

PRIVATE WEALTH PORTFOLIO PORTUGAL

APPLICATION BOOKLET

Complete this Application Booklet using black or blue ink and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid.**

Capitalised terms in this Application Booklet will have the meaning given to them in the Terms and Conditions.

Once complete, please send this form and any supporting documents to the following address:
Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.

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.

BEFORE YOU BEGIN

Before completing this Application Booklet, please ensure you have read the relevant **Terms and Conditions, the Key Information Document** and **Specific Information Document**.

PAGE	SECTION	COMPLETED
4	1 – Life Insurance	<input type="checkbox"/>
4	2 – Insurer	<input type="checkbox"/>
4-5	3 – Applicant – Personal details (natural persons)	<input type="checkbox"/>
5-6	4 – Applicant – Personal details (legal person)	<input type="checkbox"/>
6-8	5 – Insured – Personal details (if different from Applicants)	<input type="checkbox"/>
8	6 – Agreement details	<input type="checkbox"/>
9-10	7 – Designation of Beneficiaries in the event of death or survival of the relevant insured	<input type="checkbox"/>
11-13	8 – Beneficiary(ies) – Personal details – (natural persons if different from Applicants)	<input type="checkbox"/>
14	9 – Beneficiary(ies) – Personal details – (legal persons if different from Applicants)	<input type="checkbox"/>
14	10 – Alternative Beneficiary designation clause	<input type="checkbox"/>
15	11 – Investment details and reference currency	<input type="checkbox"/>
15-17	12 – Discretionary Investment Strategy	<input type="checkbox"/>
18	13 – Other investment policies	<input type="checkbox"/>
18-19	14 – Initial declaration of risk	<input type="checkbox"/>
20	15 – Cooling-off period	<input type="checkbox"/>
20-23	16 – Declarations	<input type="checkbox"/>
23	17 – Insured declarations	<input type="checkbox"/>
24-27	18 – Investment disclaimer	<input type="checkbox"/>
27-28	19 – Policy charges	<input type="checkbox"/>
28-29	20 – Customer information declaration	<input type="checkbox"/>
29-31	21 – Verification of Applicant identity	<input type="checkbox"/>
31-32	22 – Verification of insured identity	<input type="checkbox"/>
32-38	23 – Source of funds questionnaire	<input type="checkbox"/>
39	24 – Product fit assessment	<input type="checkbox"/>
39-41	25 – International tax compliance self-certification	<input type="checkbox"/>
42	26 – Key Information Document Confirmations	<input type="checkbox"/>
42	27 – Introducer section	<input type="checkbox"/>

Intermediary Use Only

Please indicate here the reference number of any special instruction to be applied to the application:

English Language Application Form – Utmost PanEurope dac Private Wealth Portfolio

It is expressly understood and agreed that all pre-contractual declarations and communications as well as the contractual documentation will be made in English. Accordingly, all other declarations and communications made under or in connection with the Agreement will be made in English. For the avoidance of doubt, the pre-contractual declarations and communications as well as contractual documentation made in English are:

- Policy Terms and Conditions
- Application Form
- Consumer Information Notice
- Tax Information Notice
- Policy Schedule
- Key Information Document
- Specific Information Document

Utmost PanEurope dac may provide a Portuguese translation of any such declaration and communication made in English upon the written request of the Applicant/Policyholder.

By signing this Application Form below, I/we hereby expressly confirm that I/we understand and agree that all pre-contractual declarations and communications as well as the contractual documentation and all other declarations and communications made under or in connection with the Agreement will be made in English.

Signature of the first Applicant:

Signature of the second Applicant (if any):

Date:

Date:

Signature of the Applicant's spouse is required below, if the Applicant and the spouse are subject to the joint marital regime and the spouse is not an Applicant:

Signature of spouse:

Date:

Application form - Utmost PanEurope dac Private Wealth Portfolio

The information provided and declarations given in this Application Form shall form (together with the Policy Terms and Conditions, Policy Schedule, any relevant written statements made by you and/or the Insured relating to the Policy, any notifications of changes and all endorsements issued by Utmost PanEurope dac and the other documents referred to in Section 3.5 of the Policy Terms and Conditions) the basis of your life insurance agreement with Utmost PanEurope dac. Capitalised terms used and not defined in this Application Form shall have the meaning given to them in the Policy Terms and Conditions applicable to the Private Wealth Portfolio.

Intermediary details

Company name: _____

Address: _____

Agency number: _____

Name of insurance intermediary: _____

Name of insurance intermediary's regulator: _____

Additional information/special instructions: _____

Please complete all sections

Failure to provide all relevant information and documentation may result in a delay in the application being processed. Further information may be required during the validation process i.e. questions arising from the information provided).

Please note that non-disclosure of any relevant information may affect the validity of the insurance agreement and of any claims.

Please tick alongside all items when completed and ensure that all necessary documentation is included.

Form	Sections	To be completed by
Application Form	1-10 <input type="checkbox"/>	Applicant/Insured/Beneficiary
Investment Options	11-13 <input type="checkbox"/>	Applicant
Declarations & Disclaimer	14-18 <input type="checkbox"/>	Applicant
Policy Charges	19 <input type="checkbox"/>	Insurer/Intermediary
Customer Information Declaration	20 <input type="checkbox"/>	Applicant/Intermediary
Verification of Identify	21-22 <input type="checkbox"/>	Intermediary
Source of Funds	23 <input type="checkbox"/>	Applicant/Insurer/Intermediary
Product Fit Assessment	24 <input type="checkbox"/>	Applicant
International tax compliance self-certification	25 <input type="checkbox"/>	Applicant
Key Information Document Confirmations	26 <input type="checkbox"/>	Applicant
Introducer	27 <input type="checkbox"/>	Applicant/Insurer/Intermediary

1 LIFE INSURANCE

Please complete all Sections of this form in **BLOCK CAPITALS** or tick the boxes, where appropriate.

Please indicate, with a tick, the policy option you require (please refer to the Policy Terms and Conditions for further details):

Single Life ☐ Joint Life – First Death ☐ Joint Life – Second Death ☐ Multiple Life – Last Death ☐

Please indicate, with a tick, if you want to elect for a survival benefit and the maturity date by when the relevant Insured should be alive (please refer to the Policy Terms and Conditions for further detail):

Mixed option (covering death and survival of the Relevant Life Assured) ☐

Maturity Date:

2 INSURER

Utmost PanEurope dac, is a designated activity liability company incorporated in the Republic of Ireland (no. 311420), with registered offices at Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland, (hereinafter, 'Utmost PanEurope').

Utmost PanEurope is duly registered for the pursuit of the life insurance business within the Portuguese territory on a freedom to provide services basis, and is duly registered for such purposes with the Portuguese Insurance Supervisory Authority (Autoridade de Supervisão de Seguros e Fundos de Pensões or 'ASF') under the number 4693.

Utmost PanEurope is authorised and regulated by Central Bank of Ireland (www.centralbank.ie), as the competent supervisory authority in the Republic of Ireland for the insurance activity, without prejudice to the supervisory powers of ASF, in respect of the insurance activity as a whole.

3 APPLICANT - PERSONAL DETAILS (NATURAL PERSONS)

First Applicant

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

E-mail: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Second Applicant (if any)

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

E-mail: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

First Applicant

Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes ☐ No ☐

2nd Nationality: _____

Date of birth:

Marital status: _____

Identification document: Citizen's card ☐ Passport ☐

Identity card: ☐ Other _____

Identification number: _____

Taxpayer number: _____

Occupation and nature of work: _____

Please indicate if the first Applicant is an Insured ☐

Second Applicant (if any)

Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes ☐ No ☐

2nd Nationality: _____

Date of birth:

Marital status: _____

Identification document: Citizen's card ☐ Passport ☐

Identity card: ☐ Other _____

Identification number: _____

Taxpayer number: _____

Occupation and nature of work: _____

Please indicate if the second Applicant is an Insured ☐

4 APPLICANT - PERSONAL DETAILS (LEGAL PERSON)

Corporate name: _____

Registered office: _____

Share capital: _____

Email: _____

Tel. no. (office): _____

Tel. no. (mobile): _____

Country of incorporation: _____

Date of incorporation:

Identification number: _____

Taxpayer number: _____

Field of business: _____

In case of legal persons, Utmost PanEurope will require additional information.

Utmost PanEurope and, where applicable, the insurance intermediary reserve the right not to enter into any Agreement until such time as we have received and are satisfied with all the information and documentation required under the Criminal Justice (Money Laundering) Acts 2010 and 2013 as may be amended or replaced and any applicable requirements deriving from the Fourth Anti-Money Laundering Directive (4 AMLD) (EU 2015/ 849) as may be amended or replaced (the 'Criminal Justice Act').

5 INSURED - PERSONAL DETAILS (IF DIFFERENT FROM APPLICANTS)

First Insured

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

Email: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Country of birth: _____

Date of birth:

Marital status: _____

Identification document: Citizen's card ☐ Passport ☐

Identity card: ☐ Other _____

Identification number: _____

Taxpayer number: _____

Occupation and nature of work: _____

Relationship to Applicant(s): _____

Second Insured (if any)

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

Email: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Country of birth: _____

Date of birth:

Marital status: _____

Identification document: Citizen's card ☐ Passport ☐

Identity card: ☐ Other _____

Identification number: _____

Taxpayer number: _____

Occupation and nature of work: _____

Relationship to Applicant(s): _____

First Insured

By ticking the box I expressly consent that Utmost PanEurope may send me communications and documentation relating to the Policy electronically to the email address provided, and by fax and/or telephone at its sole discretion. I am aware that I may withdraw this consent at any time by Written Request to Utmost PanEurope. ☐

Signature of first Insured:

Date:

Second Insured (if any)

By ticking the box I expressly consent that Utmost PanEurope may send me communications and documentation relating to the Policy electronically, to the email address provided, and by fax and/or telephone at its sole discretion. I am aware that I may withdraw this consent at any time by Written Request to Utmost PanEurope. ☐

Signature of second Insured (if any):

Date:

Third Insured (if any)

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

Email: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Country of birth: _____

Date of birth:

Marital status: _____

Identification document: Citizen's card ☐ Passport ☐

Identity card: ☐ Other _____

Identification number: _____

Taxpayer number: _____

Occupation and nature of work: _____

Fourth Insured (if any)

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

Email: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Country of birth: _____

Date of birth:

Marital status: _____

Identification document: Citizen's card ☐ Passport ☐

Identity card: ☐ Other _____

Identification number: _____

Taxpayer number: _____

Occupation and nature of work: _____

Relationship to Applicant(s): _____

By ticking the box I expressly consent that Utmost PanEurope may send me communications and documentation relating to the Policy electronically to the email address provided, and by fax and/or telephone at its sole discretion. I am aware that I may withdraw this consent at any time by Written Request to Utmost PanEurope. ☐

Relationship to Applicant(s): _____

By ticking the box I expressly consent that Utmost PanEurope may send me communications and documentation relating to the Policy electronically to the email address provided, and by fax and/or telephone at its sole discretion. I am aware that I may withdraw this consent at any time by Written Request to Utmost PanEurope. ☐

Signature of third Insured:

Signature of fourth Insured (if any):

Date:

Date:

If there are further Insured (maximum 6), please complete this Section on an additional sheet and attach securely to this Application. Please tick this box if additional information is attached. ☐

6 AGREEMENT DETAILS

Please choose which address shall be the correspondence address:

Address of first Applicant ☐

Address of second Applicant ☐

Other address: _____

Any change to the address/registered/contact details office of the Applicant/Policyholder and the Insured, as applicable, stated above shall be notified to Utmost PanEurope using a change of name and address form within 30 days counting from such change. Failure to notify Utmost PanEurope of such change shall determine that any communication or notice sent by Utmost PanEurope to an outdated address shall continue to be deemed valid and effective.

DESIGNATION OF BENEFICIARIES IN THE EVENT OF DEATH OR SURVIVAL
(IF APPLICABLE) OF THE RELEVANT INSURED

Please indicate the designation option you require:

Standard provision

☐

Class designation

☐

The payment of the benefit under the Agreement will be paid to:

- **the spouse, not judicially separated (separado judicialmente de pessoas e bens), or to the partner of the policyholder officialised according to the applicable provisions of the law in country of residence;**
- **in the absence of whom, by equal shares to the children of the policyholder born or to be born, living or by representation;**
- **in the absence of whom, to the heirs of the policyholder, living or by representation.**

Naming of specific Beneficiary(ies):

☐

The designation of Beneficiaries requires the data requested under Section 8 to be filled in. Generic or incomplete information is not allowed.

If the percentage due to each Beneficiary is not indicated, the Death Benefit shall be apportioned equally among the Beneficiaries indicated.

(If applicable) Beneficiary(ies) designated irrevocably:

Yes ☐ No ☐

Tick this box if you wish to keep confidential the identity of the Beneficiary(ies) designated for the purposes of Decree-Law no. 384/2007, of 19 November, as amended, and its implementing regulations.

☐

Please indicate the Beneficiary(ies) in the table below. If there is more than one Beneficiary, the percentage indicates how the total benefit is paid between Beneficiaries and the rank indicates in what order the Beneficiaries should be paid if there was a delay in liquidating some of the assets.

Beneficiaries for the Death benefit

Name ¹	Date of birth/ incorporation ²	Location ³	Rank	Percentage

Beneficiaries for the Survival Benefit (if the mixed option has been selected and if the Beneficiaries are different than from Death Benefit)

Name ¹	Date of birth/ incorporation ²	Location ³	Rank	Percentage

¹ For natural persons indicate title, first name and surname. For legal persons indicate the corporate name

² For natural persons indicate the date of birth. For legal persons indicate the date of incorporation

³ For natural persons indicate the town and country of birth. For legal persons indicate the town and country of the registered office

Please fill in the following details for each natural person you have named in Section 7 as a Beneficiary. If you have elected for the mixed option and have different designations of Beneficiaries in case of death and in case of survival but some Beneficiaries are named in both cases (death and survival) you only need to provide their details once.

First Beneficiary

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

E-mail: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Country of birth: _____

Date of birth:

Civil identification number: _____

Taxpayer number: _____

Marital status: _____

Occupation and nature of work: _____

Relationship to Applicant(s): _____

Second Beneficiary (if any)

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

E-mail: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Country of birth: _____

Date of birth:

Civil identification number: _____

Taxpayer number: _____

Marital status: _____

Occupation and nature of work: _____

Relationship to Applicant(s): _____

Third Beneficiary (if any)

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

E-mail: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Country of birth: _____

Date of birth:

Civil identification number: _____

Taxpayer number: _____

Marital status: _____

Occupation and nature of work: _____

Relationship to Applicant(s): _____

Fourth Beneficiary (if any)

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

E-mail: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Country of birth: _____

Date of birth:

Civil identification number: _____

Taxpayer number: _____

Marital status: _____

Occupation and nature of work: _____

Relationship to Applicant(s): _____

Fifth Beneficiary (if any)

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

E-mail: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Country of birth: _____

Date of birth:

Civil identification number: _____

Taxpayer number: _____

Marital status: _____

Occupation and nature of work: _____

Relationship to Applicant(s): _____

Sixth Beneficiary (if any)

Surname(s): _____

Forename(s): _____

Title: _____

Gender: Male ☐ Female ☐

Address: _____

E-mail: _____

Tel. no. (home): _____

Tel. no. (mobile): _____

Country of birth: _____

Date of birth:

Civil identification number: _____

Taxpayer number: _____

Marital status: _____

Occupation and nature of work: _____

Relationship to Applicant(s): _____

Where there are further Beneficiaries, please complete an additional sheet and attach securely to this application.

Please tick this box if additional information is attached ☐

9

BENEFICIARY(IES) - PERSONAL DETAILS (LEGAL PERSONS IF DIFFERENT FROM APPLICANTS)

Please fill in the following details for each legal person you have named in Section 7 as a Beneficiary. If you have elected for the mixed option and have different designations of Beneficiaries in case of death and in case of survival but some Beneficiaries are named in both cases (death and survival) you only need to provide their details once.

First Beneficiary

Second Beneficiary (if any)

Corporate name: _____

Corporate name: _____

Registered office: _____

Registered office: _____

Share capital: _____

Share capital: _____

E-mail: _____

E-mail: _____

Tel. no. (office): _____

Tel. no. (office): _____

Tel. no. (mobile): _____

Tel. no. (mobile): _____

Country of incorporation: _____

Country of incorporation: _____

Date of incorporation:

D	D	M	M	Y	Y
---	---	---	---	---	---

Date of incorporation:

D	D	M	M	Y	Y
---	---	---	---	---	---

Identification number: _____

Identification number: _____

Taxpayer number: _____

Taxpayer number: _____

Field of business: _____

Field of business: _____

Where there are further Beneficiaries, please complete an additional sheet and attach securely to this application.
In case of legal persons, Utmost PanEurope may require additional information.

Please tick this box if additional information is attached

☐

10

ALTERNATIVE BENEFICIARY DESIGNATION CLAUSE

Indicate in this Section any specific details in relation to the designation of the Beneficiaries and the form of payment of the benefit.

11 INVESTMENT DETAILS AND REFERENCE CURRENCY

Total amount and currency being invested: _____

Minimum initial Premium: EUR 500,000 (or its equivalent in another acceptable currency).

The reference currency in which all accounts relating to the Policy shall be established and payments to those entitled under the Policy shall be made:

Euro (EUR) ☐

US Dollar (USD) ☐

British Pound Sterling (GBP) ☐

Swiss Franc (CHF) ☐

Other (subject to Utmost PanEurope's consent):

12 DISCRETIONARY INVESTMENT STRATEGY

You must choose at least one Discretionary Investment Strategy for your Policy. This Discretionary Investment Strategy is offered by the Asset Manager and must be approved by Utmost PanEurope. You must receive a Specific Information Document prepared in accordance with the PRIIPs Regulations that gives you information about the Discretionary Investment Strateg(ies) you select.

You might receive a Specific Information Document describing the standard investment strategy category into which the Discretionary Investment Strategy you have chosen best fits. The standard investment strategies offered by Utmost PanEurope are: Adventurous, Growth, Balanced Moderate, Balanced Defensive and Conservative.

Please complete the table below in accordance with the following notes:

The **Discretionary Investment Strategy (1)** is the Discretionary Investment Strategy you have chosen for your Policy.

The **Asset Manager (2)** is the name of the portfolio management entity you have selected to manage the Discretionary Investment Strategy. Please include the name of the entity, not an individual.

The **Specific Information Document (3)** is the name displayed on the Specific Information Document you have received from your Intermediary which describes the Discretionary Investment Strategy you have chosen for your Policy.

The **Premium Allocated (4)** is the percentage of the premium allocated to the strategy in the policy currency.

Discretionary Investment Strategy (1)	Asset Manager (2)	Specific Information Document (3)	Premium Allocated (4)
			Total 100%

Personalisation

If requested, please indicate any personalisation required for any Discretionary Investment Strategy selected. The personalisation needs to be expressed in broad terms and can in no way allow the Applicant to provide investment direction to Utmost PanEurope or the Asset Manager. The Company reserves the right to reject the personalisation if it leads to a Risk Profile or an Investment Time Horizon that is higher than that of the Investment Strategy selected.

Discretionary Investment Strategy Charges

Please indicate below the charges to be applied as appropriate:

Name of the Discretionary Investment Strategy	Asset Manager	Asset management charge	Performance charge	Exit fees

If the fee structure is not categorised above please note the details of the fee below:

If you have chosen more than one Discretionary Investment Strategy, please note that charges will be deducted from one Discretionary Investment Strategy only. **Please name the Discretionary Investment Strategy you wish charges to be deducted from here:**

If you do not tell us which Discretionary Investment Strategy you wish charges to be deducted from, we will deduct them from the highest valued Discretionary Investment Strategy at the time of policy issue. If the highest valued Discretionary Investment Strategies chosen are valued the same at the time of policy issue, we retain the discretion to choose which Discretionary Investment Strategy to deduct charges from.

You can request to change the Discretionary Investment Strategy from which charges are deducted by sending us a Written Request at least 30 days before you wish the change to take effect.

Please refer to section 10.1 of the Assurance Policy Terms and Conditions for further information.

Signature of the first Applicant:	Signature of the second Applicant (if any):
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Date:

Date:

Signature of the Applicant's spouse is required below, if the Applicant and the spouse are subject to the joint marital regime and the spouse is not an Applicant:

Signature of spouse:	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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13 OTHER INVESTMENT POLICIES

Do you already hold any other policies with:

Utmost PanEurope ☐

If yes, please advise us of your policy number(s):

14 INITIAL DECLARATION OF RISK

Prior to the conclusion of the Agreement, the Policyholder and the Insured, if applicable, must declare exactly all circumstances of their knowledge and that they must reasonably consider as material for the risk assessment by Utmost PanEurope, even if the reference to such circumstances is not expressly requested by Utmost PanEurope in any questionnaire that may be provided by Utmost PanEurope for such purposes.

The Policyholder and the Insured, if applicable, warrant and agree that, to the best of their knowledge, all statements, declarations and answers in the Application Form and the related documents that are relevant for the risk assessment by Utmost PanEurope are true, complete and up-to-date, and may be relied upon by Utmost PanEurope in entering into this Agreement.

The Policyholder and the Insured, if applicable, further warrant that they have been made aware with the Application Form of the consequences arising from the provision of incorrect information or failing to provide Utmost PanEurope with relevant information.

The information furnished by the Policyholder and the Insured, if applicable, to Utmost PanEurope will become part of this Agreement.

Utmost PanEurope approves the insurance coverage under this Agreement based upon a good faith belief that all statements, declarations and answers given by the Policyholder and the Insured, if applicable, are complete, true and up-to-date. The Policyholder and the Insured, if applicable, are contractually and legally obliged to act in good faith. The Policyholder and the Insured, if applicable, hereby undertake to promptly provide Utmost PanEurope with all material information and documentation requested by Utmost PanEurope and related to this Agreement, irrespective of the moment the relevant request is made.

In case of a breach in a wilful manner (*dolo*) of the duty described above, Utmost PanEurope may declare this Agreement null (*anulação*), by sending a termination notice to the Policyholder.

In case Utmost PanEurope becomes aware of the incorrect information or the failure to provide Utmost PanEurope with the relevant information prior to the occurrence of a claim:

- It shall send the statement of nullity (*anulação*) within 3 months;
- It shall not be required to cover any claim which has occurred during such period; and
- It is entitled to receive the Premium due until the end of such period, unless Utmost PanEurope has also acted in a wilful manner (*dolo*) or with gross negligence (*negligência grosseira*).

In case Utmost PanEurope only becomes aware of the incorrect information or the failure to provide Utmost PanEurope with the relevant information after a claim has occurred, Utmost PanEurope shall not be required to cover such claim, being entitled to opt to declare this Agreement null (*anulação*).

Should the Policyholder and/or the Insured, if applicable, act in a wilful manner (*dolo*), with the purpose of obtaining a profit, the Premium shall be due until the termination of this Agreement.

In case of a negligent breach of the duty referred to in the first paragraph of this Section, Utmost PanEurope may, within 3 months counting from the date it becomes aware of such breach, and by a statement to be sent to the Policyholder:

- propose an amendment to this Agreement, in which case the Policyholder must accept such amendment or present a counterproposal to Utmost PanEurope within 14 days counting from the date of receipt of such amendment proposal, and this Agreement shall be terminated if, once 20 days have elapsed counting from the receipt of such amendment proposal, the Policyholder rejects or fails to reply to such proposal; or
- terminate this Agreement, on the grounds that, in no event, shall Utmost PanEurope enter into an insurance agreement for the coverage of risks related with the information that was deemed incorrect or not made available to Utmost PanEurope, in which case this Agreement shall be of no further effect once 30 days from the delivery of the relevant termination notice have elapsed.

In case of termination of this Agreement pursuant to the previous paragraph, Utmost PanEurope shall pay to the Policyholder, as soon as possible depending on the liquidity of the assets concerned and in any case within the applicable legal and contractual deadlines, the amount resulting at the time from the termination of the disinvestment transaction of the units of the Dedicated Internal Funds, in accordance with the terms of the Section 11 of the Policy Terms and Conditions, *mutatis mutandis*. In this case, a surrender charge may be due.

In case of a claim prior to the termination or amendment of this Agreement pursuant to the terms and conditions described above and such claim is related to a fact which has been omitted or incorrectly provided to Utmost PanEurope, where the Policyholder or the Insured, if applicable, have acted negligently, Utmost PanEurope:

- shall cover the claim in the proportion of the difference between the Premium duly paid and the Premium which would be due in case, Utmost PanEurope was made aware of the omitted or inexact fact at the time this Agreement was entered into; or
- shall not cover the claim, on the grounds that in no event would Utmost PanEurope enter into the agreement in case it was aware of the omitted or inexact fact, in which case Utmost PanEurope shall return the Premium paid.

Utmost PanEurope may not claim any negligent omission or inaccuracy contained in the initial declaration of risk once two years have elapsed since the Starting Date, in what concerns the death cover.

Within 14 days following the receipt of the Application Form and its annexes duly filled in, and in case the Policyholder is a natural person, Utmost PanEurope shall notify the Policyholder of the entering into force of this Agreement or, alternatively, of the supplementary documentation and information that Utmost PanEurope deems necessary for the purposes of entering into this Agreement or, alternatively, of its refusal to enter into this Agreement. In case of absence of a reply from Utmost PanEurope on the expiry of the referred 14 days period, this Agreement shall be deemed as having been concluded in the proposed terms.

15 COOLING-OFF PERIOD

The Policyholder, being a natural person, has the right to terminate this Agreement within 30 days counting from the date of receipt of the Policy Schedule, without having to claim a justified cause.

The termination notice referred to above must be made in writing, by registered letter, enclosing the Policy Schedule.

The termination of this Agreement under this Section has retroactive effects, and shall terminate all obligations arising thereto, with effects counting from the Starting Date.

Utmost PanEurope shall reimburse the Policyholder of the amount paid as Premium, after deduction of the disinvestment costs which Utmost PanEurope has effectively incurred, including any costs relating to the financial transactions carried out.

Disinvestment costs means the prospective devaluation of the amount of the units of the funds selected by the Policyholder and linked to this Agreement verified between the Starting Date and the first evaluation following the receipt by Utmost PanEurope of the termination notice ('Disinvestment Costs'). The time period necessary to carry out the aforementioned evaluation shall depend on the liquidity of the assets concerned.

The amount due will be paid in accordance with Section 11 of the Policy Terms and Conditions.

16 DECLARATIONS

It is important that you read and understand the following declarations. If you do not understand any declaration, please ask for further information. Before signing, please also take the time to read and understand the Key Information Document, the Specific Information Document and the Consumer Information Notice which explains the main features of the Private Wealth Portfolio product to which this Application Form relates.

It is necessary to fill in every field accurately. Utmost PanEurope will not accept fields with marks, lines or strikethroughs. The signatories are fully responsible for the accuracy, completeness and trueness of their answers in this Application Form, even if it was filled-out by another person.

General

- I/We apply for a Policy of the type and with the features indicated in this document which I/we understand will be subject to the Policy Terms and Conditions and I/we agree with the Policy Terms and Conditions. I/We confirm that before I/we signed this Application Form, I/we have received seen, read and understood the Tax Information Notice and the Consumer Information Notice and, if applicable, my/our insurance intermediary explained the key features of the Private Wealth Portfolio to which this Application Form relates. I/We have been given an opportunity to raise any queries that I/we may have and have received satisfactory answers to those queries.
- I/We declare that this application was completed in Portugal and I/we confirm that I/we have my/our habitual residence in that country _____ (please specify country if not living in Portugal).
- I/We declare that I/we am/are resident and/or ordinarily resident for tax purposes in Portugal.
- I/We declare that I am neither resident nor ordinarily resident for tax purpose in Ireland.
- I/We undertake to immediately inform Utmost PanEurope of any change of my/our country of residence during the life of the Policy.
- I/We agree that this Application Form, together with the Policy Terms and Conditions, Policy Schedule, any relevant written statements made by me/us and/or the Insured relating to the Policy, any notifications of changes and all endorsements issued by Utmost PanEurope and the other documents referred to in Section 3.5 of the Policy Terms and Conditions, shall form the basis of the life insurance agreement between me/we and Utmost PanEurope, governed and construed in accordance with the laws of Portugal, unless Utmost PanEurope has agreed otherwise.

- I/We understand that my/our signature on the Application Form does not, by itself, give effect to the Policy.
- I/We acknowledge that, where the investments underlying the Private Wealth Portfolio are not easily convertible to cash, Utmost PanEurope reserves the right to defer the payment of benefits, surrender or withdrawal amounts (where applicable), either in whole or in part, until such time as it is able to realise the concerned investments, in accordance with the Policy Terms and Conditions.
- I/We have been informed of my/our right to complain and of the complaint procedure to the relevant authority to which complaints should be addressed, in the Section 21 of the Policy Terms and Conditions entitled 'Complaints'.
- I/We have been informed and understand my/our right to terminate the Agreement within 30 days following the receipt of the Policy Schedule, in case I/we am/are natural person(s), as detailed in the Section 7 entitled 'Cooling-Off Period' in the Policy Terms and Conditions.
- I/We acknowledge that Utmost PanEurope reserves the right to communicate directly with the Applicant/Policyholder at its discretion.
- I/We acknowledge that the applicable anti-money laundering legislation in the Republic of Ireland is the Criminal Justice Act. Utmost PanEurope is defined as a 'designated person' under the Criminal Justice Act and is required to apply measures aimed at the prevention of money laundering and terrorist financing in the Republic of Ireland. As such, I/we will be required to provide verification of my/our identity, address, source of wealth and source of funds. I/We understand that Utmost PanEurope and, where applicable, the insurance intermediary reserve the right not to enter into the Agreement until such time as they have received and are satisfied with all the information and documentation required under the Criminal Justice Act.
- I/We expressly understand and agree that all pre-contractual declarations and communications as well as the contractual documentation made between the parties under this Agreement are valid only if they are made in writing and in English. I/We expressly understand and agree that all other declarations and communications made under or in connection with the Agreement will be made in English.
- Where applicable, I/we request that my/our intermediary receive copies of all associated documentation relating to the Policy.
- I/We understand that this Agreement will not commence until this completed Application Form has been received and accepted by Utmost PanEurope and the initial Premium is accepted by Utmost PanEurope and paid to it. I/We understand that the Agreement can only be negotiated with and accepted by an authorised official of Utmost PanEurope at Utmost PanEurope's Head Office in Ireland.
- I/We declare that to the best of my/our knowledge and belief, the statements, answers and representations in the Application Form are accurate and true, that no material fact has been omitted or concealed and that Utmost PanEurope may base itself therein for the purposes of entering into the Agreement. The Applicant(s) and, as applicable, the Insured(s), hereby declare that they have been duly informed by this document of the consequences of providing inaccurate information or failing to provide relevant information.
- I/We acknowledge that Utmost PanEurope approves this insurance coverage based upon a good faith belief that all statements, declarations and answers given by the Applicant(s), and as applicable the Insured(s), are complete, true and up-to-date. The Applicant(s) and, as applicable, the Insured(s), are contractually and legally obliged to act in the utmost good faith. The Applicant(s) and, as applicable, the Insured(s) must make a full disclosure to Utmost PanEurope of all documents and material information that it requests in connection with the Policy, regardless of the timing of such request. ☐

Data Protection Declaration

I have received, read and fully understood the Data Protection section in the Private Wealth Portfolio Terms and Conditions.

I acknowledge that the information which I provide as part of this application will be used by Utmost PanEurope for the purposes of assessing this application, for investigating and preventing fraud, and if this application is accepted, will also be used for underwriting, administration, claims handling, customer service, business analysis, and to comply with legal and regulatory obligations (including, but not limited to, legal obligations under company law and Anti-Money Laundering Legislation).

By ticking the box I also consent to telephone calls with Utmost PanEurope being recorded for the purposes of quality control or for the purposes of confirming data. ☐

I hereby warrant and confirm that prior to my provision of information to Utmost PanEurope in respect of any other person related to Private Wealth Portfolio, the said individual has been informed of the use of this information and that I have been authorised by that individual to provide such information to Utmost PanEurope.

I understand that I have rights in relation to my data as described in the Data Protection section in the Policy Terms and Conditions and Customer Information Notice and that I can make requests in relation to my data to Utmost PanEurope's Data Protection Officer at the address provided below.

Data Protection – Transfer outside of the European Economic Area (EEA)

I acknowledge that where transfers of my personal data are required to countries outside of the European Economic Area (EEA) and not included in the EU Commission's approved countries list, that Utmost will take reasonable measures as outlined in the Terms and Conditions to ensure an equivalent level of data protection.

Signature of the first Applicant:

Signature of the second Applicant (if any):

Date:

Date:

Signature of the Applicant's spouse is required below, if the Applicant and the spouse are subject to the joint marital regime and the spouse is not an Applicant:

Signature of spouse:

Date:

17 INSURED DECLARATIONS

Please complete if any of the Insured are not the Applicants. If there are further Insured, please complete this Section on an additional sheet and attach securely to this application.

- I agree to be an Insured;
- I understand that I am responsible for all answers given and statements made by me in this Section 17 or in any other communication between me and Utmost PanEurope;
- I declare that to the best of my knowledge and belief, the information provided in this Section 17 is true and complete and that no material fact has been omitted or concealed and I understand that non-disclosure of material facts or the inclusion of incorrect information in this Application Form or otherwise given to Utmost PanEurope whether before or during the life of the Agreement, could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced, or the Agreement being rendered void; and
- I agree to be bound by the declarations regarding Data Protection contained in Subsection 'Data Protection' under Section 16 of this Application Form.

Signature of the first Insured:

Signature of the second Insured (if any):

Date: DDMMYY

Date: DDMMYY

18 INVESTMENT DISCLAIMER

Please complete this form using **BLOCK CAPITALS**.

This form should be completed by the Applicant(s) regardless of the option selected.

Full name of first Applicant: _____

Full name of second Applicant: _____

Is this Policy replacing in full or in part an existing similar insurance policy? Yes ☐ No ☐

If yes, please confirm the insurer of the insurance policy that is being replaced

If yes, I confirm I am aware that this Policy may be subject to initial charges similar to those that might have already been incurred on my existing insurance policy. ☐

Section A: Applicable for the Asset Manager option

- I/We confirm, that I/we will ensure that I/we am/are provided with and will read any prospectus and factsheet/ term sheet, associated with any investment in the Investment Portfolio and/or Dedicated Internal Fund(s) whose units form part of the Investment Portfolio connected with the choices made by me/us in the Application Form and subsequent communications, now or in the future and I/we understand and accept the terms and risks associated with any investment made in accordance thereto including, without limitation, any of those detailed in prospectuses associated with such investments that I/we may come to receive.
- I/We am/are aware that my/our entire investment may be at risk and that return is dependent on the performance of the investments in the Investment Portfolio and in the Dedicated Internal Fund(s). I/We acknowledge and accept that:
 - i. the Policy may lead to the total loss of the Premium(s) paid
 - ii. the payment of the Death Benefit or of the Survival Benefit or of amounts surrendered or withdrawn may provide zero or negative return in relation to the Premium(s) paid
 - ii. the Policy requires the Applicant/Policyholder's willingness to incur costs, expenses and losses from the sale of the assets in the Investment Portfolio and/or in the Dedicated Internal Funds, as applicable, on the secondary market as reflected in the Investment Portfolio and/or in the Dedicated Internal Fund and that
 - iv. the Policy is subject to the credit risk of Utmost PanEurope.
- I/We understand that a separate Investment Portfolio is maintained for the Policy and that the realisable value of the investments in this portfolio determines the value of the Policy. I/We acknowledge that the value of the Policy is not guaranteed and that Investment Values may fall as well as rise in line with fluctuations in investment markets. I/ We understand also that investments that are denominated in a currency other than that of the Policy may involve a currency risk and that the value of the Policy may fall as well as rise purely as a result of exchange rate fluctuations.
- I/We am/are aware that there may be no, or limited, capital guarantees applicable on any investments comprised in the Investment Portfolio and in the Dedicated Internal Fund(s) and my/our entire capital may be at risk during the term and/or at the maturity of the Agreement. Any capital guarantees offered will be dependent on the financial status of the guarantor.
- I/We accept that access to full or partial withdrawals may be restricted during the term of the Agreement, in accordance with what is laid down in the Policy Terms and Conditions. Utmost PanEurope provides no guarantee that there will be a secondary market for any of the investments in the Investment Portfolio or in the Dedicated Internal Fund(s) that will allow for withdrawals, surrenders or the payment of other benefits under the Agreement to take place swiftly. The income generated by such investments and the Investment Value will be dependent upon the performance of the assets in the Investment Portfolio and in the Dedicated Internal Fund(s).

- I/We confirm that I/we am/are aware of the fees associated with the investments carried out in accordance with the choices made by me/us in the Application Form and subsequent communications and that this may result in less than 100% of a Premium being invested at outset.
- I/We confirm that Utmost PanEurope is not liable for any losses incurred as a consequence of the investments in the Investment Portfolio or in the Dedicated Internal Fund(s).
- I/We confirm that I/we am/are aware and accept that all the Investment Strategies of all Dedicated Investment Funds will be constrained by the Utmost PanEurope admissible assets list. The Dedicated Investment Funds will only be able to invest in assets authorised by Utmost PanEurope unless Utmost PanEurope has explicitly given its written authorisation. The admissible assets list is available on request.
- I/We acknowledge that Utmost PanEurope has not provided any investment advice. I/We accept the investment risk associated with the investments in the Investment Portfolio and the Dedicated Internal Funds. I/We acknowledge that Utmost PanEurope accepts no responsibility for the performance of any investment. I/We acknowledge that the financial risk is exclusively and fully borne by me/us, the Applicant(s)/Policyholder(s).
- I/We understand that, if investments cannot be readily realised following Utmost PanEurope's receipt of a written declaration of full surrender or other for the payment of any other benefits under the Agreement, Utmost PanEurope reserve the right to transfer the units of the Dedicated Internal Funds, which form part of the Investment Portfolio and the underlying assets included in the Dedicated Internal Funds to me/us as part or full payment of the benefits under the Policy, in accordance with the Policy Terms and Conditions.
- I/We acknowledge and understand that the following risks are associated with the investments within the Investment Portfolio or in the Dedicated Internal Fund(s), to be made under the Agreement:
 1. **Returns:** The value of investments in the stock market and other financial markets, directly or indirectly through mutual funds or similar vehicles, as well as the income they produce, can go down as well as up. Investment fund returns can go down as well as up. Investment fund returns cannot be guaranteed. Past performance is not guarantee of future returns. Tax rates and concessions may also change.
 2. **Investment Term:** The Agreement is intended to be a medium/long term-investment. The stock market and other financial markets should not be considered a suitable place for short-term investment.
 3. **Rate Risk:** If a liability in one currency is matched by an investment in a different currency, or if the services to be provided pursuant to the appointment hereunder of the Asset Manager relate to an investment denominated in a currency other than the currency in which the Agreement is valued, a movement of exchange rates may have a separate effect, unfavourable or favourable, on the gain or loss otherwise experienced on the Investment Portfolio and in the Dedicated Internal Fund(s).
 4. **Credit/Default Risk:** Investments within the Investment Portfolio and the Dedicated Internal Fund(s) may be exposed to the credit risk of the respective counterparties (including, without limitation, banks, brokers, dealers and exchanges) by or through which investments are held and to that of Utmost PanEurope and may be subject to risk of loss of its assets included therein in the event of the liquidation or bankruptcy of any such counterparty.
 5. **Borrowing Risk:** Possible use of borrowing may result in certain additional risks. Leveraged investments by their nature, increase the potential loss to investors resulting from any depreciation in the value of such investments.

Please note:

The above list is not exhaustive, and depending on your personal circumstances, and the choices made in the Application Form, there may be other risks associated with the Agreement.

Applicants are requested to note carefully the following:

The preparation and selection of Investment Strategies, the indication of Asset Manager(s) and the establishment of the Investment Portfolio and of the Dedicated Internal Fund(s) and the management and selection of the assets therein, as applicable, carried out in accordance therewith are at the Applicant/Policyholder's own risk. You (if appropriate) should undertake such due diligence, or seek such independent advice as you consider necessary. It is the Applicant/Policyholder's responsibility to ensure having understood and accepted the risks associated with any investments comprised within the Investment Portfolio and the Dedicated Internal Fund(s) and with the choices made in the Application Form and subsequent communications by the Applicant/Policyholder. For the avoidance of doubt, Utmost PanEurope does not accept any responsibility for losses, damage and/or costs (including but not limited to legal fees) that may be incurred as a consequence of subscribing to, or otherwise acquiring, an interest in investments forming part of the Investment Portfolio or of the Dedicated Internal Fund(s).

Section B: Applicable for the Asset Manager option

- I/We acknowledge that the appointment of the Asset Manager(s) named in the Section 12, in relation to the Dedicated Internal Fund(s) is subject to the approval of Utmost PanEurope and will not take effect until Utmost PanEurope executes any formal agreement with the Asset Manager(s) required to perform such an appointment.
- I/We acknowledge that the Asset Manager(s) will not provide any investment instructions in respect of the Dedicated Internal Fund(s), until the relevant Asset Manager has accepted its appointment, even though I/we may have transferred Premiums to Utmost PanEurope for the purposes of establishing of the relevant Dedicated Internal Fund(s).
- I/We recognise that the Asset Manager may receive copies of all associated documentation relating to the Agreement, if necessary.
- In reference to the activities performed by the Asset Manager(s), I/we also acknowledge and agree the following:
 - Investment decisions shall be taken by the Asset Manager(s) within the scope of the discretionary appointment given by Utmost PanEurope;
 - Appointment of the Asset Manager(s) shall not be transferable and advice on investments provided by a person/entity other than the Asset Manager(s) shall not be accepted by Utmost PanEurope;
 - Utmost PanEurope, at its absolute discretion, shall have the right to refuse or accept an investment decision taken by the Asset Manager;
 - The Asset Manager(s) may terminate its appointment by written notice delivered to Utmost PanEurope;
 - Utmost PanEurope is entitled, at its absolute discretion, to terminate the appointment of the Asset Manager by giving written notice to the relevant Asset Manager;
 - The Asset Manager(s) may retain possible retrocessions;

- On termination, the Asset Manager(s) will receive any asset management fee owing pro rata to the date of termination and Utmost PanEurope may, at its sole discretion, appoint an Asset Manager(s) and put in place a further agreement with any Asset Manager to manage the investments in the Dedicated Internal Fund(s).

Signature of the first Insured:

Signature of the second Insured:

Applicant name

Applicant name

(Printed in BLOCK CAPITALS):

Date:

(Printed in BLOCK CAPITALS):

Date:

19 POLICY CHARGES

For further detail on the charges applicable under the Policy, please refer to Section 18 of the Policy Terms and Conditions.

Establishment Charge _____ % (of which 0.048% shall be used to pay the parafiscal charge⁴ due by the insurers to the Portuguese Supervision Authorities. Where no Establishment Charge is specified, an Establishment Charge of 0.048% shall be automatically applied.)

Administration Charge:

As a fixed quarterly fee of _____

☐

An annual percentage fee of _____ % charged quarterly in arrears **based on all Premiums or the Investment Value if greater**

☐

Early Discontinuance Charge

I/We understand that an Early Discontinuance Charge will apply if a Full Surrender is made within two years from the Starting Date, corresponding to 2%, if the surrender or withdrawal takes place within the first year since the Starting Date, or to 1%, if any of them takes place within the second year from the Starting Date.

Switching Charges

I/We understand that Utmost PanEurope allows up to twelve switching per year without any charge. Additional switches may be subject to charges.

Third Party Charges

I/We understand that all third party charges, arising from asset management, brokerage, administration, custody, trading or valuation shall be deducted from the assets comprising the Investment Portfolio as they fall due.

⁴The parafiscal charge of 0.048% is a charge levied by the Portuguese Supervision Authorities on all insurance premiums.

Additional Charges

I/We understand that additional charges may apply to the Investment Portfolio, which include interest on money borrowed for the account of the Investment Portfolio, costs and any liabilities, expenses, taxes, duties, levies or other charges depending on the assets chosen for the Investment Portfolio and/or the Dedicated Internal Fund(s), as reflected in the Investment Portfolio.

- I/We authorise Utmost PanEurope to deduct Establishment Charges, Administration Charges and Early Discontinuance Charge from the Dedicated Internal Fund (please indicate the number of the Dedicated Internal Fund) or the Investment Portfolio, as provided in the Policy Terms and Conditions except for the Asset Management Charges and Performance Charges which will be deducted from the pertinent Dedicated Internal Fund.

Signature of the first Applicant:

Signature of the second Applicant (if any):

Date:

Date:

Signature of the Applicant's spouse is required below, if the Applicant and the spouse are subject to the joint marital regime and the spouse is not an Applicant:

Signature of spouse:

Date:

20 CUSTOMER INFORMATION DECLARATION

Applicant

- I/We hereby declare that I/we have received and read a set of the whole documentation concerning the Policy as detailed in the Policy Terms and Conditions, *inter alia* including this Application Form, the Policy Terms and Conditions, the Consumer Information Notice, the Tax Notice and the Key Information Document and each Specific Information Document.

Signature of first Applicant:

Signature of second Applicant (if any):

Date:

Date:

Signature of the Applicant's spouse is required below, if the Applicant and the spouse are subject to the joint marital regime and the spouse is not an Applicant:

Signature of spouse:

Date:

Insurer/Intermediary

I hereby testify that the above signatures are authentic and that each copy of an identity document attached to this application form is true to the original. I further testify that I have fulfilled all the due diligence procedures and have complied with all my statutory duties in connection thereunder.

Signature of the Insurer/Intermediary:

Date:

21 VERIFICATION OF APPLICANT IDENTITY

Please tick alongside all items enclosed and ensure that all necessary documents are included.

(a) For each Individual Applicant

This Section is required to verify the identity of the Applicants and to be filled by the intermediary in conjunction with the Applicant.

All identification papers must be certified by the intermediary or a Lawyer or a Notary Public and include a photograph of the Applicant(s). The certifier should sign the proof of identity as follows:

'I certify that this is a true copy of the (insert reference to document) _____ of (insert name) _____ and that the photograph thereon is a true likeness of (insert name) _____' or similar wording. All other documentation should have the wording 'I certify that the within is a true copy of the original' or similar wording.

Full name of first Applicant: _____

Certified copy of an original valid identification document with a photo (such as citizen card, driver's licence or passport) ☐

Certified copy of suitable proof of address dated within six months (showing name and current residential address) ☐

Source of Funds Questionnaire ☐

Prior residential address⁵: _____

⁵ Please complete if the Applicant has been less than 18 months at his/her current residential address, as detailed in Section 2.

Full name of second Applicant: _____

Certified copy of an original valid identification document with a photo (such as citizen card, driver's licence or passport) ☐

Certified copy of suitable proof of address dated within six months (showing name and current residential address) ☐

Source of Funds Questionnaire ☐

Prior residential address⁶: _____

(b) Legal persons Applicants

This Section is required to verify the identity of a legal person and to be filled by the intermediary in conjunction with the Applicant.

All identification papers must be certified by the intermediary or a Lawyer or a Notary Public and include a photograph of the persons acting in the name and on behalf of the Applicant. The certifier should sign the proof of identity as follows:

'I certify that this is a true copy of the (insert reference to document) _____ of (insert name) _____ and that the photograph thereon is a true likeness of (insert name) _____' or similar wording. All other documentation should have the wording 'I certify that the within is a true copy of the original' or similar wording.

Full name of Applicant (corporate name): _____

A certified copy of the certificate of incorporation (or equivalent) ☐

A certified copy of the articles of association (or equivalent) ☐

A certified copy of an original valid identification document with a photo for 2 directors or 1 director and 1 person noted on the certified authorised signatory list (or equivalent) ☐

A certified copy of suitable proof of address for 2 directors or 1 director and 1 person noted on the certified authorised signatory list (or equivalent) showing the name and current permanent residential address (e.g. Utility bill, bank statement) ☐

A certified copy of the authorised signatory list (or equivalent) ☐

Identification and verification of the beneficial owner(s) of the Applicant if different to the above ☐

If there are any holding companies or subsidiaries who hold in excess of 25% of the share capital or voting rights of the Applicant, we will need to identify and verify these entities in the same terms as the Applicants. ☐

If yes, please provide details: _____

Note: Utmost PanEurope may request additional information from the Applicant(s) in order to be able to assess the Applicant(s)' compliance with all applicable regulatory requirements and to conduct anti-money laundering verification of the status of the Applicant(s). The Applicant(s) shall provide Utmost PanEurope with all information it may reasonably request.

⁶ Please complete if the Applicant has been less than 18 months at his/her current residential address, as detailed in Section 2.

Declaration

- I confirm that I have seen the original documents specified above and have checked the name and identity of the Applicant(s) and attach a certified copy of these documents for your records.

Signature of intermediary:

Date:

Intermediary name (Printed in BLOCK CAPITALS):

22 VERIFICATION OF INSURED IDENTITY

This Section is required to verify the identity of the Insured(s) and to be filled by the intermediary.

The intermediary should complete this Section for all applications where any of the Insured(s) are not the Applicant(s).

If there are further Insured Persons, please complete this Section on an additional sheet and attach securely to this application.

All identification papers must be certified by the intermediary or a Lawyer or a Notary Public and include a photograph of the Insured(s). The certifier should sign the proof of identity as follows:

'I certify that this is a true copy of the (insert reference to document) _____ of (insert name) _____ and that the photograph thereon is a true likeness of (insert name) _____' or similar wording. All other documentation should have the wording 'I certify that the within is a true copy of the original' or similar wording.

Please tick alongside all items enclosed and ensure that all necessary documents are included.

For each individual Insured

First Insured

Full name of First Insured: _____

Certified copy of an original valid identification document with a photo (such as citizen card, driver's licence or passport) ☐

Certified copy of suitable proof of address dated within six months (showing name and current residential address) ☐

Prior residential address⁷: _____

⁷ Please complete if the Insured has been less than 18 months at his/her current residential address, as detailed in Section 2.

Second Insured

Full name of second Insured: _____

Certified copy of an original valid identification document with a photo (such as citizen card, driver's licence or passport) ☐

Certified copy of suitable proof of address dated within six months (showing name and current residential address) ☐

Prior residential address⁸: _____

Declaration

I confirm that I have seen the original documents specified above and have checked the name and identity of the Insured(s) and attach a certified copy of these documents for your records.

Signature of Intermediary:

Intermediary name
(Printed in BLOCK CAPITALS):

Date:

D	D	M	M	Y	Y
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23 SOURCE OF FUNDS QUESTIONNAIRE

Notice: Utmost PanEurope dac (Utmost PanEurope) requires all relevant sections of this questionnaire to be completed to facilitate its compliance with its obligations under the relevant anti-money laundering (AML) legislation.

The Applicant should complete this section.

Source of funds means the source from which the money for the Premium will be forwarded to Utmost PanEurope.

Please provide the account details from which the Premium will be paid:

Name of bank: _____

Address of bank: _____

BIC: _____ IBAN: _____

Account holder's name: _____

How many years have you held this account: _____

If the account has been held for less than 1 year and the Applicant is not a fiduciary/trust, please provide your previous account details:

⁸Please complete if the Insured has been less than 18 months at his/her current residential address, as detailed in Section 2.

Address of bank: _____

BIC: _____ IBAN: _____

Account holder's name: _____

How many years have you held this account: _____

If the account has been held for less than 1 year and the Applicant is not a fiduciary/trust, please provide your previous account details:

Name of bank: _____

Address of bank: _____

BIC: _____ IBAN: _____

Account holder's name: _____

Are there any other parties indirectly involved with this application e.g. lender? Yes ☐ No ☐

If yes, please provide the following details: _____

Name: _____

Relationship to Applicant: _____

Reason for involvement: _____

The undersigned Applicant hereby declares under his/her own responsibility that the information provided is true, correct and complete.

Signature of first Applicant

Signature of second Applicant, if any

Date:

Date:

i) Source of wealth

The Applicant or the beneficial owner/settlor, as appropriate, should complete this section.

Individual Applicants, beneficial owners or settlors should complete sections a to g, as appropriate. Companies should complete section h.

Source of wealth means the way in which the Applicant accumulated the money being used to pay the Premium.

To help you to describe the way in which the Applicant or the beneficial owner accumulated the money being used to pay the Premium one or more sections here below as appropriate need to be filled in. Source of wealth may be related to different origins. In this case more section should be filled in.

1. Employment

Name of employer: _____

Address of employer: _____

Industry: _____

Occupation (for example, teacher): _____

Job title (for example, finance manager): _____

Length of service with current employer: _____

Total length of employment in particular industry: _____

Annual basic income: _____ Annual bonus: _____

Annual benefits in kind (for example, housing allowance, education, travel, etc.): _____

Other (please provide details of reason for payment and amount): _____

Saving capacity in one year: less than 10% ☐ between 10% and 20% ☐ over 20% ☐

2. Self-employed

If you are self-employed or a company shareholder, please provide the following details:

Name of company (if incorporated): _____

Address of company (or address from which you work): _____

Industry: _____

Company annual profit or annual income in the last 5 years: _____

Type of income (for example, dividends, salary, bonus, liquidation etc.):

Number of years in the business activity: _____

3. Gift/donation or inheritance

Donor's name: _____

Applicant's relationship to donor: _____

Occupation of the donor before arranging the donation or on death: _____

Date of donor's death (if applicable):

Reason for gift: _____

Total amount received: _____

If the original source of funds is over 3 years old, please confirm where the money has been invested in the interim:

4. Disposal of business/sale of personal or real estate or sale of a company

Type of property/name of business or company sold: _____

Address of the property or of the business or company sold: _____

Country where business was registered: _____

Nature of business: _____

Total value of sale: _____

Share of total value received: _____

Date of sale:

If the original source of funds is over 3 years old, please confirm where the money has been invested in the interim:

5. Income/Assets from financial investments

Initial investment capital: _____

Date of the initial investment capital:

Additional investments along the period: _____

Withdrawals along the period: _____

Type of the investments (for example, private equity, hedge funds, shares, bonds, other investments):

Value of the investment capital at today's date: _____

6. Other sources

If you receive income from a different source not mentioned above, please provide the following details, as applicable:

Source	Income amount	Frequency	Total annual income
Rental income			
Investment income			
Other			

If appropriate, please provide additional information (for example, how and when the wealth was generated):

Further information may be required at the discretion of Utmost PanEurope.

7. Applications made by a company

Is the company providing the Premium the same as the Applicant:

Yes ☐ No ☐

If no, please contact Utmost PanEurope.

Company details

Company industry: _____

Company average annual profit for the last 5 years: _____

Number of years the company has been active: _____

Beneficial owner's details

Please provide the details of the individual beneficial owners of the company who have a shareholding of more than 25%⁹ or, in absence, the details of senior managing officials:

Full name	Date and place of birth	Address	Country of residence	Position in company for example, CEO

Please be advised that each beneficial owner will need to provide Utmost PanEurope with original certified copies of their identification and proof of address.

Further information may be required at the discretion of Utmost PanEurope.

⁹ Note that a holding of 25% plus one share triggers a disclosure.

The undersigned Applicant or beneficial owner/settlor, as appropriate, hereby declares in respect of himself that:

- a) the information provided with the application form is true, correct and complete; and
- b) the wealth used in order to pay the premium arises from legitimate sources.

(Print name):

(Print name):

Signature of first Applicant or beneficial owner/settlor

Signature of second Applicant or beneficial owner/
settlor, if any

Date:

Date:

The undersigned person having carried out the AML checks hereby declares, under his/her own responsibility:

- 1. to have personally carried out the AML checks on the client/beneficial owner/settlor in accordance with all laws and regulations applicable;
- 2. to have correctly fulfilled the AML obligations in accordance with all laws and regulations applicable;
- 3. in light of the outcome of the verification and identification of the Applicant in accordance with any applicable laws (including any AML provisions), not to be aware of any information that could trigger any suspicion that the wealth used in order to pay the premium arises and/or results from money laundering or any illegitimate sources and there is no information hi/she considers should be highlighted to Utmost PanEurope.

Signature of the intermediary

Date:

24 PRODUCT FIT ASSESSMENT

- What percentage of the total value of your net liquid assets (all financial instruments excluding real estate, precious metals and net of loans) do you plan to invest?

More than 75%	<input type="checkbox"/>	Between 50% and 75%	<input type="checkbox"/>
Between 25% and 50%	<input type="checkbox"/>	Less than 25%	<input type="checkbox"/>
- What probability is there that you will have to fully surrender the Policy in the 3 years following the beginning of the agreement?

High (more than 50%)	<input type="checkbox"/>	Medium (20% to 50%)	<input type="checkbox"/>
Low (less than 20%)	<input type="checkbox"/>		
- How willing are you to take risks (and affect the possible return on the investment as a consequence) in relation to the Policy proposed?

NONE: I am not prepared to accept any fluctuations in the value of my investment	<input type="checkbox"/>
SOME: I am prepared to accept some fluctuations in the value of my investment in the short term.	<input type="checkbox"/>

25 INTERNATIONAL TAX COMPLIANCE SELF-CERTIFICATION

Utmost PanEurope is required by Irish law to ask the Policyholder for tax related information. Utmost PanEurope may be required to pass on this information to The Office of the Revenue Commissioners in Ireland.

This section incorporates the requirements of:

- the US Foreign Account Tax Compliance Act (FATCA) based on the Intergovernmental Agreement signed on 21 December, 2012 between the US Government and the Irish Government.
- the Standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard (CRS), as implemented in Irish law.

If you have any questions, on how to complete this section, Utmost PanEurope recommends that you speak to your tax or legal adviser.

Please complete all sections

Individuals

First Applicant

Country of tax residence¹⁰: _____

Taxpayer Identification Number (TIN): _____

Citizen of the United States: Yes ☐ No ☐

If yes, US Federal TIN: _____

Second Applicant (if any)

Country of tax residence¹⁰: _____

Taxpayer Identification Number (TIN): _____

Citizen of the United States: Yes ☐ No ☐

If yes, US Federal TIN: _____

¹⁰ If you are tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN.

Corporations

Country of incorporation or organisation: _____

Country of tax residence¹¹: _____

Tax Identification Number (TIN): _____

All entities must complete part 1 and 2.

Part 1: Foreign Account Tax Compliance Act (FATCA)

Is the entity a Foreign Financial Institution? Yes ☐ No ☐

If yes, please state your Global Intermediary Identification Number (GIIN):

- - -

If you do not hold a GIIN but are sponsored by another entity, please provide your sponsor's GIIN:

- - -

If the entity is a Foreign Financial Institution but does not hold a GIIN or sponsor GIIN, the entity will be classified as a Non-Participating Foreign Financial Institution (NPFFI).

If no, is the entity classified as an **Active** Non-Financial Foreign Entity (NFFE)? Yes ☐ No ☐

If the entity is not a Foreign Financial Institution or Active NFFE, the entity will be classified as a **Passive** NFFE and **part 3 must be completed**.

Part 2: Common Reporting Standard (CRS)

a. Is the entity a Financial Institution? Yes ☐ No ☐

If yes, and the Financial Institution is an Investment Entity located in a non-participating jurisdiction and managed by another Financial Institution, **part 3 must be completed**.

Please tick the box if this applies and continue to part 3. ☐

If no, is the entity excluded from reporting under CRS? Yes ☐ No ☐

b. If the answer is no to question a, is the entity classified as an **Active** Non-Financial Entity (NFE)? Yes ☐ No ☐

If the entity is not a Financial Institution or Active NFE, the entity will be classified as a **Passive** NFE and **part 3 must be completed**.

¹¹ If the entity is tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN. If not tax resident in any country, please provide the country of effective management or principal office location.

Part 3: Controlling Persons

Where required and as indicated by your previous answers, please provide details on all Controlling Persons identified as part of anti-money laundering and know your customer processes. If there are more than two Controlling Persons, please use a separate sheet to provide the required information.

First Controlling Person

Name: _____

Date of birth: _____

Current residential address¹²: _____

Country of tax residence: _____

Taxpayer Identification Number (TIN): _____

Citizen of the United States: Yes ☐ No ☐

If yes, US Federal TIN: _____

Second Controlling Person (if any)

Name: _____

Date of birth: _____

Current residential address¹²: _____

Country of tax residence: _____

Taxpayer Identification Number (TIN): _____

Citizen of the United States: Yes ☐ No ☐

If yes, US Federal TIN: _____

By signing this application booklet, I confirm that:

- I acknowledge that the information contained in this section and information regarding my Plan may be shared with The Office of the Revenue Commissioners in Ireland and exchanged with the tax authorities of another country or countries as required under intergovernmental agreements.
- I agree to inform Utmost PanEurope within 30 days of a change in circumstances that causes any information on this form to become incorrect by the completion of an International Tax Compliance Self Certification form.
- I declare that I have examined the information in this section and to the best of my knowledge and belief, it is true, correct and complete.

Please note that the Key Information Document, each Specific Information Document and Key Features Illustration provided to you should match the Investment details in this Application Booklet. If there have been any changes, please ask your Intermediary for an updated and Specific Information Document. A copy of the, Key Information Document and Specific Information Document(s) will also be provided with your Welcome Pack.

Signature of the first Applicant:

Date:

Signature of the second Applicant (if any):

Date:

¹² If you are tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN.

26 KEY INFORMATION DOCUMENT CONFIRMATIONS

I confirm that I have received the Key Information Document for the Policy and the Specific Information Document for each Discretionary Investment Strategy selected in good time before submitting this application.

I have read and understood the characteristics and the risks associated with my decision to invest.

I understand that I may lose all the amount invested.

I confirm that I have received the Key Information Document and each Specific Information Document in paper format unless I requested that they be provided to me by email instead.

I understand that I can view the most up to date version of the Key Information Document and the Specific Information Document at any time at utmost.ie.

Signature of the first Applicant:

Signature of the second Applicant (if any):

Date:

Date:

Signature of the Applicant's spouse is required below, if the Applicant and the spouse are subject to the joint marital regime and the spouse is not an Applicant:

Signature of spouse:

Date:

27 INTRODUCER SECTION

Introducer name: _____

Address of Introducer: _____

CONTACT US

To find out more about Private Wealth Portfolio, please contact us.



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Please note that emails are not secure as they can be intercepted, so think carefully before sharing personal or confidential information in this way.

Telephone calls may be recorded.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland.

Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

Utmost PanEurope dac is duly registered for the pursuit of the life insurance business in Portugal on a freedom to provide services basis, and is duly registered for such purposes with the Portuguese Insurance Supervisory Authority (Autoridade de Supervisão de Seguros e Fundos de Pensões or 'ASF') under the number 4693.

UPE_WS 04650 | 02/24