

### IMPORTANT NOTES

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 words and phrases are defined terms or section titles (as described in the Product Technical Brochure).

Once complete, please send this form and any supporting documents to the following address:

**Utmost Worldwide Limited, PO Box 613, St Peter Port, Guernsey, Channel Islands GY1 4PA.**

### BEFORE YOU BEGIN

Before you complete your Application, you must review our Offering Documents with your Financial Adviser. The Offering Documents are provided to help you understand the product and to ensure that it will meet your needs. The Offering Documents applicable to a FOCUS Life Plan consist of the 'Key Features Document', 'Product Technical Brochure', 'Plan Investments Brochure' and your personalised illustration (the 'Offering Documents'). Additionally, you should review the Terms and Conditions applicable to a FOCUS Life Plan on our Website at the following link: [utmostinternational.com/wealth-solutions/our-wealth-solutions/our-solutions-rest-of-world/](http://utmostinternational.com/wealth-solutions/our-wealth-solutions/our-solutions-rest-of-world/)

## COMPLETING THIS APPLICATION BOOKLET

You should carefully read the Offering Documents and raise any questions you may have with your Financial Adviser.

This booklet contains the following sections:

| PAGE  | SECTION                         | REQUIREMENT            | TICK SECTION COMPLETED   |
|-------|---------------------------------|------------------------|--------------------------|
| 3     | A – Applicant(s)                | Mandatory              | <input type="checkbox"/> |
| 3-7   | B – First Applicant             | Mandatory              | <input type="checkbox"/> |
| 8-12  | C – Second Applicant            | Optional               | <input type="checkbox"/> |
| 13    | D – Your Commitment             | Mandatory              | <input type="checkbox"/> |
| 13-14 | E – Your Premium Payments       | Mandatory              | <input type="checkbox"/> |
| 15-16 | F – Investment Details          | Mandatory              | <input type="checkbox"/> |
| 16    | G – Adviser Fees                | Mandatory              | <input type="checkbox"/> |
| 17-20 | H – Life Cover Options          | Mandatory              | <input type="checkbox"/> |
| 21    | I – Nomination Of Beneficiaries | Optional               | <input type="checkbox"/> |
| 22-23 | J – Applicant Declarations      | Mandatory              | <input type="checkbox"/> |
| 24-25 | K – Financial Adviser Section   | Mandatory <sup>1</sup> | <input type="checkbox"/> |

Ensure that all relevant sections of this Application Booklet are completed before submitting.

<sup>1</sup> Financial adviser to complete.

## INTRODUCTION

This is your 'Application Booklet' ('Application'). Please complete this Application if you wish to apply for a FOCUS Life Plan, a whole-of-life Regular Premium Plan. If we accept your Application, we will issue your Welcome Pack via the Online Service Centre. Your Welcome Pack includes your Plan Schedule, which will confirm your Plan's Commencement Date and details specific to your Plan.

Your Financial Adviser should be able to answer any questions or queries that you have regarding the product or our Offering Documents. If not, you can contact us using the address on the back of this document.

When completing this Application, you should refer to the Product Technical Brochure and the Guidance Note relevant to each section, if and when indicated. When your Application is complete, it should be returned to us via our head office.

We reserve the right to seek further information and/or documentation from you at any time. You must keep us up to date of changes to your personal information and/or contact details.

## INTERPRETATION

References to 'we', 'us' or 'our' mean Utmost Worldwide Limited. References to 'I', 'me', 'my', 'you' or 'your' mean you, the Applicant. We have written this document in the singular, the singular includes the plural and vice versa. Likewise, the masculine includes all other genders.

When completing this Application, please refer to the Product Technical Brochure to ensure you understand each term and its meaning.

## IMPORTANT INFORMATION

### Your Obligations / Providing Information to us

You are responsible for all answers and statements made in this Application. The assurance contract between you, as Planholder, and us, as insurer, will comprise of your Application; Terms and Conditions; Plan Schedule; any relevant statements made by you or other parties associated with your Plan together with any Written Notices or Endorsements issued by us.

You must provide complete and accurate information that is not misleading at all times. You must not omit or conceal any Material Fact. "Material Facts" are facts that an insurer would consider likely to influence their assessment of and decision to accept a contract of life assurance or to make a benefit payment. If you are unsure whether a fact is a Material Fact, disclose it.

If you provide any incomplete, inaccurate or misleading information or fail to disclose any Material Facts, before and/or during the life of the Plan, this could result in us quoting wrong terms, rejecting, repudiating or reducing a claim or considering the Plan invalid.

### Before you Apply for FOCUS

You should not purchase a Plan and/or select Plan Investments until you understand them and their suitability has been explained to you. The final decision on whether to purchase a Plan is yours.

### Obligations of Financial Adviser

Your Financial Adviser must take into account all of your circumstances when recommending this product to you and satisfy any queries that you may have in relation to the product.

In particular, your Financial Adviser must explain all of the key features of this product, including the fees, to ensure that you understand why the product is suitable for you.

In addition, your Financial Adviser should review your completed information and advise you regarding the declarations, set out on page 22, prior to obtaining your signature.

**You should get specialist legal and tax advice from a qualified professional adviser regarding this Plan. You must ensure that you are eligible to hold a Plan under the laws of any jurisdiction that applies to you and, if applicable, that you can legally take out a contract of life assurance on any person named as a life assured.**

## APPLICANT SECTION

You are applying for a FOCUS Plan. This is a Regular Premium investment-linked whole-of-life assurance Plan. Your Plan will consist of 100 separate but identical Segments. You can insure your own life and/or the lives of others in respect of whom you can legally take out a contract of life assurance. You can name a maximum of four lives assured.

### YOUR COMMITMENT

When you send us your Application, you are confirming that you commit to:

- › provide complete and accurate information that is not misleading at all times;
- › pay your Committed Premium for the duration of your Commitment Period;
- › update us immediately if your personal circumstances change; and
- › comply with all Terms and Conditions of your Plan.



**If you reduce your Regular Premium amount and/or cease or miss payments, there will be no corresponding reduction in fees and you will lose your entitlement to your Commitment Reward.**

### A APPLICANT(S)

**MANDATORY**

An individual must be at least 18 years, of age, to be eligible to purchase a Plan.

We allow a maximum of two Planholders. Where there are two Planholders, you will own your Plan as joint-owners. Where a Plan is jointly-owned, both Planholders are jointly and severally responsible for complying with the Terms and Conditions of your Plan.

Following the death of a joint-owner, the surviving Planholder is the sole legal owner of the Plan.

Please confirm the number of Applicants that you wish to become Planholders:

☐ One ☐ Two



**You should not purchase a Plan and/or select Plan Investments until you understand them and their suitability has been explained to you by your Financial Adviser.**

**Each Applicant must provide their personal information and verify their identity and residential address. To verify your identity and residential address you must send us up to date documentation. Important information regarding verification of your identity and residential address is set out in Section A of the Guidance Notes located at the end of this document.**

### B FIRST APPLICANT

**MANDATORY**

#### PERSONAL DETAILS

|  |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|
| 1 Family name:                             | <input type="text"/>  |   |   |   |   |   |   |   |   |
| 2 Given name(s):                           | <input type="text"/>  |   |   |   |   |   |   |   |   |
| 3 Gender:                                  | <input type="checkbox"/> Male <input type="checkbox"/> Female   |   |   |   |   |   |   |   |   |
| 4 Date of birth<br>(minimum 18 years old): | <table><tbody><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></tbody></table> | d | d | m | m | y | y | y | y |
| d  | d   | m | m | y | y | y | y |   |   |
| 5 City / town of birth:                    | <input type="text"/>  |   |   |   |   |   |   |   |   |
| 6 Country of birth:                        | <input type="text"/>  |   |   |   |   |   |   |   |   |

|  |   |
|--|---|
| <b>7</b> Nationality:  | <div></div>   |
| <b>8</b> If you are of dual nationality, please confirm your other nationalities:                  | <div></div> <div></div>   |
| <b>9</b> Marital status:   | <div></div>   |
| <b>10</b> Confirm any other officially documented name / alias relevant to you (e.g. maiden name): | <div></div> <div></div> <div></div>                                 |
| <b>11</b> Do you hold or have you held any public position?  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| If Yes, please provide details:  | <div></div> <div></div>   |
| <b>12</b> Has anyone in your immediate family held any public position?                            | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| If Yes, please provide details:  | <div></div> <div></div>   |
| <b>13</b> Permanent residential address <sup>2</sup> :   | <div></div> <div></div> <div></div>                                 |
| <b>14</b> In the past 18 months, have you permanently resided anywhere else?                       | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| If Yes, please provide details:  | <div></div> <div></div>   |
| <b>15</b> Do you already hold any other Plans with us?   | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| If Yes, please advise us of your Plan number(s):   | <div></div> <div></div>   |
| <b>16</b> Do you want to be a life assured?  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <b>17</b> Would you like us to contact you for marketing or promotional purposes?                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

<sup>2</sup> This is the address in the jurisdiction in which the individual pays tax or claims to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the jurisdiction in which the individual normally resides.

## FIRST APPLICANT CONTACT DETAILS



We will communicate with you by e-mail and via our Online Service Centre. However, we may be required to contact you through a different method at certain times. You should ensure that your contact information is secure. If you change your contact information, you must notify us immediately.

|                                   |  |
|-----------------------------------|--|
| 1 Secure personal e-mail address: | <input type="text"/><br><input type="text"/>                         |
| 2 Postal address:                 | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 3 Landline telephone:             | <input type="text"/>   |
| 4 Mobile telephone:               | <input type="text"/>   |

## FIRST APPLICANT SELF-CERTIFICATION OF CITIZENSHIP / NATIONALITY AND TAX RESIDENCY

Please tick the boxes that apply to you and complete ALL information requested below:

1 I am a citizen / national of the United States<sup>3</sup>: ☐ Yes ☐ No

If Yes, please state your US Federal Taxpayer Identification Number ('TIN'):

and / or

2 I am a citizen of another jurisdiction: ☐ Yes ☐ No

If Yes, please state your countries of citizenship / nationality:

- 3 Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident and state your TIN or equivalent tax reference number for each jurisdiction. If there are additional jurisdictions to disclose, please specify these on a separate sheet together with the relevant TIN.

|                 |                      |        |                      |
|-----------------|----------------------|--------|----------------------|
| Jurisdiction 1: | <input type="text"/> | TIN 1: | <input type="text"/> |
| Jurisdiction 2: | <input type="text"/> | TIN 2: | <input type="text"/> |
| Jurisdiction 3: | <input type="text"/> | TIN 3: | <input type="text"/> |

Utmost Worldwide Limited may need additional documentation (e.g. for US citizens, submission of IRS forms W-8 or W-9 may be necessary) to support your answers in the self-certification above. Utmost Worldwide Limited or your Financial Adviser will inform you if any additional documentation is required.

<sup>3</sup> If you are unsure of your citizenship and/or jurisdiction(s) of tax residency, you should seek professional advice.

## FIRST APPLICANT SOURCE OF FUNDS QUESTIONNAIRE

## BANK DETAILS

Please provide details of the bank account from which your Premiums will be paid. If you are paying Premiums by credit or debit card, please provide details of your primary bank account.

|   |  |
|---|--|
| 1 Bank name:                                  | <input type="text"/>   |
| 2 Bank address:                               | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 3 Account name:                               | <input type="text"/>   |
| 4 Account number:                             | <input type="text"/>   |
| 5 Sort code:                                  | <input type="text"/>   |
| 6 Swift / BIC code:                           | <input type="text"/>   |
| 7 International Bank Account Number ('IBAN'): | <input type="text"/>   |
| 8 How long have you held this account?        | <input type="text"/>   |

## FIRST APPLICANT EMPLOYMENT DETAILS

Please confirm:

9 Your current employment status: ☐ Employed ☐ Self-employed / Business owner ☐ Retired ☐ Other

|   |  |
|---|--|
| 10 Your occupation (If retired, please state former occupation. If other, please explain):  | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 11 The nature of your employment and the position held:   | <input type="text"/><br><input type="text"/>                         |
| 12 Length of service with current employer / business:  | <input type="text"/>   |
| 13 If less than 18 months, please give previous employment details:   | <input type="text"/><br><input type="text"/>                         |
| 14 If you are Self-employed / Business owner, state percentage of business owned (please provide proof by way of supporting documentation): | <input type="text"/>   |
| 15 Name and address of employer / business:   | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 16 Employer's / business website address:   | <input type="text"/>   |

## FIRST APPLICANT INCOME DETAILS

**17** Please confirm the source of your annual income using the options below:

| Sources   | Tick box                 | Currency             | Amount               |
|---|--------------------------|----------------------|----------------------|
| Annual income   | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Bonus income  | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Rental income   | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Investment income   | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Pension income  | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Benefits in kind (e.g. housing allowance, education, etc.):   | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Other income sources (please specify):<br><div style="border: 1px solid black; height: 60px; width: 350px; margin-top: 5px;"></div> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <b>Total annual income</b>  |                          | <input type="text"/> | <input type="text"/> |

## FIRST APPLICANT SOURCE OF WEALTH

**18** Please confirm your estimated net worth:

**19** Please list the key parts making up your net worth:

**20** Will you pay your Premium using your annual income? ☐ Yes ☐ No

**21** If No, please confirm the sources of wealth that you will use to pay your Committed Premium:

Gift or inheritance from a third-party (this includes from your spouse)? ☐ Yes ☐ No

The disposal of a business or other asset? ☐ Yes ☐ No

Other? ☐ Yes ☐ No

If Yes to any of the above, please provide details and provide supporting evidence:

C SECOND APPLICANT

OPTIONAL

PERSONAL DETAILS (IF APPLICABLE)

|    |   |   |
|----|---|---|
| 1  | Family name:  | <input type="text"/>  |
| 2  | Given name(s):  | <input type="text"/>  |
| 3  | Gender:   | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| 4  | Date of birth<br>(minimum 18 years old):  | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y |
| 5  | City / town of birth:   | <input type="text"/>  |
| 6  | Country of birth:   | <input type="text"/>  |
| 7  | Nationality:  | <input type="text"/>  |
| 8  | If you are of dual nationality,<br>please confirm your other<br>nationalities:                    | <input type="text"/><br><input type="text"/><br><input type="text"/>  |
| 9  | Marital status:   | <input type="text"/>  |
| 10 | Confirm any other officially<br>documented name /<br>alias relevant to you<br>(e.g. maiden name): | <input type="text"/><br><input type="text"/><br><input type="text"/>  |
| 11 | Do you hold or have you<br>held any public position?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|    | If Yes, please provide details:   | <input type="text"/><br><input type="text"/>  |
| 12 | Has anyone in your<br>immediate family held<br>any public position?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|    | If Yes, please provide details:   | <input type="text"/><br><input type="text"/>  |
| 13 | Permanent residential<br>address <sup>4</sup> :   | <input type="text"/><br><input type="text"/><br><input type="text"/>  |
| 14 | In the past 18 months, have<br>you permanently resided<br>anywhere else?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|    | If Yes, please provide details:   | <input type="text"/>  |
| 15 | Do you already hold any<br>other Plans with us?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

<sup>4</sup> This is the address in the jurisdiction in which the individual pays tax or claims to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the jurisdiction in which the individual normally resides.



If Yes, please advise us of  
your Plan number(s):

16 Do you want to be a  
life assured?

☐ Yes

☐ No

17 Would you like us to contact  
you for marketing or  
promotional purposes?

☐ Yes

☐ No

SECOND APPLICANT CONTACT DETAILS (IF APPLICABLE)



We will communicate with you by e-mail and via our Online Service Centre. However, we may be required to contact you through a different method at certain times. You should ensure that your contact information is secure. If you change your contact information, you must notify us immediately.

1 Secure personal e-mail  
address:

2 Postal address:

3 Landline telephone:

4 Mobile telephone:

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**SECOND APPLICANT SELF-CERTIFICATION OF CITIZENSHIP / NATIONALITY  
AND TAX RESIDENCY (IF APPLICABLE)**

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Please tick the boxes that apply to you and complete ALL information requested below:

- 1** I am a citizen / national of the United States<sup>5</sup>: ☐ Yes ☐ No

If Yes, please state your  
US Federal Taxpayer  
Identification Number ('TIN'):

and / or

- 2** I am a citizen of another jurisdiction: ☐ Yes ☐ No

If Yes, please state your  
countries of citizenship /  
nationality:


- 3** Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident and state your TIN or equivalent tax reference number for each jurisdiction. If there are additional jurisdictions to disclose, please specify these on a separate sheet together with the relevant TIN.

Jurisdiction 1:

TIN 1:

Jurisdiction 2:

TIN 2:

Jurisdiction 3:

TIN 3:



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Utmost Worldwide Limited may need additional documentation (e.g. for US citizens, submission of IRS forms W-8 or W-9 may be necessary) to support your answers in the self-certification above. Utmost Worldwide Limited or your Financial Adviser will inform you if any additional documentation is required.

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<sup>5</sup> If you are unsure of your citizenship and/or jurisdiction(s) of tax residency, you should seek professional advice.

## SECOND APPLICANT SOURCE OF FUNDS QUESTIONNAIRE (IF APPLICABLE)

## BANK DETAILS

Please provide details of the bank account from which your Premiums will be paid. If you are paying Premiums by credit or debit card, please provide details of your primary bank account.

|   |  |
|---|--|
| 1 Bank name:                                  | <input type="text"/>   |
| 2 Bank address:                               | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 3 Account name:                               | <input type="text"/>   |
| 4 Account number:                             | <input type="text"/>   |
| 5 Sort code:                                  | <input type="text"/>   |
| 6 Swift / BIC code:                           | <input type="text"/>   |
| 7 International Bank Account Number ('IBAN'): | <input type="text"/>   |
| 8 How long have you held this account?        | <input type="text"/>   |

## SECOND APPLICANT EMPLOYMENT DETAILS (IF APPLICABLE)

Please confirm:

9 Your current employment status: ☐ Employed ☐ Self-employed / Business owner ☐ Retired ☐ Other

|   |  |
|---|--|
| 10 Your occupation (If retired, please state former occupation. If other, please explain):  | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 11 The nature of your employment and the position held:   | <input type="text"/><br><input type="text"/>                         |
| 12 Length of service with current employer / business:  | <input type="text"/>   |
| 13 If less than 18 months, please give previous employment details:   | <input type="text"/><br><input type="text"/>                         |
| 14 If you are Self-employed / Business owner, state percentage of business owned (please provide proof by way of supporting documentation): | <input type="text"/>   |
| 15 Name and address of employer / business:   | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 16 Employer's / business website address:   | <input type="text"/>   |

## SECOND APPLICANT INCOME DETAILS (IF APPLICABLE)

17 Please confirm the source of your annual income using the options below:

| Sources   | Tick box                 | Currency             | Amount               |
|---|--------------------------|----------------------|----------------------|
| Annual income   | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Bonus income  | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Rental income   | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Investment income   | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Pension income  | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Benefits in kind (e.g. housing allowance, education, etc.): | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Other income sources (please specify):                      | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
|   |                          |                      |                      |
| <b>Total annual income</b>                                  |                          | <input type="text"/> | <input type="text"/> |

## SECOND APPLICANT SOURCE OF WEALTH (IF APPLICABLE)

18 Please confirm your estimated net worth:

19 Please list the key parts making up your net worth:

|  |
|--|
|  |
|  |
|  |

20 Will you pay your Premium using your annual income? ☐ Yes ☐ No

If No, please confirm the sources of wealth that you will use to pay your Committed Premium:

|  |
|--|
|  |
|  |
|  |

Gift or inheritance from a third-party (this includes from your spouse)? ☐ Yes ☐ No

The disposal of a business or other asset? ☐ Yes ☐ No

Other? ☐ Yes ☐ No

If Yes to any of the above, please provide details and provide supporting evidence:

|  |
|--|
|  |
|  |
|  |

## D YOUR COMMITMENT

## MANDATORY

Your Commitment Period is the number of years that you wish to commit to pay Regular Premiums. You can choose a Commitment Period from a minimum of 5 years up to a maximum of 15 years. Your selection may be limited with respect to your own age or that of a proposed life assured. Please see Section D of the Guidance Notes for more information. Regular Premium payments are payable on Due Dates throughout the Commitment Period.

- 1 Please select your required Commitment Period in years:

## E YOUR PREMIUM PAYMENTS

## MANDATORY



**You should be confident that you will be able to maintain Regular Premium payments at the level that you select in this section. If you break your commitment by surrendering your Plan during the Commitment Period or by making a withdrawal, you remain liable for certain fees (as described in your personalised illustration), due up to the end of your Commitment Period. In addition, you will lose or reduce your Commitment Reward entitlement.**

**Details of the minimum Premiums acceptable are set out in Section E of the Guidance Notes located at the end of this document.**

- 1 Please select your required Plan Currency: ☐ US Dollar ☐ Euro ☐ Pound Sterling ☐ Hong Kong Dollar  
☐ Singapore Dollar ☐ Japanese Yen ☐ Australian Dollar
- 2 Please select the Regular Premium amount that you wish to pay in your Plan Currency:
- 3 Please select how often you wish to pay this amount: ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually



**You are responsible for your Premium payments. You must be the account or card holder, as applicable. We will not accept Premium payments from third-parties. Important information regarding each payment method is set out in Section E of the Guidance Notes located at the end of this document.**

## PAYMENT METHOD

- 1 Please select your Regular Premium payment method: ☐ Standing order ☐ Credit card  
☐ Debit card ☐ Electronic transfer
- 2 If you wish to pay an additional Single Premium, please state the amount that you wish to pay in your selected Plan Currency: (Any optional Single Premium must be paid by electronic transfer and will be processed after Plan Commencement).

## PAYMENT BY STANDING ORDER/ELECTRONIC TRANSFER

If you wish to pay your Regular Premium by standing order, or an optional Single Premium by electronic transfer, please provide our payment details to your bank. Please ensure that your name and Plan number are quoted in 'Remittance Information / Payment Reference' or we may not be able to determine that your payment has been made. Our payment details are specific to your chosen Plan Currency. The payment details for each Plan Currency are specified at Section E of the Guidance Notes located at the end of this document.

## PAYMENT BY CARD



**A Card Payment Fee will apply to card payments. Card Payment Fees are described in your personalised illustration. You can update your card details directly when you are registered on our 'Online Service Centre'. Where the card currency differs from the Plan Currency, we may convert the Regular Premium due using a commercial rate of exchange. The rate of exchange includes a Foreign Exchange Fee that we apply for carrying out a currency conversion on your behalf.**

- 1 Payment card type: ☐ Visa Credit ☐ Visa Debit ☐ Visa Electron  
☐ MasterCard Credit ☐ International Maestro
- 2 Cardholder name:
- 3 Card number:
- 4 Card expiry date:  m  m  y  y

Your Regular Premium as set out in the section 'Your Commitment' will be automatically collected. Collection will occur approximately 48 hours in advance of the Commencement Date and each subsequent Due Date.

F INVESTMENT DETAILS

MANDATORY



The investment risk is borne entirely by you. You are responsible for your own investment decisions. You should carefully read and understand the prospectus and/or offering documents of the Utmost Investments corresponding to your selected Plan Investments. We do not provide investment advice. We recommend that you engage a suitably qualified and regulated professional Financial Adviser to advise you on the suitability of your chosen Plan Investments or, if selected, your Utmost Worldwide Investment Strategy. If you select the Utmost Worldwide Investment Service and choose an Investment Strategy in a currency that is not your Plan Currency, you may increase currency risk and incur additional currency exchange costs.

Before completing this section, please review Section F of the Guidance Notes located at the end of this document. Please pay particular attention to 'Important Information: Your Choice of Plan Investment'.

Please select one of the following options:

**Option 1:** Appoint a third-party to direct investments under your Plan

☐

You should request and complete the forms necessary to appoint a third-party.

**Option 2:** Selecting your own investments from our 'Plan Investments Brochure'

☐

Please select up to ten Plan Investments and confirm each Plan Investment currency. In addition, select the percentage of each Regular Premium and the Single Premium (if applicable) that we should allocate to the selected Plan Investments.

| Plan Investments | Currency | % of Regular Premium to be allocated | % of Single Premium to be allocated |
|------------------|----------|--------------------------------------|-------------------------------------|
|                  |          |                                      |                                     |
|                  |          |                                      |                                     |
|                  |          |                                      |                                     |
|                  |          |                                      |                                     |
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|                  |          |                                      |                                     |
|                  |          |                                      |                                     |
|                  |          |                                      |                                     |
|                  |          |                                      |                                     |
|                  |          |                                      |                                     |
| Total            |          | 100%                                 | 100%                                |

Option 3: Utmost Worldwide Investment Service ☐

Please confirm your chosen Investment Strategy and currency (tick one option only):

Cautious Strategy: ☐ US Dollar ☐ Euro ☐ Pound Sterling

Balanced Strategy: ☐ US Dollar ☐ Euro ☐ Pound Sterling

Dynamic Strategy: ☐ US Dollar ☐ Euro ☐ Pound Sterling

G ADVISER FEES

MANDATORY



The fees below, if applicable, are agreed between you and your Financial Adviser.

The combined rate of the Insurance Adviser Fee, Investment Adviser Fee and any elective or third-party investment service fee are subject to an overall maximum of 1% p.a. of the value of Plan Units.

| Fee                    | % p.a.               |
|------------------------|----------------------|
| Insurance Adviser Fee  | <input type="text"/> |
| Investment Adviser Fee | <input type="text"/> |



## H LIFE COVER OPTIONS

## MANDATORY



Important information regarding your life cover options is set out in Section H of the Guidance Notes located at the end of this document.

- 1 Please confirm the total number of lives assured for your Plan: (maximum four)
- 2 If you wish to add more than two lives assured, please complete this section on an additional sheet(s) and attach securely to this application. If you have attached additional sheet(s), please tick this box: ☐

## LIFE COVER BASIS

You must select your life cover basis. Your life cover basis determines when the Relevant Death occurs. The Relevant Death is the death of the life assured allowing a claim for the Death Benefit to be made. Please select from one of the following options:

| Life Cover Basis                                      | Relevant Death                           |
|---|--|
| SINGLE LIFE <input type="checkbox"/>                  | Death of the life assured                |
| MULTIPLE LIVES FIRST DEATH <input type="checkbox"/>   | Earliest death of a life assured         |
| MULTIPLE LIVES LAST SURVIVOR <input type="checkbox"/> | Death of the last surviving life assured |

## LIFE ASSURED DETAILS



Please skip this section if the Applicants in Sections B and C are the only lives assured. If you require additional lives assured, do complete this section.

Other than an Applicant life assured, each additional life assured, or their legal guardian, must provide life assured details below and confirm the details by signature. Further important information regarding lives assured is set out in Section G of the Guidance Notes located at the end of this document.

## FIRST LIFE ASSURED PERSONAL DETAILS

- 1 Family name:
- 2 Given name(s):
- 3 Gender: ☐ Male ☐ Female
- 4 Date of birth:
- 5 City / town of birth:
- 6 Country of birth:
- 7 Confirm any other officially documented name / alias relevant to you (e.g. maiden name):

8 Permanent residential address<sup>6</sup>:

9 Have you permanently resided elsewhere within the past 18 months?  
☐ Yes ☐ No

If Yes, please provide details:

10 Occupation and nature of employment (if retired, please state former occupation):

11 Relationship to Applicant:

12 Please tick here to confirm that you have read and understood the 'Data Privacy' section in the Guidance Notes located at the end of this document: ☐

13 Would you like us to contact you for marketing purposes? ☐ Yes ☐ No

Your signature is confirmation that you:

- › agree to be a life assured or provide your agreement as legal guardian for the individual named to be a life assured;
- › provide Utmost Worldwide Limited with consent to use, store and transfer your personal data (or, if legal guardian, personal data of the life assured) for the purposes explained in the personal data section of the Guidance Notes;
- › take responsibility for all answers given and statements made by you in this Application and in any other communication with Utmost Worldwide Limited;
- › declare that, to the best of your knowledge and belief, the information provided in respect of the life assured in this Application is true and complete and that you have not omitted or concealed any Material Fact; and
- › understand that not disclosing a Material Fact or at any time providing incorrect information to Utmost Worldwide Limited, could result in Utmost Worldwide Limited quoting incorrect terms; rejecting, repudiating or reducing a claim; or making the Plan void.

**Signature of life assured or legal guardian:**

**SIGNATURE**

If a legal guardian, please print your full name in BLOCK LETTERS:

Date:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
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|---|---|---|---|---|---|---|---|

<sup>6</sup> This is the address in the jurisdiction in which the individual pays tax or claims to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the jurisdiction in which the individual normally resides.

SECOND LIFE ASSURED PERSONAL DETAILS (IF APPLICABLE)

1 Family name:

2 Given name(s):

3 Gender: ☐ Male ☐ Female

4 Date of birth:

5 City / town of birth:

6 Country of birth:

7 Confirm any other officially documented name / alias relevant to you (e.g. maiden name):

8 Permanent residential address<sup>7</sup>:

9 Have you permanently resided elsewhere within the past 18 months? ☐ Yes ☐ No

If Yes, please provide details:

10 Occupation and nature of employment (if retired, please state former occupation):

11 Relationship to Applicant:

12 Please tick here to confirm that you have read and understood the 'Data Privacy' section in the Guidance Notes located at the end of this document: ☐

13 Would you like us to contact you for marketing purposes? ☐ Yes ☐ No

<sup>7</sup> This is the address in the jurisdiction in which the individual pays tax or claims to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the jurisdiction in which the individual normally resides.

Your signature is confirmation that you:

- › agree to be a life assured or provide your agreement as legal guardian for the individual named to be a life assured;
- › provide Utmost Worldwide Limited with consent to use, store and transfer your personal data (or, if legal guardian, personal data of the life assured) for the purposes explained in the personal data section of the Guidance Notes;
- › take responsibility for all answers given and statements made by you in this Application and in any other communication with Utmost Worldwide Limited;
- › declare that, to the best of your knowledge and belief, the information provided in this Application in respect of the life assured is true and complete and that you have not omitted or concealed any Material Fact; and
- › understand that not disclosing a Material Fact or at any time providing incorrect information to Utmost Worldwide, could result in Utmost Worldwide quoting incorrect terms; rejecting, repudiating or reducing a claim; or making the Plan void.

SIGNATURE

If a legal guardian, please  
print your full name in  
BLOCK LETTERS:

Date:

Signature of life assured or legal guardian:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
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|---|---|---|---|---|---|---|---|

I NOMINATION OF BENEFICIARIES

OPTIONAL



You may nominate one or more Beneficiaries to receive the Death Benefit under your Plan. Important information regarding Beneficiaries is set out in Section I of the Guidance Notes located at the end of this document. It is your responsibility to ensure that any nomination of a Beneficiary will be effective under your law of domicile and/or residence.

|  | First Beneficiary Details   | Second Beneficiary Details (if any)   |
|--|---|---|
| 1 Family name:   | <input type="text"/>  | <input type="text"/>  |
| 2 Given name(s):   | <input type="text"/>  | <input type="text"/>  |
| 3 Other officially documented name / alias (e.g. maiden name): | <input type="text"/>  | <input type="text"/>  |
| 4 Address:   | <input type="text"/><br><input type="text"/><br><input type="text"/>  | <input type="text"/><br><input type="text"/><br><input type="text"/>  |
| 5 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"/> |
| 6 Place of birth:  | <input type="text"/>  | <input type="text"/>  |
| 7 Nationality:   | <input type="text"/>  | <input type="text"/>  |
| 8 Occupation:  | <input type="text"/>  | <input type="text"/>  |
| 9 Public position held:  | <input type="text"/>  | <input type="text"/>  |
| 10 Relationship to Applicant:                                  | <input type="text"/>  | <input type="text"/>  |
| 11 Percentage of benefit:                                      | <input type="text"/>  | <input type="text"/>  |
|  | Third Beneficiary Details (if any)  | Fourth Beneficiary Details (if any)   |
| 1 Family name:   | <input type="text"/>  | <input type="text"/>  |
| 2 Given name(s):   | <input type="text"/>  | <input type="text"/>  |
| 3 Other officially documented name / alias (e.g. maiden name): | <input type="text"/>  | <input type="text"/>  |
| 4 Address:   | <input type="text"/><br><input type="text"/><br><input type="text"/>  | <input type="text"/><br><input type="text"/><br><input type="text"/>  |
| 5 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"/> |
| 6 Place of birth:  | <input type="text"/>  | <input type="text"/>  |
| 7 Nationality:   | <input type="text"/>  | <input type="text"/>  |
| 8 Occupation:  | <input type="text"/>  | <input type="text"/>  |
| 9 Public position held:  | <input type="text"/>  | <input type="text"/>  |
| 10 Relationship to Applicant:                                  | <input type="text"/>  | <input type="text"/>  |
| 11 Percentage of benefit:                                      | <input type="text"/>  | <input type="text"/>  |

## J APPLICANT DECLARATIONS

## MANDATORY



**By signing this Application, you agree to be bound by the terms of these declarations. In the following declarations, 'I' means each Applicant, collectively and individually. Before completing this section, please review the entire Application with your Financial Adviser and ensure that this product is right for you. If so, please confirm that you accept each of the following declarations by signing this Application. If you have any questions, your Financial Adviser will help you.**

## GENERAL

- › I have read the Offering Documents prior to completing this Application. I understand the commitments I am making by entering into this Plan and that I have a right to cancel the Plan during the Cooling-off Period.
- › I understand the features of the Plan. My Financial Adviser has explained its suitability to me and I have been able to ask questions and seek professional legal and tax advice from a qualified Financial Adviser or other professional adviser. I am satisfied with the answers I have received and wish to proceed with my Application.
- › My Financial Adviser has advised me of the consequences of replacing an existing assurance or savings arrangement with this Plan. If applicable, I confirm that I am happy to replace my existing arrangements.

I agree that the law of the Island of Guernsey will govern my Plan and that the courts of Guernsey shall have exclusive jurisdiction to hear any matter arising out of or in connection with my Plan.

## DISTRIBUTION COSTS AND ONGOING FEES

- › I understand and accept that, as a result of my taking out this Plan, Utmost Worldwide will pay commission and adviser fees to my Financial Adviser. Commission will be paid upfront and ongoing commission and adviser fees will be payable while my Plan continues to be in force.  
This is the Distribution Cost of the Plan. The Distribution Cost of my Plan has been disclosed to me within my personalised illustration. I understand the commission payments and adviser fees relevant to me and I have been able to ask my Financial Adviser for further details.
- › I understand that Utmost Worldwide Limited will pay my Financial Adviser additional Distribution Costs in the following circumstances:
  - › if I increase my Regular Premium;
  - › any time I make a Single Premium payment;
  - › if I commit to an additional Commitment Period at or after the end of my current one; and
  - › if I elect to extend my Plan Investment range at or after the end of my Commitment Period.

## PLAN OPERATION

- › I agree that Utmost Worldwide Limited will issue all communications relating to my Plan using the Online Service Centre. I understand that a Manual Processing Fee may apply if I request communications using another method.
- › I instruct Utmost Worldwide Limited to issue any Endorsements, Written Notices or other information applicable to me or my Plan electronically using the Online Service Centre or, if necessary, my registered e-mail address.
- › I will inform Utmost Worldwide Limited within 30 days of a change in my circumstances, including my tax residency and my personal or contact details.

## PLAN UNITS AND UTMOST INVESTMENTS

- › I understand that Utmost Worldwide Limited takes no responsibility for the investment performance of any Plan Investment and that the associated risks are entirely mine. I have sought professional advice to have the suitability and associated risks of each Plan Investment or Investment Strategy, if applicable, explained to me. I am responsible for the choice of Plan Investments, including those within any Investment Strategy, and I wish to proceed with my Application.
- › I understand that I do not have any rights or ownership of the Utmost Investments corresponding to my Plan Investments. I understand that Plan Investments are used solely for the purpose of calculating the value and benefits of my Plan.

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DATA PROTECTION

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- › I consent to Utmost Worldwide Limited processing, storing and transferring my personal data as explained in the 'Data Privacy' section of the Guidance Notes at the end of this document.
- › I confirm that I have obtained the consent of all individuals named in this document to provide their personal data to Utmost Worldwide Limited for use in line with the 'Data Privacy' section of the Guidance Notes at the end of this document. I indemnify Utmost Worldwide Limited against any liability resulting from the use of any of these individuals' personal data.

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LIVES ASSURED

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- › I confirm that I am legally permitted to take out life assurance for each individual I have named as life assured. In addition, I am eligible to hold the Plan under the laws of any jurisdiction applicable to me.

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BENEFICIARIES (IF APPLICABLE)

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- › I confirm that each Beneficiary nomination is valid and effective under the laws of my country of residence. Following the Relevant Death, I request that each nominated Beneficiary(ies) receives the Death Benefit in the proportions that I have specified.
- › I confirm that receipt by the nominated Beneficiaries (or by a parent or guardian of a nominated Beneficiary under 18 years of age or who lacks legal capacity) will discharge Utmost Worldwide Limited's liabilities under the Plan. I understand that Utmost Worldwide Limited is not under any obligation to ensure the proper application of any payment.
- › I undertake that my estate or personal representative will not make any claim in respect of a payment made to a nominated Beneficiary.

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VERIFICATION OF IDENTITY AND SOURCE OF FUNDS

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- › I declare, to the best of my knowledge and belief, that all information provided in the 'Source of Funds Questionnaire' is true, correct and complete.
- › I confirm that the monies used to fund Premiums originate from legitimate activities; I am not a Politically Exposed Person and I am not associated with a Politically Exposed Person.
- › I understand that Utmost Worldwide Limited is required by law to verify the identity and permanent residential address of each Planholder, life assured, Beneficiary and any other party involved in the ownership or control of my Plan.
- › I understand that Utmost Worldwide Limited is required by law to obtain information regarding the source of funds or wealth used to fund the Plan. I agree to provide any information and documentation that Utmost Worldwide Limited may reasonably require, on request and without delay, both at the time of Application and during the life of the Plan. I understand that failure to provide requested information will cause a delay in accepting a Premium or paying a claim.

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ACCURACY OF INFORMATION

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- › I understand that I am responsible for all statements made by me in this Application and provided by me in any other communication between Utmost Worldwide Limited and I. I also understand the implications if I provide information which is incomplete, inaccurate or misleading or if I fail to reveal all Material Facts before and during the life of the Plan.
- › I have reviewed the statements that I have provided in this Application. I confirm that, to the best of my knowledge and belief, they are complete, accurate and not misleading and that I have not omitted or concealed any Material Fact.
- › I declare that the information I have provided in the 'Confirmation of Citizenship / Nationality and Tax Residency' section of this Application is true, complete and correct.
- › I agree to inform Utmost Worldwide Limited of any change in my circumstances between now and the date of issue of my Plan.

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APPLICANT SIGNATURES

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- 1 Please state country where Application is being signed:

**SIGNATURE****First Applicant:****Second Applicant (if any):**

Date:

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

## K FINANCIAL ADVISER SECTION

MANDATORY



**This section is to be completed by the applicant's Financial Adviser. Please complete all relevant sections and provide supporting documentation, as applicable.**

## FINANCIAL ADVISER DETAILS

|   |  |  |
|---|--|--|
| 1 | Company name:                                  | <input type="text"/>   |
| 2 | Address:                                       | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 3 | Financial Adviser name:                        | <input type="text"/>   |
| 4 | Introducer number:                             | <input type="text"/>   |
| 5 | Contact e-mail:                                | <input type="text"/>   |
| 6 | Contact telephone number:                      | <input type="text"/>   |
| 7 | Additional information / special instructions: | <input type="text"/><br><input type="text"/><br><input type="text"/> |

## KNOWLEDGE OF APPLICANT(S)

|   |   |  |
|---|---|--|
| 1 | First Applicant name:   | <input type="text"/>   |
| 2 | How and when were you introduced (specify month and year):                          | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 3 | Please outline the Applicant's reason(s) for applying for this product:             | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 4 | Second Applicant name (if applicable):  | <input type="text"/>   |
| 5 | How and when were you introduced (specify month and year):                          | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 6 | Please outline the Applicant's reason(s) for applying for this product:             | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| 7 | Are there any other parties indirectly involved with this Application, e.g. lender? | <input type="checkbox"/> Yes <input type="checkbox"/> No             |



If Yes, please give details:

|  |
|--|
|  |
|  |
|  |

**8** Are there any concurrent financial proposals for the Applicant(s) being made elsewhere?

☐ Yes ☐ No

If Yes, please give details:

|  |
|--|
|  |
|  |
|  |

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## FINANCIAL ADVISER DECLARATIONS

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- › I declare that, to the best of my knowledge and belief, each Applicant is of good standing and the information provided in or with this Application is true and complete;
- › I confirm and am satisfied that, to the best of my knowledge and belief, the Applicant(s) Premium payments will be sourced from legitimate activities;
- › I confirm that I have duly completed client fact-find forms;
- › I confirm that I have made no changes to this Application following the Applicant(s) signature, by any means; and
- › I confirm that I have seen the original documents required to verify the identity of each Applicant and any life assured. I have checked the name and identity of each and attach a certified copy of these documents for Utmost Worldwide Limited's records.

### SIGNATURE

**Signature of the Financial Adviser<sup>8</sup>:**

|  |
|--|
|  |
|--|

Financial Adviser name,  
please print your full name  
in BLOCK LETTERS:

|  |
|--|
|  |
|  |

Date:

|   |   |   |   |   |   |   |   |
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<sup>8</sup> If the Financial Adviser is not an individual, the individual signing must have the authority of the Financial Adviser.

## GUIDANCE NOTES

### DATA PRIVACY

Utmost Worldwide Limited is registered with the Office of the Data Protection Authority in Guernsey and must comply with the Data Protection (Bailiwick of Guernsey) Law, 2017 (as may be amended).

We collect and use personal data to set up and administer your Plan and to comply with our legal and regulatory obligations. In certain instances, we will collect personal information, including medical or other sensitive personal information relating to you and/or other individuals named in your Plan. We hold all information we collect in line with applicable data protection legislation.

We will share your personal information within our group of companies or to third-party service providers we have engaged to the extent necessary to administer your Plan or to comply with our legal and regulatory obligations.



**You can learn more about your privacy rights by reading our 'Data Privacy Notice' located on our website: [utmostinternational.com/privacy-statements/](https://utmostinternational.com/privacy-statements/)**

## APPLICANT SECTION

### YOUR COMMITMENT

This is your commitment to the Plan. If you break your commitment, for example, by surrendering your Plan or by taking money out during the Commitment Period, you could place your Plan at risk as:

- › certain fees will become payable (as described in your personalised illustration),
- › you will lose or reduce your entitlement to your Commitment Reward and potentially not achieve your intended goal.



**If you reduce your Regular Premium amount and/or cease or miss payments, there will be no corresponding reduction in fees and you will lose your entitlement to your Commitment Reward.**

### SECTION A – APPLICANT(S)

Each Applicant must provide their personal information and verify their identity and residential address. To do this you must send us one document from each of the following classes:

- › **Class one:** certified copy of your passport or national identity card bearing a photograph;
- › **Class two:** an original or a certified copy of a utility bill (electricity, gas, water, rates or property tax bill), a bank statement issued by a regulated bank (other than an online banking statement), a credit card statement issued by a recognised card company or a tax assessment.

Your Financial Adviser can confirm the full list of documents that we will accept as well as provide you with guidance on our document certification requirements.

### SECTION D – YOUR COMMITMENT

#### COMMITMENT PERIOD

This is the number of years you wish to commit to pay Regular Premiums. The minimum Commitment Period is 5 years. The maximum Commitment Period is 15 years. Your Commitment Period must end before the 75th birthday of the youngest Applicant and before the 75th birthday of the relevant life assured, as specified in the table below:

| Life Cover Basis             | Maximum Commitment Period   |
|------------------------------|---|
| Single Life                  | Number of full years to Plan Anniversary before the life assured's 75th birthday          |
| Multiple Lives First Death   | Number of full years to Plan Anniversary before the oldest life assured's 75th birthday   |
| Multiple Lives Last Survivor | Number of full years to Plan Anniversary before the youngest life assured's 75th birthday |

## SECTION E – YOUR PREMIUM PAYMENTS

## YOUR REGULAR PREMIUM

Regular Premium payments are payable on Due Dates throughout the Commitment Period. The minimum Regular Premium depends on your selected Commitment Period, Plan Currency and payment frequency. Use the table below to determine the minimum Regular Premiums that we will accept for your selected Commitment Period, Plan Currency and payment frequency.

| Commitment Period | Monthly  | Quarterly | Half-Yearly | Annually  |
|-------------------|----------|-----------|-------------|-----------|
| US DOLLAR         |          |           |             |           |
| 5 to 9 Years      | 750.00   | 2,250.00  | 4,500.00    | 9,000.00  |
| 10 to 15 Years    | 500.00   | 1,500.00  | 3,000.00    | 6,000.00  |
| EURO              |          |           |             |           |
| 5 to 9 Years      | 675.00   | 2,025.00  | 4,050.00    | 8,100.00  |
| 10 to 15 Years    | 450.00   | 1,350.00  | 2,700.00    | 5,400.00  |
| POUND STERLING    |          |           |             |           |
| 5 to 9 Years      | 562.50   | 1,687.50  | 3,375.00    | 6,750.00  |
| 10 to 15 Years    | 375.00   | 1,125.00  | 2,250.00    | 4,500.00  |
| HONG KONG DOLLAR  |          |           |             |           |
| 5 to 9 Years      | 6,000.00 | 18,000.00 | 36,000.00   | 72,000.00 |
| 10 to 15 Years    | 4,000.00 | 12,000.00 | 24,000.00   | 48,000.00 |
| SINGAPORE DOLLAR  |          |           |             |           |
| 5 to 9 Years      | 1,050.00 | 3,150.00  | 6,300.00    | 12,600.00 |
| 10 to 15 Years    | 700.00   | 2,100.00  | 4,200.00    | 8,400.00  |
| JAPANESE YEN      |          |           |             |           |
| 5 to 9 Years      | 83,250   | 249,750   | 499,500     | 999,000   |
| 10 to 15 Years    | 55,500   | 166,500   | 333,000     | 666,000   |
| AUSTRALIAN DOLLAR |          |           |             |           |
| 5 to 9 Years      | 1,087.50 | 3,262.50  | 6,525.00    | 13,050.00 |
| 10 to 15 Years    | 725.00   | 2,175.00  | 4,350.00    | 8,700.00  |

If you choose to make an additional Single Premium payment at the same time as your Application, please note that a delay will occur between the processing of your first Regular Premium payment and your Single Premium payment. This is because you must be registered formally before a Single Premium payment can be accepted.

The minimum Single Premium amount we will accept from you is as follows:

| Plan Currency          | USD      | EUR      | GBP      | HKD       | SGD      | JPY     | AUD      |
|------------------------|----------|----------|----------|-----------|----------|---------|----------|
| Minimum Single Premium | 2,000.00 | 1,800.00 | 1,500.00 | 16,000.00 | 2,800.00 | 222,000 | 2,900.00 |

## STANDING ORDER / ELECTRONIC TRANSFER

When making a payment, please ensure that your name and Plan number are quoted in the 'Remittance Information / Payment Reference' so that we can confirm that your payment has been made. Below we have set out the payment details for Utmost Worldwide Limited with respect to each Plan Currency.

| Currency | Account Holding Bank  | A/C Number  | Swift Code | IBAN                        | Correspondent Bank   |
|----------|---|-------------|------------|-----------------------------|--|
| USD      | Citibank N.A. Jersey CI   | 411420019   | CITIJESX   | GB53 CITI 1850 2641 1420 01 | Citibank N.A. New York (Swift Code CITIUS33; ABA: 021000089) |
| EUR      | Citibank N.A. London  | 13861309    | CITIGB2L   | GB06 CITI 1850 0813 8613 09 | Citibank Dublin (Swift Code CITIIE2X)                        |
| GBP      | FOR INTERNATIONAL GBP PAYMENTS  |             |            |                             |  |
|          | Citibank N.A. Jersey CI   | 411420043   | CITIJESX   | GB69 CITI 1850 2641 1420 04 | Citibank N.A. London (Swift Code CITIGB2L)                   |
|          | FOR GBP CHAPS PAYMENTS FROM A UK, CHANNEL ISLANDS OR ISLE OF MAN BANK |             |            |                             |  |
|          | Citibank N.A. Jersey CI   | 411420043   | 18 50 26   | GB69 CITI 1850 2641 1420 04 | -  |
| HKD      | Standard Chartered Bank, Hong Kong                                    | 44700290306 | SCBLHKHH   | Branch Code: 447            | -  |
| SGD      | Citibank N.A. Jersey CI   | 411420213   | CITIJESX   | GB95 CITI 1850 2641 1420 21 | Citibank Singapore (Swift Code CITISGSG)                     |
| JPY      | Citibank N.A. Jersey CI   | 411420035   | CITIJESX   | GB96 CITI 1850 2641 1420 03 | Citibank N.A. Japan (Swift Code CITIJPJT)                    |
| AUD      | Citibank N.A. Jersey CI   | 411420221   | CITIJESX   | GB68 CITI 1850 2641 1420 22 | Citibank Australia (Swift Code CITIAU2X)                     |

## CARD PAYMENTS

You can update your card details at any time using our 'Online Service Centre'. A Card Payment Fee will apply to card payments as described in your personalised illustration and the Product Technical Brochure.

## SECTION F – INVESTMENT DETAILS



**You should seek investment advice from a suitably qualified and regulated investment adviser.**

**Option 1: Appoint a third-party to direct investments under your Plan**

You may wish to appoint a third-party to direct investment under your Plan. You should discuss the benefits and risks of doing this with your Financial Adviser. If you chose this option, you should complete the additional forms necessary to appoint a third-party.

**Option 2: Selecting your own Plan Investments**

You can select up to ten Plan Investments. The Plan Investments available to you are outlined in our 'Plan Investments Brochure'. You can obtain a copy of this document from your Financial Adviser. We strongly recommend that you take professional investment advice before making your selection. You can appoint a third-party investment manager to select and manage your Plan Investments on your behalf and you will typically pay a fee for this service. If you want to appoint an investment manager, you must complete our Investment Manager Form.

You must also select the percentage of each Regular Premium that we should allocate to your selected Plan Investments. Please ensure that your Regular Premium allocation instruction totals 100%.

**Option 3: Utmost Worldwide Investment Service**

If you select this option, we will select and manage your Plan Investments in accordance with your selected Investment Strategy. Acting as your asset allocator, we do this by selecting from a number of the Plan Investments available to you. You can select from one of the three Investment Strategies available to you. In addition, you must select the currency for your selected Investment Strategy. Your currency options are US Dollar, Euro or Pound Sterling.

**IMPORTANT INFORMATION: YOUR CHOICE OF PLAN INVESTMENT**

There are no guarantees given regarding the value of your Plan. Its value will fall and rise in line with the performance of your selected Plan Investments and their corresponding Utmost Investments. We determine the Plan's value based on the value we receive when selling the Utmost Investments corresponding to your selected Plan Investments. The value of the entire Plan may be at risk. It may be significantly less than the Premiums you pay and may not be sufficient for your individual needs. Investment involves risk. You are responsible for your investment decisions and you choose any Plan Investments entirely at your own risk.

Risks apply to any investments held directly or indirectly, for example through collective investment schemes or similar vehicles. You should evaluate the risks associated with any Plan Investment you consider selecting. You are responsible for your investment decisions and you choose any Plan Investments entirely at your own risk. These risks include, but are not limited to:



**Investment returns risk:** There are no guarantees given regarding the value of your Plan. The value of any investment as well as the income it produces can vary. This is true whether investments are held directly or indirectly, for example through mutual funds or similar vehicles. Investment returns cannot be guaranteed and past performance is not indicative of future performance. You should be aware that the value of your Plan Investments will fall and rise.

**Investment term risk:** You should not consider the Plan Investments of this Plan as suitable for short-term investment. FOCUS is a whole of life assurance Plan and is designed to be a long term contract. As a result, if you surrender your Plan before the end of your Commitment Period, you increase the risk that your Surrender Value will be significantly less than the Premiums you have contributed and may not be sufficient for your individual needs.

**Exchange Rate Risk:** If a Plan Investment is denominated in a currency other than the Plan Currency, a movement of exchange rates may have an independent effect on the value of your Plan Investments, particularly a movement will affect the gain or loss otherwise experienced by the Plan. The value of your Plan may fall or rise as a result of exchange rate fluctuations.



**Credit / Default Risk:** For reasons that are outside of our control, Utmost Investments can become illiquid or the pricing and/or trading may be suspended. If this occurs, we may not be able to value the corresponding Plan Investments. As a result, we will not allocate or deduct Plan Units or pay out Plan benefits or permit switches of Plan Investments directly corresponding to the affected Utmost Investment(s) during the period of suspension. To allow us to calculate the value of your Plan, we may, at our sole discretion, adjust or estimate the Bid Price on a prudent basis. During the life of the Plan, when the suspension of the Utmost Investment lifts, any value restored will automatically accrue to the Plan.

**Interest rate fluctuation risk:** Although interest is not usually payable on payments due from your Plan, the prices of certain investments have a tendency to be sensitive to interest rate fluctuations. Unexpected fluctuations in interest rates could cause the value of your Plan Investments as well as the income produced to go up or down in value. The value of your Plan may fall or rise as a result of interest rate fluctuations.

**Relevant Death risk:** If your Plan is fully surrendered or terminated (other than during the Cooling-off Period), the Surrender Value of your Plan is based on the proceeds from the sale of the Utmost Investments corresponding to your Plan Investments less all fees accrued. As the Death Benefit is subject to investment risks and market fluctuations, it may be lower than the Premiums that you have contributed and may not be enough to meet your needs or the needs of your Beneficiaries, as applicable.

**Tax rates and concession risk:** Tax rates and concessions may also change and you should take advice in respect to these issues.

**Utmost Worldwide Investment Service risk or third-party investment advisers:** The investment risk associated with each Plan Investment is born entirely by you, even where you engage the Utmost Worldwide Investment Service or another third-party to make investment decisions on your behalf.

The above list is not exhaustive. There may be other risks associated with your Plan and Plan Investments. You should take investment advice from a suitably qualified and regulated investment adviser.

During the life of the Plan, Plan Fees will continue to apply regardless of the performance of the Plan Investments, including during a Take-a-Break period. If you surrender your Plan during your Commitment Period, we will also deduct the total Regular Premium Establishment Fees due to us up to the end of your Commitment Period.

We calculate your Regular Premium Establishment Fee based on the highest level of Committed Premium that you commit to pay. This means that if you increase the level of your Regular Premium payments, there will be a corresponding increase in the Regular Premium Establishment Fee. However, if you reduce the level of your Regular Premium payment, there will be no corresponding reduction in the Regular Premium Establishment Fee.

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## SECTION H – LIFE COVER OPTIONS

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After the Commencement Date of your Plan, you cannot in any circumstance change a named life assured.

We reserve the right to:

- › conduct underwriting procedures prior to the Commencement Date or following changes to your Plan and/or following receipt of any Premium.
- › accept or decline any nominated life assured.
- › seek any information we deem relevant, as determined at our sole discretion.

### LIFE ASSURED

This is the person insured under the Plan and on whose death the Death Benefit may become payable. At the Commencement Date, named lives assured must be living and you must have an insurable interest in the life of each life assured. You can nominate up to four lives assured. You must have an insurable interest in the life of each individual you nominate as life assured. The maximum age of the lives assured is restricted based on your selected life cover basis (see Section D – Your Commitment).

### LIFE COVER BASIS

This dictates the relevant life assured whose death will enable a claim to be made for the Death Benefit.

### DEATH BENEFIT

The Death Benefit is a fixed percentage of the Investment Value. We specify this percentage in your Plan Schedule. The amount of Death Benefit payable will rise and fall in line with the performance of the Plan Investments you have chosen.

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## SECTION I – NOMINATION OF BENEFICIARIES

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- › You can change your Beneficiary nomination and instructions at any time using the Online Service Centre.
- › A Planholder cannot be a Beneficiary of the Plan.
- › Utmost Worldwide Limited may require a signed discharge from any surviving Planholder and/or nominated Beneficiary before payment of the Plan proceeds can be made.
- › Utmost Worldwide Limited is required to verify the identity and permanent residential address of each Beneficiary before the payment of any claim can be completed and no payment will be made to any Beneficiary where their identity cannot be verified satisfactorily.
- › The sum of the percentages of benefit for all nominated Beneficiaries should equal 100%.
- › Where Beneficiaries are alive when the Relevant Death occurs, we will pay the Death Benefit to each Beneficiary in proportion to their nominated share. You will not receive the Death Benefit as a surviving Planholder. If a nominated Beneficiary dies before the Death Benefit under your Plan becomes payable, we will divide that Beneficiary's share of the Death Benefit proportionately between the remaining Beneficiaries.

# CONTACT US

To find out more about FOCUS  
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**utmost**<sup>™</sup>  
WEALTH SOLUTIONS

Utmost Wealth Solutions is the trading  
name used by Utmost Worldwide Limited  
and a number of Utmost companies.

## A WEALTH *of* DIFFERENCE

Utmost Worldwide Limited (No. 27151) also trading as Utmost Wealth Solutions, is incorporated in Guernsey.  
It is authorised and regulated by the Guernsey Financial Services Commission to conduct long term business and general business.

Registered Office: Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Utmost Worldwide Limited also holds a permit issued by the Jersey Financial Services Commission to conduct long term business in Jersey.

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