - Discretionary as this is only provided by Utmost International Isle of Man Limited.
5. I understand that the Discretionary Asset Manager may use expressions in their Investment Mandate which suggest that they are providing investment management services to me because it is easier to understand. I understand that no provision in the Investment Mandate will operate to cause the Executive Investment Account - Discretionary to be regarded as a Personal Portfolio Bond or for me to have a legal or beneficial interest in any of the assets of the Executive Investment Account - Discretionary or for me to have a contractual relationship with the Discretionary Asset Manager.
6. **I confirm that I have received a copy of the Policy Terms (in particular the asset restrictions) and had the opportunity of reading them before completing this application form.**

---

DECLARATION APPLICABLE TO ALL APPLICANTS

---

1. I understand that Utmost International Isle of Man Limited has designated this Policy as suitable only for Professional Investors as defined by Utmost International Isle of Man Limited in the Policy Terms.
2. I confirm that I meet the definition of a Professional Investor. I understand that Utmost International Isle of Man Limited will rely solely on my confirmation, as part of their application acceptance criteria, that I meet the definition of a Professional Investor.
3. I understand that the Policy allows investment into various types of assets and some of these assets are only suitable for Professional Investors. I accept the level of risk associated with these assets including the risk that the investment into such an asset:
  - a. could provide a lower degree of investor protection and regulatory safeguards; and
  - b. could result in a loss of significant proportion of some or all of the sums invested; and
  - c. may have a minimum duration, impose significant redemption penalties or are illiquid.
4. I understand that if I consider myself to be a Retail Investor in the future, Utmost International Isle of Man Limited will not restrict the choice of assets available under the Policy. I also understand that it will be my responsibility to complete a new Investment Mandate and send this to Utmost International Isle of Man Limited.
5. I understand and agree that the contract I am applying to enter with Utmost International Isle of Man Limited will be subject to the laws of Singapore and the Policy Terms will be in the English language.
6.
  - a. If a policy number is not shown in section A of this form, I request that the amount shown in section E be invested as an initial premium for policies comprising an Utmost International Isle of Man Limited Executive Investment Account - Discretionary, and request Utmost International Isle of Man Limited to issue the policies in
    - i. my name, jointly with the other applicants, if any;
    - ii. in the name of the company, if applicable; or
    - iii. in the name of the trust, if applicable.
  - b. I request that the amount shown in section E be invested as an additional premium for the policies currently in force bearing policy numbers consisting of the policy number, as shown in section A of this form.
7. I declare that to the best of my knowledge and belief, the statements made in this application, and any related documents, are true and complete and that I have not concealed any material fact. I agree to provide Utmost International Isle of Man Limited with any further information in respect of the Application on request.
8. Where this application is for an Executive Investment Account - Discretionary, I confirm that each life assured (or parent where parental consent is required) consents to this application and agrees to my acting on their behalf for the purposes of the information provided in this application. Furthermore, I confirm that there is insurable interest between the applicant(s) and Life Assured.
9. I confirm that I am not a resident in the United States of America or any of its territories. Where the applicant is a corporation/trust company, the corporation/trust company is not incorporated in the United States of America or its territories.
10. If I become resident, or where the applicant is a corporation/trust company, the corporation/trust company becomes incorporated in the United States of America or its territories, I understand that Utmost International Isle of Man Limited will not accept any further premiums until after I cease to be a resident of the United States of America or its territories, or the corporation/trust company, ceases to be incorporated in the United States of America or its territories.
11. I confirm that I have received a copy of the Executive Investment Account - Discretionary product brochure, product summary, confirmation of charges, Policy Terms and Your Guide To Life Insurance, and I have had the opportunity to read them when completing this application form.
12. I confirm that the premium for this Policy has not been sourced from my Central Provident Fund (CPF) account.
13. I am aware of the charges payable on the Executive Investment Account - Discretionary, including the charges payable in respect of the assets which may be held within it. I understand that the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and ongoing payments (such as commission) made by Utmost International Isle of Man Limited to my financial adviser representative. These payments could be in addition to any commission payable by the asset provider to the financial adviser representative in respect of the assets held.
14. I understand that in cases where the asset(s) the Discretionary Asset Manager has selected is/are not redeemable for a certain period of time, you may not be able to return that part of my payment until the end of that period. The description of the funds and/or assets the Discretionary Asset Manager has chosen will give details if this applies. The Discretionary

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

Asset Manager may invest immediately into non daily dealing funds and I understand that in the event of cancellation or requiring early access:

- a. I may not get back immediately and payment may be delayed for some time;
- b. the institution may impose penalties and therefore I may get back less than I invested, and/or
- c. the only way in which to receive value may be through a transfer of the ownership of that asset into the name of the Policyholder.

15. I appoint the financial adviser representative specified on page 2 of my application form to act on my behalf in accordance with the Policy Terms.
16. I understand that the original copy of this application form and relevant documents must be delivered by post or courier to Utmost International Isle of Man Limited Singapore Branch – 6 Battery Road #16-02, Singapore 049909.
17. I confirm that Utmost International Isle of Man Limited has not provided any investment advice and I understand that the Discretionary Asset Manager appointed by Utmost International Isle of Man Limited is responsible for the selection of assets linked to my Executive Investment Account - Discretionary. I acknowledge that Utmost International Isle of Man Limited and the Discretionary Asset Manager are not responsible for the investment performance of any asset. The provider of the underlying assets is responsible for the management of any assets. Utmost International Isle of Man Limited is responsible for carrying out a treasury function in respect of the Transaction Account held with Utmost International Isle of Man Limited and Utmost International Isle of Man Limited does not recommend any asset as a suitable investment.
18. The premium shown in section E (Investment details) and any other premium tendered in respect of this application is derived solely from the source of funds shown in section F and has, where required, been declared to the relevant tax authority in my country of residence for taxation.
19. The application for an Utmost International Isle of Man Limited policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes I am obliged to pay.

---

ADDITIONAL DECLARATIONS APPLICABLE TO CORPORATE APPLICANTS:

---

20. I, as director of the company, confirm the investment into Executive Investment Account - Discretionary is within the powers available to me as director of the company.
21. I confirm that the company has not been or is not in the process of being dissolved, struck off, wound-up or terminated.
22. I confirm that the company shares are not held in bearer form and will not be converted to bearer share form.
23. I confirm that the investment into an Executive Investment Account - Discretionary is within the investment powers available to us as trustee of the trust.
24. For a corporate trustee application, I confirm that the trust company has not been, or is not in the process of being, dissolved, struck off, wound up or terminated.
25. For a corporate trustee application, I confirm that the company shares are not held in bearer form and will not be converted to bearer share form.

---

SINGAPORE RESIDENCY DECLARATION

---

This is a requirement by Monetary Authority of Singapore (MAS). Please tick the relevant box below.

- |  | Applicant 1 | Applicant 2<br>(if any) | Life assured 1 | Life assured 2<br>(if any) |
|--|-------------|-------------------------|----------------|----------------------------|
| 1. I am " <u>ordinarily resident</u> " in Singapore under the following conditions:  |             |                         |                |                            |
| a. citizen of Singapore, as I have not resided outside Singapore continuously for five or more years and/ or I am currently residing in Singapore, or  |             |                         |                |                            |
| b. permanent resident or work pass/permit holder, as I have not resided in Singapore for less than a total of 183 days in the last 12 months, or   |             |                         |                |                            |
| c. hold a pass or permit issued under the Immigration Act (Cap. 33) that has a duration longer than 90 days and have resided in Singapore continuously for at least 90 days during the last 12 months. |             |                         |                |                            |

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

2. I am **not** "ordinarily resident" as per criteria in Q1 **but** hold Singapore citizenship or relevant pass issued by the Immigration of Checkpoints Authority of Singapore (ICA).
  - a. I will provide evidence to support non-residency as per above conditions such as employment letter.
  - b. I will **not** provide evidence to support non-residency as per above conditions. I therefore consent to be considered an "ordinarily resident" of Singapore.
3. I am **not** "ordinarily resident" as per criteria in Q1 and do **not** hold Singapore citizenship or relevant pass issued by the Immigration of Checkpoints Authority of Singapore (ICA).

Please note if one person is considered as an "ordinary resident" then the policy is considered to be a Singapore resident policy, even if the other policyholder(s)/life assured are not.

---

ACCREDITED INVESTOR DECLARATION

---

Please tick where applicable.

I/We confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap 289) and amending regulations as being either an **Individual**:

- › whose net personal assets are at least S\$2 million or equivalent in a foreign currency and the net equity of my primary residence contributes no more than S\$1 million towards my/our S\$2 million net personal assets; or
- › whose annual income in the last 12 months is at least S\$300,000 or equivalent in a foreign currency; or
- › whose financial assets (net of any related liabilities) are at least S\$1 million

I/We confirm that my/our financial adviser representative has explained and I/we understand the implications of being treated as an Accredited Investor and I/we consent to being treated as such. (✓)

I/We confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap.289) and amending regulations as being a **Corporation** with net assets at least S\$10,000,000 in value (or equivalent in a foreign currency) as determined by the most recent audited balance sheet of the corporation or where the corporation is not required to prepare audited accounts regularly, a balance sheet of the corporation certified by the corporation as giving a true and fair view of the state of affairs of the corporation as of the date of the balance sheet, which is a date within the preceding 12 months). (✓)

I/We confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap.289) and amending regulations as being a **Trustee** of such trust as MAS may prescribe, when acting in the capacity of Trustee. (✓)

Please enter the country in which this application form was completed.

Did you or an authorised signatory complete this application form? (✓) Yes No

If No, did a third party, such as your financial adviser representative, complete it on your behalf? (✓) Yes No

By signing this declaration you confirm that you have read through the above declaration and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

SIGNATURE

Applicant 1/Authorised signatory 1/  
Trustee 1

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Applicant 2/Authorised signatory 2/  
Trustee 2

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

SIGNATURE

Applicant 3/Authorised signatory 3/  
Trustee 3

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Applicant 4/Authorised signatory 4/  
Trustee 4

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Copies of the Policy Terms and/or this completed application are available on request.

**L1** VERIFICATION OF CUSTOMER IDENTITY - FINANCIAL ADVISER REPRESENTATIVE/  
SUITABLE CERTIFIER TO COMPLETE - THIS SECTION APPLIES TO ALL APPLICANT TYPES

► Please note that we will not be able to issue the policy until you have provided the necessary identification documentation and completed this section.

We require one document from part A and one from part B. If neither document in part A is available, please provide the reason why and provide two formal documents showing appropriate personal details and verifiable reference numbers from part B.

How to certify documents is outlined in the document [Anti-Money Laundering Guide](#)

Identification documentation should be current and valid. Evidence of address should be the latest available, but no more than six months old.

► Please tick (✓) to indicate the identification you have supplied for each individual party to the policy.

PART A INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

1. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document	Passport	National identity card
Document reference	<input type="text"/>	
2. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document	Passport	National identity card
Document reference	<input type="text"/>	

PART A REASON WHY DOCUMENT(S) ARE NOT PROVIDED (IF APPLICABLE)

**PART B PROOF OF RESIDENCE - INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED**

**These must be less than six months old**

**1                      2**

1. A recent utility, rates or council tax bill (mobile/call phone bills not acceptable)
2. A recent mortgage statement, giving the residential address
3. An extract from the official register of electors
4. A state pension, benefit or other government produced document showing benefit entitlement
5. A recent tax assessment document
6. A recent account statement from bank or credit card (store cards not acceptable)
7. Proof of ownership or rental of the residential address

If there are more than two applicants, please photocopy **section L1**, attach the details with this application form and tick here (✓)

► **If additional pages are added, each separate page must be initialled by all applicants.**

Please contact us if you are unable to supply any of the above mentioned documents.

**L2 VERIFICATION OF CUSTOMER IDENTITY - FINANCIAL ADVISER REPRESENTATIVE / SUITABLE CERTIFIER TO COMPLETE ADDITIONAL INFORMATION FOR NON CORPORATE TRUSTEE APPLICANTS**

Enclosed (✓)

1. Verification of the identity and address of each Settlor.
2. Verification of the identity and address of all individual trustees.
3. Verification of the identity and address of the protector (if any).
4. Evidence of the appointment of trustees (for example a certified copy of an extract from the trust deed, but not the whole deed) if the application is in respect of an existing trust.
5. The trustees (settlor(s) where policies to be settled into trust) should provide the name, current residential address and date of birth or death for all the parties to the trust, for example settlor/donor, protector, beneficiaries. If the beneficiaries are not named you must provide the class of beneficiaries, for example grandchildren.

**Capacity (✓)**

	Settlor/Donor	Protector	Beneficiary
Name	<input type="text"/>		
Date of birth or death	<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"/>	Birth	Death
Residential Address	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

**Capacity (✓)**

Settlor/Donor                      Protector                      Beneficiary

Name

Date of birth or death 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

                      Birth                      Death

Residential Address   
  
Postcode

**Capacity (✓)**

Settlor/Donor                      Protector                      Beneficiary

Name

Date of birth or death 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

                      Birth                      Death

Residential Address   
  
Postcode

**Capacity (✓)**

Settlor/Donor                      Protector                      Beneficiary

Name

Date of birth or death 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

                      Birth                      Death

Residential Address   
  
Postcode

Class of beneficiary if not named (an extract of the deed may be provided)

You may also wish to provide identification documentation at the time of application/assignment for the named parties to the trust (for example, beneficiaries) in order to avoid delays on subsequent transactions where documentary evidence is required. If there are more parties to the trust, please photocopy this page, attach the details with this application form and tick here (✓)

**L3 VERIFICATION OF CUSTOMER IDENTITY - FINANCIAL ADVISER REPRESENTATIVE / SUITABLE CERTIFIER TO COMPLETE - ADDITIONAL INFORMATION FOR CORPORATE / CORPORATE TRUSTEE APPLICANTS**

Enclosed (✓)

1. Certified copy of the Certificate of Incorporation or the other official registration document.
2. Evidence of the registered office of the company, e.g. business registration (where applicable).

3. Certified copy of the company search enquiry of the company registry (same as the place of incorporation of the company), or certified certificate of incumbency or equivalent as issued by the company's registered agent, within the last six months.
4. Certified authorised signatory list or extract from board minutes empowering a named person to open/operate an account
5. Verification of identity of two directors of the company, one of whom must be an executive director.
6. Verification of identity of one signatory empowered to give instructions (if not one of the directors identified above).
7. Trading company - latest annual report and accounts. Non-trading company - evidence of the source of funds.
8. Private limited company - Verification of the identity of all shareholders holding 25% (or 10% for high risk circumstances) or more of the issued share capital as at the date of the application. Where the shareholders are not individuals, or where there are any individuals (other than shareholder) who exercise ultimate control over the management of the company, we will require verification of the identity of the ultimate beneficial owner of those entities / individuals and their relationship to the company.
9. For corporate trustee application - Evidence of the appointment of trustees (for example a certified copy of an extract from the trust deed, but not the whole deed) if the application is in respect of an existing trust.

**M** CUSTOMER DUE DILIGENCE (CDD) REQUIREMENTS AND FINANCIAL ADVISER DECLARATION

SECTION 1 - HOW HAS THE CUSTOMER DUE DILIGENCE (CDD) BEEN OBTAINED

**This section must be completed in all instances by the Financial Adviser/Suitable Certifier.**

SECTION 1(A) - PROVISION OF CUSTOMER DUE DILIGENCE "CDD"

To allow us to understand how the CDD provided has been obtained, please select one of the following options:

- 1 All elements of CDD provided were obtained by me directly from the customer.
- 2 Some elements of CDD provided were obtained by me directly from the customer.
- 3 None of the CDD provided was obtained by me directly from the customer.

If option 2 or option 3 have been selected, please complete Section 1(b).

SECTION 1(B) - THIRD PARTIES PROVIDING CDD

Where some or all elements of CDD have been provided by third parties, please complete the following details explaining what those CDD items are and who provided them.

CDD ITEM PROVIDED (E.G. DETAILS OF PASSPORT, BANK STATEMENT OR UTILITY BILL)	FULL NAME OF THE THIRD PARTY PROVIDING THE CDD	RELATIONSHIP OF THE THIRD PARTY TO THE CUSTOMER (E.G. SOLICITOR, ACCOUNTANT)

Where third parties have been named above, please provide their full details in section 3 below.

SECTION 2(A) - CUSTOMER MEETINGS

To allow us to understand who and by what means the customer has been met, please select one of the following options:

- 1 I met the customer in person on
- 2 I met the customer face to face via live video stream on
- 3 I have not met the customer but they have been met in person by a third party.
- 4 I have not met the customer but they have been met via live video stream by a third party.
- 5 The customer has not been met by any party.

If option 3, 4 or 5 have been selected, please complete Section 2(b).

SECTION 2(B) - THIRD PARTIES WHO HAVE MET CUSTOMERS

Where a third party has met the customer, please provide the details of the third party and the circumstances of the meeting.

FULL NAME OF THE THIRD PARTY WHO MET THE CUSTOMER	HOW THE THIRD PARTY MET THE CUSTOMER (I.E. IN PERSON OR VIA LIVE VIDEO STREAM)	DATE THE THIRD PARTY MET THE CUSTOMER	RELATIONSHIP OF THE THIRD PARTY TO THE CUSTOMER (E.G. SOLICITOR, ACCOUNTANT ETC.)
		<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"/>	
		<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"/>	

Where third parties have been named above, please provide their full details in section 3 below.

If option 5 in Section 2(a) has been selected, indicating the customer has not been met by any party, please provide an explanation in the box below why the customer has not been met.

SECTION 3 - DETAILS OF THIRD PARTIES

Where third parties have been named in sections 1(b) and/or 2(b), please provide their full details below so we may determine the individual's regulatory status.

Full Name of Individual

Occupation

Date of Birth

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

Residential Address

Postcode	Country

In the past 3 years, did the residential address change?  
If "Yes" please provide all previous address details

Yes	No
-----	----

Postcode	Country

Registered Company Name

Registered Company Address

Postcode	Country

Associated Professional Body

Professional Body Membership Reference

If more than one third party has been named in section 1(b) and/or 2(b), please take a copy of Section 3 and complete the details of the additional third party.

How to certify documents is outlined in the document [Anti-money Laundering Guide](#).

**SECTION 4 - FINANCIAL ADVISER DECLARATION**

I declare that:

- › I have taken reasonable steps to ensure that the funding is legitimate and in line with the client's circumstances.
- › To the best of my knowledge, all the information provided with this form and application is true and complete and that I will provide further information if required.
- › I have not made any changes to the application form after the client has signed it
- › I have verified the contents of the original documents where copies have been enclosed and that they are true copies of the original.

By providing certification for Customer Due Diligence documents where these have been viewed and verified via secure live video stream, you confirm:

1. That the client held their ID beside their face to confirm the document as a true likeness.
2. The other elements of the Customer Due Diligence (CDD) were held up by the clients so I could verify they were a true likeness to those in my possession.
3. That I obtained evidence by retaining a recording of the video meeting or by taking a picture of my client with their CDD for record keeping purposes and to validate my certification. I will provide this to Utmost International Isle of Man Limited upon request.

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

I confirm that I gave advice concerning this investment to the applicant(s) in (name of country) on

<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;">d</td> <td style="width: 12.5%; height: 20px;">d</td> <td style="width: 12.5%; height: 20px;">m</td> <td style="width: 12.5%; height: 20px;">m</td> <td style="width: 12.5%; height: 20px;">y</td> <td style="width: 12.5%; height: 20px;">y</td> <td style="width: 12.5%; height: 20px;">y</td> <td style="width: 12.5%; height: 20px;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y	

**Regulatory body authorisation number** (if applicable)

**Regulator name**

**Utmost International Isle of Man Limited financial adviser account number**

--	--	--	--	--	--	--	--	--	--

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

**SIGNATURE**

**Financial Adviser**

Full name of financial adviser

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Financial Adviser stamp

**NOTE**

This form is unacceptable if not dated and stamped by the signatories. This is mandatory according to the Monetary Authority of Singapore.

Utmost International Isle of Man Limited is a member of the Policy Owners’ Protection Scheme (PPF Scheme) in Singapore. However, this Policy issued by Utmost International Isle of Man Limited (where no additional life cover is purchased) is not covered under the PPF Scheme. Details of the PPF Scheme can be obtained at Singapore Deposit Insurance Corporation Limited’s website on [www.sdic.org.sg](http://www.sdic.org.sg).

**A KNOWLEDGE AND EXPERIENCE**

Please indicate your **investment knowledge and experience** for each investment type. Indicate “No” if you have no previous knowledge and experience or if you are unsure whether you have invested in a product before.

	KNOWLEDGE		EXPERIENCE			
	Do you have any investment knowledge of the product?		Have you conducted more than 1 trade in the product over the last 3 years?		Years of investment experience	Please indicate the financial institution you have traded the product with or any other additional information
<b>Foreign Exchange</b>	No	Yes	No	Yes		
FX Spot						
FX Forward/Non Deliverable Forward	No	Yes	No	Yes		
<b>Fixed Income</b>	No	Yes	No	Yes		
Vanilla Bonds						
Non-Vanilla Bonds (e.g. Callable/Preferred/Perpetual/Convertible/ Exchangeable Bond)	No	Yes	No	Yes		
<b>Equities</b>	No	Yes	No	Yes		
Ordinary Shares/Exchange Traded Funds						
Synthetic and Complex Exchange Traded Funds	No	Yes	No	Yes		
<b>Structured Products</b>	No	Yes	No	Yes		
Basic Structured Products (e.g. Currency Linked Investments, Single Stock/Knock-Out Equity Linked Note)						
Complex Structured Products (e.g. Daily Accrual/Basket Equity Linked Note, Accumulator Note)	No	Yes	No	Yes		

EXECUTIVE INVESTMENT ACCOUNT - DISCRETIONARY  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

<b>Funds</b>						
Traditional Unit Trusts/Mutual Funds	No	Yes	No	Yes		
Complex Funds (Funds that utilise derivatives or invest in exotic assets or employ non long-only investment strategies)	No	Yes	No	Yes		
<b>Alternative Investment Funds</b>						
Hedge Funds	No	Yes	No	Yes		
Private Equity Funds	No	Yes	No	Yes		

For derivative products (including products with derivatives exposure such as Structured Products, Equity/Currency/Interest Linked Instruments, Options/Warrants, etc.), please answer the following questions: Please indicate details:

Have you traded 5 or more transactions involving derivative products in the last 3 years? (If yes, please state the financial institution and the type of products traded.)	No	Yes	
Have you had any work experience relating to derivative products? (If yes, please state the firm you have worked in and the position held.)	No	Yes	



2. When do you plan to start withdrawing substantial funds (more than 50%) from any of your policies maintained with us?

Between 0 and 3 years

Between 3 and 7 years

Between 7 and 10 years

I have no plans to withdraw substantial funds from my portfolio(s) in the next 10 years

3. Do you require income from your policy maintained with us to finance your living / operating expenses during your investment time horizon?

Yes, to a large extent to cover the expenses (i.e. >50% of expenses)

Yes, to some extent to cover the expenses (i.e. 5-50% of expenses)

No, as there are other sources of income which are sufficient to cover the expenses

No, as there are other sources of income that significantly exceed the expenses

4. Is your current retirement plan sufficient?

Insufficient (0-60% of target)

Quite sufficient (>60% of target)

Sufficient (at least 100% of target)

More than sufficient (>100% of target)

Not Applicable (For operating company only)

## D INVESTMENT OBJECTIVES

Your Investment Objectives refer to your goals for a specific portfolio. Your responses in this section will be used to derive your Investment Objectives for the policy for this application.

1. Which of the following best describes your investment objectives for the policy(s)?

I/We want to protect my/our capital by placing my/our capital in risk-free assets only. By selecting this option, I/we acknowledge that I/we may only hold cash and undertake FX spot transactions through the policy (s) listed above. Which will be assigned the low risk-return portfolio.

I/We want to preserve my/our capital and would be satisfied with limited investment returns, by investing in a low risk-return portfolio comprising mainly products with low returns, but also low volatility and low risk of loss.

I/We want to grow my/our capital and seek moderate investment returns by investing in a medium risk- return portfolio with a mix of low return and low risk products, and products potentially offering higher returns but also involving higher risk and potential loss of capital.

I/We want to maximize the growth of my/our capital and seek high investment returns by investing in a high risk- return portfolio comprising mainly products that offer potentially high returns, but which may also be complex to understand and involve high risk of loss of capital.

2. What is your investment time horizon for the policy? Your investment time horizon may be constrained by your need to withdraw substantial funds from the policy. Please refer to your response to question 2 of Section C - Risk Ability of this questionnaire.

Short Term (Less than 3 years)

Medium Term (Between 3 and 7 years)

Long Term (Between 7 and 10 years)

Very Long Term (More than 10 years)

I/We confirm that the information provided within this Investment Mandate is accurate.

	<b>Applicant 1</b>	<b>Applicant 2 (If any)</b>
Full forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
<b>SIGNATURE</b>	<input type="text"/>	<input type="text"/>
Date	<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"/>

**For UIIOML use only:**

# TELEGRAPHIC TRANSFERS DETAILS TO UTMOST INTERNATIONAL ISLE OF MAN LIMITED

utmost™

Transfers must be the exact amount(s) and sent from the bank account(s) stated in your application. This is critical for our cash matching system to process your payment. Should your remittance amount be a different amount(s) or from a different account(s) as stated in your application then please contact us to advise of the details at [iomfinance@utmostgroup.com](mailto:iomfinance@utmostgroup.com).

## A PAYMENTS FROM SINGAPORE BANKS IN SINGAPORE DOLLARS, US DOLLARS, EURO AND STERLING

Account Name:	Utmost International Isle of Man Limited Singapore Branch
Swift Code:	HSBC SGSGXXX
Branch:	HSBC
Branch Address:	21, Collyer Quay, HSBC Building, Singapore 049320
A/c Singapore dollar:	147-409064-001
A/c US dollar:	260-601471-178
A/c Euro:	260-601471-179
A/c Sterling:	260-601471-180

## B PAYMENTS FROM OVERSEAS BANKS AND OTHER CURRENCY PAYMENTS (SWIFT PAYMENTS)

STERLING PAYMENTS		ALL OTHER CURRENCY PAYMENTS (SWIFT PAYMENTS)	
Swift	NWBKGB2147K	SWIFT Code:	NWBKGB2LXXX
Sort Code:	56 00 68	Bank:	National Westminster Bank, London
Bank:	National Westminster Bank Southampton.	Beneficiary:	Utmost International Isle of Man Limited Singapore Branch
Beneficiary:	Utmost International Isle of Man Limited Singapore Branch	Account Number:	(Select as applicable below):
IBAN:	GB44NWBK56006837880527		
Account Number:	37880527		

CURRENCY

IBAN:

ACCOUNT NUMBER

USD	GB31 NWBK 6073 0140 5312 87	140-00-40531287
EUR	GB80 NWBK 6072 1340 5313 25	550-00-40531325
AUD	GB50 NWBK 6073 0140 5313 33	160-00-40531333
CAD	GB75 NWBK 6073 0140 5313 68	150-00-40531368
CHF	GB53 NWBK 6073 0140 5313 76	234-00-40531376
DKK	GB09 NWBK 6073 0140 5313 92	175-00-40531392
HKD	GB19 NWBK 6073 0140 5314 06	338-00-40531406
JPY	GB94 NWBK 6073 0140 5314 14	349-00-40531414
NOK	GB53 NWBK 6073 0140 5314 73	222-00-40531473
NZD	GB97 NWBK 6073 0140 5315 54	217-00-40531554
SEK	GB44 NWBK 6073 0140 5316 35	232-00-40531635
SGD	GB22 NWBK 6073 0140 5316 43	409-00-40531643

**Please note that when sending payments electronically, spaces should be omitted from the IBAN numbers. Please ensure that policy number and/or policyholder name are quoted as reference details in the payment.**

## A WEALTH *of* DIFFERENCE

[www.utmmostgroup.com](http://www.utmmostgroup.com)

Utmost International Isle of Man Limited is registered in the Isle of Man, registered number 024916C. Registered Office address: King Edward Bay House, King Edward Road, Onchan, IM99 1NU, Isle of Man.

Utmost International Isle of Man Limited is licensed by the Isle of Man Financial Services Authority as an Authorised Insurer.

Utmost International Isle of Man Limited Singapore Branch is registered in Singapore (UEN T08FC7158E). Registered Office

ULQ PR 18885 | 04/26