

PRIVATE WEALTH PORTFOLIO UK

APPLICATION FORM

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

IMPORTANT INFORMATION

Complete this Application Form using black ink 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 Form will have the meaning given to them in the Terms and Conditions.

Once complete, please email a copy of the form to info@utmostwealthsolutions.ie and send the original form and any supporting documents to the following address: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**

BEFORE YOU BEGIN

Before completing this Application Form, please ensure you have read the relevant **Assurance Terms and Conditions, Key Features Illustration, Key Features document** and the **Key Information Document**.

REQUIREMENTS TO COMPLETE AN INTERNAL TRUST REGISTER FORM AND REGISTER ON IRISH CENTRAL REGISTER OF BENEFICIAL OWNERSHIP OF TRUSTS "CRBOT"

If you are placing this policy immediately into trust then, unless your trust is administered in an EU state other than Ireland (the trust is administered in an EU state if the trustees are resident in the EU and the trust is managed there) you will need to complete the separate **Internal Trust Register Form** and send this in with this application form.

Unless your trust is administered in another EU state¹ (outside of Ireland), or has been registered in another EU state¹ (outside of Ireland) due to having a separate business relationship there, you will also need to register the trust on the Irish central register the CRBOT.

PART 1 - TO BE COMPLETED IN ALL CASES

PAGE	SECTION	COMPLETED
2-3	A – Applicant details	<input type="checkbox"/>
3-5	B – Lives assured	<input type="checkbox"/>
5	C – Assurance Policy structure	<input type="checkbox"/>
6	D – Premium details	<input type="checkbox"/>
6-7	E – Discretionary Investment Strategy	<input type="checkbox"/>
8	F – Regular withdrawal - optional	<input type="checkbox"/>
8-9	G – Facilitated adviser charges - optional	<input type="checkbox"/>
9-14	H – Employment and source of funds	<input type="checkbox"/>
14-17	I – Declarations by the applicant	<input type="checkbox"/>
17-18	J – Applicant signature	<input type="checkbox"/>
18-20	K – Intermediary section	<input type="checkbox"/>
21	L – Introducer section	<input type="checkbox"/>

¹ Please note that administration of the trust in the UK and/or registration on the UK's central register (or exemption from registration under the UK's central register) is irrelevant for these purposes following the UK's departure from the EU.


INTERMEDIARY USE ONLY

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

A APPLICATION DETAILS

MANDATORY

	First applicant	Second applicant (if any)
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
4 Do you have a maiden name, a previous name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the other name(s)	<input type="text"/>	<input type="text"/>
5 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
6 Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
7 Correspondence address (if different to above)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
8 Email	<input type="text"/>	<input type="text"/>
9 Telephone number	<input type="text"/>	<input type="text"/>
10 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"/>
11 Place of birth	<input type="text"/>	<input type="text"/>
12 Country of residence	<input type="text"/>	<input type="text"/>
13 Tax identification number	<input type="text"/>	<input type="text"/>
14 Please list all nationalities/ citizenships held.	<input type="text"/>	<input type="text"/>
15 Marital status	<input type="text"/>	<input type="text"/>
16 Is the applicant a US citizen or US resident for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide US Tax Identification number	<input type="text"/>	<input type="text"/>
17 Please indicate if the Applicant is a Life Assured	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Include country code. 

Only complete question 18 or 19 below if you were either born in the US or you are a US citizen and/or resident in the US for tax purposes.

18 I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number (US TIN) is shown in question 16 above.

19 I confirm that I was born in the US (or a US territory) but I am no longer a US citizen.

We will presume that you are not resident in the US for tax purposes if question 18 and 19 is left blank unless there is indicia which contradicts this.

If you have ticked question 19 you must provide your US loss of nationality certificate.

	First applicant	Second applicant (if any)
20 Relationship to first applicant	<input type="text"/>	<input type="text"/>
21 Relationship to the second applicant	<input type="text"/>	<input type="text"/>

B LIVES ASSURED **MANDATORY**

You should only complete this Section if:

- › the lives assured details are different to the applicant details in section A, or
- › you wish to appoint additional lives assured.

	First Life Assured	Second Life Assured (if any)
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/>	<input type="text"/>
4 Does the Life Assured have a maiden name, a previous name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the other name(s)	<input type="text"/>	<input type="text"/>
5 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
6 Address	<input type="text"/>	<input type="text"/>
7 Date of birth	<input type="text"/>	<input type="text"/>
8 Place of birth	<input type="text"/>	<input type="text"/>
9 Please list all nationalities/citizenships held.	<input type="text"/>	<input type="text"/>
10 Marital status	<input type="text"/>	<input type="text"/>

Please see section C for Life Assured age restrictions.

11 Relationship to the first applicant

12 Relationship to the second applicant

Third Life Assured (if any)

Fourth Life Assured (if any)

1 Title (Mr, Mrs, Miss or Other)

2 Surname

3 Forename(s)

4 Do you have a maiden name, a previous name or alias? Yes No Yes No
If "Yes", provide the other name(s)

5 Gender Male Female Male Female

6 Address

7 Date of birth

8 Place of birth

9 Please list all nationalities/citizenships held.

10 Marital status

11 Relationship to the first applicant

12 Relationship to the second applicant

Fifth Life Assured (if any)

Sixth Life Assured (if any)


1 Title (Mr, Mrs, Miss or Other)

2 Surname


3 Forename(s)

4 Do you have a maiden name, a previous name or alias? Yes No Yes No
If "Yes", provide the other name(s)

5 Gender Male Female Male Female


Please see section C for Life Assured age restrictions. 

6 Address	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
7 Date of birth	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
8 Place of birth	<input type="text"/>	<input type="text"/>		
9 Please list all nationalities/ citizenships held.	<input type="text"/>	<input type="text"/>		
10 Marital status	<input type="text"/>	<input type="text"/>		
11 Relationship to the first applicant	<input type="text"/>	<input type="text"/>		
12 Relationship to the second applicant	<input type="text"/>	<input type="text"/>		

Please see section C for Life Assured age restrictions. 

C ASSURANCE POLICY STRUCTURE **MANDATORY**

1 Life Assurance basis	<input type="checkbox"/> Single life	<input type="checkbox"/> Joint life, first death
	<input type="checkbox"/> Joint life, last death	<input type="checkbox"/> Multiple lives, last death
2 Assurance Policy Currency	<input type="checkbox"/> Pound Sterling	<input type="checkbox"/> Euro
	<input type="checkbox"/> US dollar	<input type="checkbox"/> Swiss franc
3 Number of Policies ² (The default number is 1000)	<input type="text"/>	

NOTE: Where the single life option is chosen, the Life Assured must be aged 80 or under at the Assurance Policy Commencement Date. Where the joint life first death option is chosen, then both Lives Assured must be aged 80 or under. Where the joint life last death or multiple lives last death option is chosen, at least one Life Assured must be aged 80 or under. 




D PREMIUM DETAILS **MANDATORY**

Do you want to pay the Premium through transfer of Investments? Yes No

Utmost PanEurope dac (Utmost PanEurope) will only accept Investments that have been managed by a Portfolio Manager on a discretionary basis. Please confirm by ticking the box that the investments to be transferred were managed by a Portfolio Manager on a discretionary basis.

Confirm, by ticking the box, that you have provided a Portfolio statement that lists the Investments that are to be transferred including the security name, currency, identification code and the approximate current market value.

Please be advised that transfer and acceptance shall be at the discretion of Utmost PanEurope. If Utmost PanEurope accept Investments as Premium payment then the Policyholder cannot assume that the pre-existing portfolio will be retained in whole or part, for any period of time, or at all.

Amount to be paid in cash	<input type="text"/>	Please state currency. 
Amount to be paid by transfer of Investments	<input type="text"/>	Please state currency. 
Total amount of Premium	<input type="text"/>	Please state currency. 

² The minimum Premium per Policy is £500 or its equivalent in another permitted Assurance Policy Currency at the time of payment. If the number of Policies you enter results in a value per Policy below £500 (or equivalent), we reserve the right to issue a lower number of Policies.

E DISCRETIONARY INVESTMENT STRATEGY

MANDATORY

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

- 1 The Discretionary Investment Strategy is the Discretionary Investment Strategy you have chosen for your Assurance Policy
- 2 The Portfolio Manager is the name of the Portfolio Manager entity you have selected to manage the Discretionary Investment Strategy. Please include the name of the entity, not an individual
- 3 The Premium allocated is the percentage of the Premium allocated to the Discretionary Investment Strategy in the Assurance Policy currency.

Discretionary Investment Strategy	Portfolio Manager	Premium allocated
		Total 100%

Discretionary Investment Strategy Charges

Please indicate below the charges to be applied as appropriate:

Name of the mandate	Portfolio Manager	Portfolio 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 investment strategy, please note that charges will be deducted from one strategy only.

Please name the investment strategy you wish charges to be deducted from here:

If you do not tell us which investment strategy you wish charges to be deducted from, we will deduct them from the highest valued investment strategy at the time of Assurance Policy issue. If the highest valued investment strategies chosen are valued the same at the time of Assurance Policy issue, we retain the discretion to choose which investment strategy to deduct charges from.

You can request to change the 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 E1 of the Assurance Policy Terms and Conditions for further information.

G FACILITATED ADVISER CHARGES **OPTIONAL**

Before completing this section, please ensure that you fully understand the tax consequences. Please refer to your Key Features Document and discuss with your financial adviser or seek professional advice if you are in any doubt.

Please note all amounts will be deducted equally from all Policies in force at the relevant time and paid to your Intermediary in accordance with the Assurance Policy Terms and Conditions.


Facilitated adviser charges details

I hereby instruct Utmost PanEurope to deduct the charges detailed below from my Policies and pay to my Intermediary in accordance with the Assurance Policy Terms and Conditions as follows:

i. Initial facilitated adviser charge

- a. Before your payment to us is invested as Premium in the Policies
Please note that this amount is calculated based on the payment made by you as detailed in Section D ('Premium details'). The amount invested in the Policies will be the amount detailed in Section D ('Premium details') less the amount paid to your Intermediary as a result of your instruction.

% of your payment to us, or alternatively an initial fixed fee of


Please include currency. 

The total Premium to be paid into the Policies is

This is calculated by deducting the amount of the initial facilitated adviser charge in this section from the amount inserted in the box in Section D ('Premium section').

- b. After your Premium has been invested in the Policies
Please note that the payment will be made to your Intermediary immediately after your Premium is invested in the Policies.

% of the Premium, or alternatively an initial fixed fee of


Please include currency. 

ii. Ongoing facilitated adviser charge

Please note that this is an annual amount, which will be adjusted according to the frequency of payment selected below and paid to your Intermediary over the course of each year.

I hereby instruct Utmost PanEurope to deduct by cancellation of Units an ongoing facilitated adviser charge in respect of each Policy which shall be payable to my Intermediary on an ongoing payment basis as set out below:

On an ongoing basis which is calculated as % per annum based on the Policy value on the last Business Day of each applicable quarter. This percentage amount will be adjusted according to the frequency of payment selected below, or alternatively a fixed fee of per annum.

Please include currency. 

Frequency of payment Quarterly Half-yearly
 Annually

Commencing in

Please note that payments will be calculated on the last Business Day of each month, where applicable, and paid as soon as possible thereafter.

Provide the facilitated adviser's bank account details:

Name and address of bank

Account name

BIC

IBAN

H EMPLOYMENT AND SOURCE OF FUNDS

MANDATORY

Notice: 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.

SOURCE OF FUNDS

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.

If the Premium is being paid by transfer of assets please confirm the name of the financial institution used to purchase the assets if different from the financial institution from which the Premium will be paid.

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

Name and 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 one year, please provide your previous account details:

Name and address of bank

BIC

IBAN

Account holder's name

If the Premium is paid by using an additional account, please provide the relevant details:

Name and 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 one year, please provide your previous account details:

Name and 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

EMPLOYMENT DETAILS

Role	Applicant 1	
1 Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
Date of retirement or unemployment or became homemaker	<input type="text"/>	<input type="text"/>
2 Occupation	<input type="text"/>	<input type="text"/>
3 Last year's annual income/salary	Currency <input type="text"/> Amount <input type="text"/>	Currency <input type="text"/> Amount <input type="text"/>
4 Do you receive income other than from your occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please provide details including amount and source	<input type="text"/>	<input type="text"/>
5 Employer/business name	<input type="text"/>	<input type="text"/>
6 Employer/business Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode



Include previous occupation where you are retired, unemployed or a homemaker.

Income details are required for Know Your Client and AML requirements and failure to complete will result in a delay in processing the application.

ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost PanEurope dac is required to record details of how the funds being invested have been accumulated.

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

Documentary evidence requirements:

All investments are assessed on a case-by-case basis. Independently certified documentary evidence of source of funds may be required in order to proceed with the application.

1. Savings from employment income (including salary, bonus and fees)

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

2. Compensation payment

Name of organisation or individual that paid compensation	<input type="text"/>
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Reason for compensation

Country compensation was awarded

Total amount received Currency Amount

Date received

3. Competition win

Name of competition organiser

Description of competition

Country competition was held in

Total amount won Currency Amount

Date of win

4. Gift

Full name of person who gave the gift

Date of birth

Nationality

Address

Postcode Country

Relationship to applicant

Reason for gift

Description of gift

Total amount received Currency Amount

Date received

Details of the activity that generated the amount received

Country gift was accumulated in

5. Inheritance

Deceased's full name

Relationship to applicant

Date of death

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

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

Amount received Currency Amount

Date received

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

Details of the activity that generated the amount received

Country inheritance was accumulated in

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

Solicitor/lawyer's firm name

Solicitor/lawyer's firm address

PostcodeCountry

6. Loan

Name of loan provider

Address of loan provider

PostcodeCountry

Total amount borrowed Currency Amount

Date of loan

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

Purpose of loan

7. Maturing policy/policy claim/replacement policy/pension

If the source of funds is the sale of an investment rather than maturity, please complete 8 instead.

Name of policy provider

Address of policy provider

PostcodeCountry

Policyholder's full name

Length of time policy held years months

Amount of the original investment

Details of the activity that generated the original investment

Reason for policy claim or replacement policy (if applicable)

Total amount received Currency Amount

Surrender penalty (if applicable)

Date received

8. Sale of asset portfolio or investment

If the source of funds is a maturing investment rather than one that you are choosing to sell, please complete 7 instead.

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

Name of the company that held it

Registered address of company

Postcode Country

Account name

Length of time asset portfolio or investment held years months

Amount of the original investment

Details of the activity that generated the original investment

Date of sale

Net amount received Currency Amount

9. Company sale or sale of interest in company

Company name

Industry/business sector

Address of company

Postcode Country

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

Date connection with the company began

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

Date of sale

Sale amount

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

10. Property sale

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

Address of property sold (including postcode if applicable)

Postcode Country

Length of time property owned years months

Source of funds for the original property purchase

Was the property your main residence? Yes No

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

If "Yes" please confirm Purchase price

Address of new residence

Postcode Country

Date of sale

Total sale amount

Net amount applicant received from sale

11. Other income sources

Description of the activity that generated the funds

Role in relation to above activities

Period over which the activities occurred

Country in which the activity occurred

Date received years months

Proceeds received from the activity Currency Amount

I DECLARATIONS BY THE APPLICANT

MANDATORY

It is important that you read and understand the following declarations. If you do not understand any point, please ask for further information. Before signing, please also take the time to read and understand the Key Information Document, Key Features document and Key Features Illustration which explain the key features of and the specific charges applicable to the Private Wealth Portfolio product to which this Application Form relates.

ASSURANCE POLICY CHARGES

Administration charge

I agree that Utmost PanEurope can deduct an administration charge in respect of each Policy payable to Utmost PanEurope on a continuing payment basis quarterly in arrears.

This is calculated as an annual percentage charge of % of the higher of the Assurance Policy Total Premium Value or the Assurance Policy Value as detailed in the Assurance Policy Terms and Conditions, Key Features document and Key Features Illustration.

Discretionary Investment Strategy charges

I agree that Utmost PanEurope may deduct from the Plan Fund Discretionary Investment Strategy charges payable to Utmost PanEurope's appointed Portfolio Manager named in Section E ('Discretionary Investment Strategy') and as detailed in the Key Features Illustration.

Other charges

Please note that other charges such as a Complex Asset Charge or an early discontinuance charge, may apply to the Policies under certain circumstances. Details of all charges can be found in the Assurance Policy Terms and Conditions.

- › I have read, understand, and accept the Assurance Policy charges as set out in Section E ('Discretionary Investment Strategy') of the Assurance Policy Terms and Conditions.
- › I confirm that I have read, understood, and accept the declarations in this Application Form, the Assurance Policy Terms and Conditions, the Key Features document and the Key Information Document with which I have been provided.

I declare and agree the following:

- › To my best knowledge and belief the statements in this application are complete and true and contain all material facts and that no material fact has been omitted or concealed (a material fact is one that will influence whether and upon what terms this application is accepted by Utmost PanEurope. Failure to give complete and true answers and disclose all material facts could result in the contract(s) being void. If there is any doubt whether a certain fact is material it should be disclosed).
- › I agree that these statements, the Assurance Policy Terms and Conditions, Policy Schedule and any endorsements issued by Utmost PanEurope and agreed with me shall form the basis of the contract in accordance with the laws of England and Wales.
- › I confirm that I understand that the clauses in the assurance contract which concern insurable interest are expressly governed by and construed in accordance with the laws of the Isle of Man, without prejudice to the other clauses of the assurance contract which are governed by and construed in accordance with the laws of England and Wales.

Please issue the Assurance Policy on the basis set out in this Application Form.

DECLARATIONS

- i. I apply for Policies in an Assurance Policy with the features indicated in this document which I understand will be subject to the Assurance Policy Terms and Conditions.
- ii. I declare that this application was completed in the United Kingdom and I confirm that I am resident for tax purposes in the United Kingdom/
- iii. I hereby declare that I am neither resident nor ordinarily resident for tax purposes in Ireland. I hereby undertake to immediately inform Utmost PanEurope of any change in my country of residence during the life of the Policies.
- iv. I request that my Intermediary receive copies of all associated documentation relating to the Policies.
- v. If existing similar Policies have been or are to be replaced in full or in part by these Policies, I confirm that my Intermediary has explained to me the financial consequences of such a replacement, including the possibility of financial loss.
- vi. I have been informed of my right to complain and of the complaints procedure to the relevant authority to which complaints should be addressed, in the section entitled 'How can I complain?' in the Key Information Document.
- vii. I have been informed of and understand my right to cancel my application for these Policies as detailed in the section entitled 'How long should I hold it and can I take money out early?' in the Key Information Document.
- viii. I understand that this contract will not commence until this completed Application Form has been received and accepted by Utmost PanEurope. I understand that this contract can only be negotiated with and accepted by an authorised official of Utmost PanEurope at Utmost PanEurope's head office in Ireland.
- ix. I understand that a separate Plan Fund is maintained for the Policies and that the value of the Units in this Plan Fund determines the value of the Policies. I acknowledge that the value of the Policies are not guaranteed and that Investment Values may fall as well as rise in line with fluctuations in investment markets. I understand also that Investments that are denominated in a currency other than the Assurance Policy Currency may involve a currency risk and that the value of the Policies may fall as well as rise purely as a result of exchange rate fluctuations.
- x. I acknowledge that Utmost PanEurope reserves the right to limit the nature of the Investments allowed within the Plan Fund.
- xi. I acknowledge that, where the Investments are illiquid, Utmost PanEurope reserves the right to defer the payment of benefits, either in whole or in part, until such time as it is able to liquidate those Investments allowing for, among other things, notice periods, dealing dates and settlement dates of the Investments in question. I understand that, if Investments cannot be readily realised following Utmost PanEurope's receipt of a Surrender Request Form, Utmost PanEurope reserves the right to transfer these Investments to me as part or full payment of Surrender Benefits.
- xii. I also confirm that the original source of funds being used to fund the Premium(s) is derived from legitimate activities.
- xiii. I understand that I will receive Assurance Policy valuations quarterly.
- xiv. I acknowledge that the applicable anti-money laundering legislation in the Republic of Ireland is the Criminal Justice (Money Laundering) Acts 2010 and 2013 ('Acts') as may be amended or replaced. Utmost PanEurope is defined as a 'designated person' under the Acts and is required to apply measures aimed at the prevention of money laundering and terrorist financing in the Republic of Ireland. I understand that Utmost PanEurope reserves the right not to issue an Assurance Policy until such time as they have received and are satisfied with all the information and documentation required under the Acts.

Please specify country in which you are resident for tax purposes if not the United Kingdom.

- xv.** I further instruct Utmost PanEurope to deduct the facilitated adviser charges (if any) set out in Section G ('Facilitated adviser charges') of this Application Form and pay these sums to my/our Intermediary. I understand that I can cancel these instructions by contacting Utmost PanEurope. I further understand that I can cancel a specific payment to my Intermediary by contacting Utmost PanEurope at least 10 Business Days in advance of a payment. I further confirm that I understand the tax consequences of facilitated adviser charges which have been explained to me by my Intermediary.
- xvi.** I acknowledge that information regarding my Policies 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.
- xvii.** I agree to inform Utmost PanEurope within 30 days of a change in tax residency and to complete an International Tax Compliance Self Certification form.

UTMOST PANEUROPE DATA PROTECTION

I have received, read and fully understood the Data Protection section in the Assurance Policy 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).

I hereby warrant and confirm that prior to my provision of information to Utmost PanEurope in respect of any other person related to this application, 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 Assurance Policy Terms and Conditions and that I can make requests in relation to my data to Utmost PanEurope's Data Protection Officer.

I hereby warrant and confirm that prior to my provision of information to Utmost PanEurope in respect of any other persons related to this application, 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. I confirm that I have informed the individual of the Utmost PanEurope privacy notices on utmostinternational.com/privacy-statements/.

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.

J APPLICANT SIGNATURE **MANDATORY**

I confirm that I agree to and understand the information contained in the Application Form and that the information provided by me is truthful and accurate.

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

Key Information Document Confirmations

I confirm that I have received the Key Information Document for the Assurance Policy in good time before submitting this application.

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

I understand that I can view the most up to date version of the Key Information Document at any time at utmostinternational.com.

Failure to provide all relevant information and documentation may result in a delay in the Application Form being processed. Further information may be required during the validation process.

	First applicant	Second applicant
SIGNATURE	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>
Print full name	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
Date	<div style="border: 1px solid black; padding: 2px;">d d m m y y y y</div>	<div style="border: 1px solid black; padding: 2px;">d d m m y y y y</div>

Intermediary details

Company name

Name and address of intermediary

Intermediary number

Intermediary's regulatory body authorisation number

Intermediary's regulatory body

Additional information/Special instructions

Country in which I gave the applicant the advice concerning the application

Country in which this application was subsequently completed and signed

Date on which the application was completed and signed

The following documentation is attached:

› Certified anti-money laundering documentation for all applicants

› Other

If other please specify

Verification of applicant identity

Full name of first applicant

Full name of second applicant

This section is required to verify the identity of the applicants.

All identification papers must be certified by the Intermediary, a Solicitor or a Notary Public and include a photograph of the applicants. The certifier should sign the proof of identity and all other documentation as follows:

'I hereby certify that this is a true first copy of the original document, which I have seen, and where this relates to identity documentation, I confirm that I have met the individual and that the photograph thereon is a true likeness' or similar wording.

For each individual applicant:

First applicant

- 1 Please provide a certified copy of an original photo passport/driving licence or National ID Card;
- 2 Please provide a certified copy of suitable proof of address (showing name and current residential address) no older than six months;
- 3 Please ensure that Section H Employment and Source of Funds is completed in full.

Prior residential address²

Second applicant

- 1 Please provide a certified copy of an original photo passport/driving licence or National ID Card;
- 2 Please provide a certified copy of suitable proof of address (showing name and current residential address) no older than six months;
- 3 Please ensure that Section H Employment and Source of Funds is completed in full.

Prior residential address³

Note: Utmost PanEurope may request from the applicant such additional information to enable it to determine the applicants' compliance with applicable regulatory requirements or the applicants' anti-money laundering verification status and the applicant shall provide to Utmost PanEurope such information as may reasonably be requested. Utmost PanEurope reserves the right not to accept or issue an Assurance Policy until identification and verification documents have been received to its satisfaction.

Verification of the applicant's identity

- › I confirm that I have seen the original documents proving the applicants identity and attach a certified copy of these documents for your records.

Source of funds and source of wealth

- 1 In relation to the information provided in Section H ('Employment and Source of Funds') of this Application Form:
 - › I declare that, to the best of my knowledge and belief, the applicant(s) is/are of good standing and the information given in this questionnaire is true and complete.
 - › I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the Premium is derived from legitimate activities and I am unaware of any aspects arising from the applicant(s) activities which would lead me to suspect that they might be involved in money laundering.
 - › I acknowledge that the applicant(s) signature on this questionnaire in no way negates my obligations in relation to providing information on the applicant(s).

³ Please complete if the applicant has been at their current residential address for less than 18 months, as detailed in Section 1 ('Applicant Details').

Statement of facts

I, the undersigned, declare and agree the following:

- › To my best knowledge and belief the statements in this application are complete and true and contain all material facts (a material fact is one that will influence whether and upon what terms this application is accepted by Utmost PanEurope. Failure to give complete and true answers and disclose all material facts could result in the contract(s) being void. If there is any doubt whether a certain fact is material it should be disclosed).
- › I confirm that I have agreed the facilitated adviser charges (if any) detailed in Section G ('Facilitated adviser charges') with the applicant(s).

International tax compliance self-certification

I declare that, to the best of my knowledge and belief, that the information provided by the applicant(s) in relation to their tax residency is complete and accurate and no material fact has been omitted or concealed.

	Intermediary								
SIGNATURE	<input type="text"/>								
Print full name	<input type="text"/>								
Date	<input type="text"/>								
	<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y		

L INTRODUCER SECTION **MANDATORY**

Name and address of Introducer	<input type="text"/>
Name of regulatory body	<input type="text"/>
Regulatory body membership number e.g. FCA number	<input type="text"/>

A WEALTH *of* DIFFERENCE