REQUEST TO APPOINT utmos A DISCRETIONARY ASSET MANAGER (ON A DISCRETIONARY BASIS)



FOR UTMOST INTERNATIONAL ISLE OF MAN LIMITED

Tailored Life Plan								
THIS DOCUMENT WAS L Please confirm with your wealth a					t for your pro	oduct or sei	rvicing needs.	
When completing this form, please use BLOCK CAPITALS and blue/black ink only and complete all relevant sections. Please do not use correction fluid; any amendments should be crossed out and initialled by all policyholders. Any ncomplete information will need to be confirmed in writing by you once Utmost International has received the form. Discretionary Asset Manager' and 'Dealing Desk' have the same meaning as that given in the Policy Terms and Conditions. All references to Utmost International refer to Utmost International Isle of Man Limited.						S.		
DETAILS OF INDIVIDUAL/	INDIVIDUA	ALS AS T	RUSTEE	POLICY	HOLDER	(S) (IF A	PPLICABLE)
f there are any further policyholders	s, please photo	ocopy this p	olicyholde	r section, at	ttach the de	tails with th	is form and tick	(
nere.(✔)								
	Policyholder	1		Р	olicyholder	2 (if any)		
Γitle (✔)	Mr	Mrs	Miss		Mr	Mrs	Miss	
	Other				Other			
Full forename(s)								
Surname								
DETAILS OF CORPORATE	OR CORPO	DRATE T	RUSTEE	POLICYI	HOLDER	(IF APPL	ICABLE)	
Corporate name								
'								

ULQ PR 20188 | 10/22 1 | 5

DETAILS OF THE TRUST			
The trust name is (for example 'the John Brown Will Trust')			
POLICYHOLDER(S) ADDR	ESS (INDIVIDUAL	_, TRUSTEE AND	CORPORATE)
Residential address (Where you are currently living. We are unable to accept PO Boxes and 'care of' addresses)			
	Postcode		Postcode
Registered office address (Corporate and Corporate Trustee Policyholders only. This information must be provided in full. We are unable to accept PO Boxes and 'care of' addresses)			Postcode
Daytime telephone number including dialling code			
Email address			
Fax number			
DETAILS OF THE DISCRE	TIONARY ASSET	MANAGER	
	s based on an agreed i	investment mandate a	tory authority to carry out discretionary nd does not need to agree changes to the
Name of Discretionary Asset Manager			
Discretionary Asset Manager's firm name and registered address			
	Postcode		Country
Discretionary Asset Manager Regulatory Authority name & licence number			
If the Discretionary Asset Manager the name of the Authorised Custod		manage the Assets helc	with an Authorised Custodian, please enter
DICODETION DV 10000	4.4.4.6.5.		
DISCRETIONARY ASSET M	MANAGER CHARC	žΕ	
The charge (inclusive of VAT or other	er applicable tax, if any) for this service is as fo	llows:

The Discretionary Asset Manager Charge detailed above is paid by Utmost International. This charge will be reflected as a Portfolio Fund Charge. This charge will be deducted in the Policy Currency and paid quarterly. Please refer to your Policy Terms and Conditions for further information on the Discretionary Asset Manager Charge.

where there is no Authorised Custodian named, in respect of the Assets held by Utmost International's Default Custodian.

2 | 5 ULQ PR 20188 | 10/22

% each year (to be taken quarterly) of the value of the Assets held by the Authorised Custodian shown above, or

INVESTMENT MANDATE

If the investment objectives for the Portfolio Fund have already been provided on separate documentation then instead of completing 1, 2 and 3 below, you can choose to enclose these documents with this request form. If you wish to do this, then please confirm the name of this documentation below.				
Name of documentation enclosed with this request form				
1. Investment strategy				
2. Risk criteria				
3. Investment restrictions				

DISCRETIONARY AUTHORITY DECLARATION - TO BE SIGNED BY THE POLICYHOLDER(S)

This declaration is made by each policyholder for individual policyholders, the trustees jointly for trustee policyholders, or the authorised signatory on behalf of a corporate or corporate trustee policyholder.

- 1. I/We hereby request that the Discretionary Asset Manager be appointed by Utmost International as Discretionary Asset Manager to manage the Assets linked to the relevant Portfolio Fund for my/our Policy.
- 2. I/We understand that the management of the relevant Portfolio Fund shall be at the discretion of the Discretionary Asset Manager.
- 3. I/We acknowledge that I/we shall be responsible for any costs arising associated with the appointment of the Discretionary Asset Manager and understand that the Discretionary Asset Manager Charge resulting from Utmost International paying the fee shown above to the Discretionary Asset Manager will be a charge against the Portfolio Fund as described in the Policy Terms and Conditions.
- 4. I/We have agreed with the Discretionary Asset Manager the investment objectives shown or referred to in the Investment Mandate section above for the Portfolio Fund for which I/we will be wholly responsible. Utmost International will not be responsible for any investment strategy or objectives pursued by the Discretionary Asset Manager or myself/ourselves but I/we understand that Utmost International does place restrictions on the types of investments that may be selected in accordance with the Policy Terms and Conditions.
- 5. I/We understand that I/we will be responsible for monitoring the Assets held to ensure they align with my/our investment strategy, risk criteria and investment restrictions and I/we will inform Utmost International if these change. I/We understand that Utmost International can accept no responsibility for the effects of any delay or failure to inform them of any such change.
- 6. I/We confirm that I/we have received a copy of the Policy Terms and Conditions and have read them before completing this request form.

ULQ PR 20188 | 10/22

	Signatory 1	Signatory 2			
SIGNATURE					
Date					
	d d m m y y y y	d d m m y y y y			
Full name					
Capacity (✔)	Individual Trustee	Individual Trustee			
	Third party/pledge interest	Third party/pledge interest			
	Director/Authorised Signatory	Director/Authorised Signatory			
	Other	Other			
	Signatory 3	Signatory 4			
SIGNATURE					
Dete					
Date	d d m m y y y y	d d m m y y y y			
Full name					
Capacity (✔)	Individual Trustee	Individual Trustee			
	Third party/pledge interest	Third party/pledge interest			
	Director/Authorised Signatory	Director/Authorised Signatory			
	Other	Other			
This section should only be com	pleted where a trust is being declared as par	t of the application process.			
Asset Manager appointed on a d	with this application, we (the trustees to the trustees to the trusters iscretionary basis and acknowledge and confir tment mandate and declarations above.				
	Authorised signatory 1	Authorised signatory 2			
SIGNATURE					
Date					
Full name		d d m m y y y y			
Tull name					
	Authorised signatory 3	Authorised signatory 4			
SIGNATURE					
Date	d d m m y y y y	d d m m y y y y			
Full name					

4 | 5 ULQ PR 20188 | 10/22

Important note: The product(s) named in this document and to which this document relates is accurate as at December 2021 and is subject to change.

To ensure applicability with respect to a product and, if applicable, a related policy, before taking any action, please liaise with your adviser and/or contact us directly.

a wealth $o\!f$ difference

www.utmost international.com

 $Calls\ may\ be\ monitored\ and\ recorded\ for\ training\ purposes\ and\ to\ avoid\ misunderstandings.$

Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C.
Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.
Tel: +44 (0)1624 655 555 Fax: +44 (0)1624 611 715. Licensed by the Isle of Man Financial Services Authority.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

ULQ PR 20188 | 10/22