

ESTATE PLANNING BOND

APPLICATION FORM

Please refer to our **Guide for Estate Planning Bond applicants**

Not to be used where Utmost Trustee Solutions is to be appointed as trustee.

This form should be used with the relevant **Estate Planning Bond Trust Deed** and NOT the Discounted Gift Trust Conversion Deeds.

Please complete a separate **Tax Information Exchange pack** and provide this with the application form. Please refer to the **Guide for Estate Planning Bond Applicants** for details of when a separate **Tax Information Exchange pack** is required.

Please complete this form 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. **Please do not use correction fluid.**

Throughout this application, 'I', 'me' and 'my' mean the applicant and 'Utmost' or 'we' means Utmost Limited.

Once complete please return this form and any supporting documents to your financial adviser or to Utmost Limited at: **Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.**

	PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
Applicant and Policy details	2	A – Policy details	Mandatory	
	2	B – Politically Exposed Persons details	Mandatory	
	3	C – Applicant details	Mandatory	
	4	D – Applicant medical details	Mandatory	
	9	E – Premium details	Mandatory	
	10	F – Trust details	Mandatory	
	11	G – Regular withdrawals	Mandatory	
	12	H – Adviser charging	Optional	
	14	I – Source of wealth	Mandatory	
	17	J – Identification requirements	Mandatory*	
	18	K – Introducer's details	Mandatory*	
	19	L – Investment options	It is mandatory for you to complete at least one of these sections.	
	19	M – Fund Selection		
21	N – External Management and Custody			
Declarations	22	N3 – Policyholder declaration	Mandatory if section N is completed	
	24	N4 – Platform Adviser Declaration		
	26	O – Applicant declaration	Mandatory	

*Financial adviser to complete.

Please ensure that all relevant sections of this application are completed before submitting.

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions is the trading name used by a number of Utmost companies. Utmost Trustee Solutions is the trading name used by Utmost Trustee Solutions Limited. This item has been issued by Utmost Limited.

The following companies are registered in the Isle of Man: Utmost Limited (No 056473C), Utmost Administration Limited (No 109218C) and Utmost Trustee Solutions Limited (No 106739C), which are regulated or licenced by the Isle of Man Financial Services Authority. Utmost Services Limited (No 059248C) is not regulated. Each of the above companies has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL British Isles.

The following companies are registered in Ireland: Utmost Ireland dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registered number is 303257 and it has its registered office at: Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland. Utmost PanEurope dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registration number is 311420 and it has its registered office at: Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Its FCA number is 426350. Both companies are authorised by the Financial Conduct Authority in the UK for Conduct of Business Rules.

A POLICY DETAILS **MANDATORY**

1 Provide a copy of your personal illustration and/or enter your personal illustration reference number

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2 Territory Decision Reference Number
(If applicable)

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Please see the associated guide for more explanation on when a territory decision reference number is required.

3 Welcome Team Case ID reference

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If the Welcome team produced a Personal Illustration for you, a four digit case ID can be found at the top of page one.

4 Utmost's product management charge

This section is for you to specify how you would like to pay our product management charges.

What is your chosen product management charge (Flex-Charge) option?

<input type="checkbox"/> Full initial charge	<input type="checkbox"/> Full ongoing charge
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If applicable, enter your chosen combination to a maximum of 3 decimal places:

<input type="checkbox"/> Combination of initial and ongoing	<input style="width: 50px;" type="text"/> % Initial	<input style="width: 50px;" type="text"/> % Ongoing (per annum)
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5 Number of segments

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If you do not specify the number of segments the bond will automatically default to 60 segments.

The number of segments available is subject to a minimum investment of £500 in each. The maximum number of segments is 9,999.

B POLITICALLY EXPOSED PERSONS DETAILS

Under our current anti-money laundering obligations we are required to identify any persons associated with this trust who could be classed as a Politically Exposed Person (PEP). A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities, for example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary or the Military, a senior employee of a State Owned Corporation, or a board member of a Central Bank.

Please refer to the **Guide for Estate Planning Bond applicants** for a definition of 'Politically Exposed Persons'.

Please provide details in the box below of any persons that could be considered to be a PEP (as defined above) in relation to this application, non-completion confirms that there are no associated Politically Exposed Persons:

C APPLICANT DETAILS **MANDATORY**

	Applicant 1	Applicant 2
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4 Maiden name, previous name or any aliases	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6 What is the relationship of Applicant 1 to Applicant 2?	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil Partner	
7 Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
8 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"/>
9 Country of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
10 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="-"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="-"/> <input type="text"/> <input type="text"/> <input type="text"/>
11 Full correspondence address (Only required if it differs from the permanent residential address)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="-"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="-"/> <input type="text"/> <input type="text"/> <input type="text"/>
12 Email address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
13 Contact telephone number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
14 Country/Countries of tax residency	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
15 National Insurance (NI) number	<input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="-"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="-"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="-"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="-"/> <input type="text" value="L"/>	<input type="text" value="L"/> <input type="text" value="L"/> <input type="text" value="-"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="-"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="-"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="-"/> <input type="text" value="L"/>
16 US Tax Identification Number (T.I.N)	<input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="-"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="-"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="N"/>	<input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="-"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="-"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="N"/>
17 Other tax reference number(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Please complete this section for both applicants, if this is a joint case.

All non-UK applicants require referral to our Welcome team please call **+44 (0)1624 653 251**.

ONLY complete this section if you are a UK tax resident.

ONLY complete this section if you are a US tax resident.

D APPLICANT MEDICAL DETAILS

MANDATORY

Please ensure you answer each question fully and accurately indicating 'no' where applicable. **If the answer to any question numbered 7-14 is 'yes', give full details in the boxes provided.** If you are in any doubt if certain information should be provided you are strongly advised to disclose it. Any missing information may delay an underwriting decision. You have a duty to give clear, frank and honest answers to all questions posed and any misstatements could have a detrimental effect on the future Inheritance Tax benefits available to your estate.

In accordance with the Association of British Insurers policy on genetics and insurance, you do not need to tell us about any genetic test result you have had. However, you must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

	Applicant 1		Applicant 2
1 Height (without shoes)	<input type="text"/> ft <input type="text"/> ins		<input type="text"/> ft <input type="text"/> ins
	<input type="text"/> cm		<input type="text"/> cm
2 Weight (in normal indoor clothing)	<input type="text"/> st <input type="text"/> lbs		<input type="text"/> st <input type="text"/> lbs
	<input type="text"/> Kg		<input type="text"/> Kg
3 Has your weight increased or decreased by more than 1 stone (6Kg) in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Have you smoked OR used tobacco OR nicotine replacement products in the past 12 months? (Please provide details of amounts per day)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>		<input type="text"/>
5 Do you drink alcohol? If yes, please provide the number of units per week	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/> Units		<input type="text"/> Units
Has your consumption been greater than this in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Please provide us with the full name, address and postcode of your doctor. A report is required from your doctor and if the full address is not given it may result in a delay in assessment.	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>
a) Telephone number (including international dialling code)	<input type="text"/>		<input type="text"/>
b) Fax number (including international dialling code)	<input type="text"/>		<input type="text"/>

1 measure spirits = 1 unit
Small glass of wine = 1.5 units
Large glass of wine = 2 units
1 pint of lower strength beer = 2 units
You can find more information on www.nhs.uk/livewell

Please tick all appropriate boxes to all of the questions 7 to 14. If you answer 'yes' to any of the questions, please provide more details, including the nature and date of illness/injury, the treatment given and the name, address and telephone number of the doctor consulted.



	Applicant 1	Applicant 2
<p>7 Have you ever been advised to reduce or stop alcohol consumption or smoking on health grounds? If yes, please provide details</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
<p>8 Do you, or do you intend to, take part in any hazardous sport, activity, pastime or event that involves hazard or risk of injury OR do you intend to travel or reside outside the UK for 12 weeks or more per annum? If yes, please provide details</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
<p>9 Have you suffered, or are you suffering, from any major illnesses such as cancer (whether benign or malignant), leukaemia, Hodgkin's disease or lymphoma? If yes, please provide details</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>

Applicant 1

Applicant 2

10 Have you suffered, or are suffering, from heart disease including high blood pressure, angina, heart attack, heart defects, valve disorders or irregular heart beat?
If yes, please provide details

Yes No

Yes No

11 Have you suffered, or are you suffering, from a stroke, "mini stroke", transient ischaemic attack (TIA) or brain haemorrhages?
If yes, please provide details

Yes No

Yes No

12 Have you suffered, or are suffering, from Alzheimer's disease or other forms of dementia, multiple sclerosis, Parkinson's disease, paralysis or paraplegia?
If yes, please provide details

Yes No

Yes No

13 In the last 5 years have you had any of the following?

a) Diabetes, a blood disorder or any hormone disorder
If yes, please provide details

Applicant 1

Yes No

Applicant 2

Yes No

b) Kidney disease, bladder disorder or urinary disorder, prostate disorder (males only)
If yes, please provide details

Yes No

Yes No

c) Any mental illness including anxiety, depression, stress for which you have sought medical advice, attempted self-harm or overdose
If yes, please provide details

Yes No

Yes No

Applicant 1

Applicant 2

d) Any liver or intestinal disorder including hepatitis, haemachromatosis, Crohn's disease, ulcerative colitis or diverticulitis
If yes, please provide details

Yes No

Yes No

e) Any condition, disease or disorder that you have not mentioned above
If yes, please provide details

Yes No

Yes No

14 Current health

a) Do you have any signs or symptoms of ill health, disability or memory loss/dysfunction for which you have not yet consulted a medical practitioner?
If yes, please provide details

Yes No

Yes No

E PREMIUM DETAILS

MANDATORY

1 Total payment amount

This is the amount you send to us, including any initial adviser charge you specify, in section H, to be deducted outside the bond before the remaining premium is invested. Please see the **Guide for Estate Planning Bond applicants** or speak to your financial adviser for more details.

2 If you are applying for two separate trusts on this application (see section F), please indicate how much of the total premium (after the deduction of any initial adviser charge) is to be put into each trust below. The minimum total premium is £50,000 per trust.

Absolute Trust

Discretionary Trust

We recommend that you do not send the payment until after the underwriting is complete as no interest is paid on monies held prior to issue of the bond.

Your bank may charge depending on the payment method chosen.

OUR BANK DETAILS

Address Royal Bank of Scotland International Limited, Floor 2, 2 Athol Street, Douglas, Isle of Man, IM99 1AN, British Isles.
Swift code RBOSIMDX
Sort code 16-58-80
Account number 58098652
Account name Utmost Limited, Premium Collection Account.
IBAN GB58RBOS16588058098652

Please make cheques payable to Utmost Limited.
 Please ensure that the client's name is referenced on all payments.
Example:
 Utmost Limited
 payment reference:
 Mr Example Client
Please note all payments must come from the Applicant(s).

NON UK BANK ACCOUNT DETAILS

Please ONLY complete this section if the premium is being paid from a non UK bank account.

Name of account holder

Account number

Bank sort code - -

Bank BIC/Swift code (required for all banks outside the UK)

Name & address of bank

Postcode

F TRUST DETAILS

MANDATORY


If you are applying for one trust please complete **1a)** only.

If you are applying for both an absolute and a discretionary trust please complete **1a)** and **1b)**.

You can apply for both an absolute and a discretionary trust using one application form if the two contracts are identical, with the exception of the amounts invested into each. If they are not, then you must complete two application forms, one for each contract.

- › If you are applying for both trusts using one application form, we will issue two separate bonds. Each bond will have its own set of charges, including adviser charges. Please note any adviser charges will be the same for each contract. Please contact our Customer Support team if you wish to change this
- › In addition to this form you must complete a separate **Estate Planning Bond Absolute Trust** and/or a separate **Estate Planning Bond Discretionary Trust**.

<p>1a) Please tick the box opposite to let us know which trust you are applying for. If you are applying for both, you should tick both boxes and indicate in Section E how much of your total investment is to be invested in each trust.</p>	<p>Absolute Trust <input type="checkbox"/></p> <p>Discretionary Trust <input type="checkbox"/></p>
<p>1b) If you are applying for both trusts, please tick the box beside the trust you want to start first. The one you select will start at least one business day before the other.</p>	<p>Absolute Trust to start first <input type="checkbox"/></p> <p>Discretionary Trust to start first <input type="checkbox"/></p>

Please tick **ONE** box to indicate which trust is to start first. 

G REGULAR WITHDRAWALS

MANDATORY

Regular withdrawals will be taken equally across all policy segments.
Minimum £200 per payment. Payments will only be made in the currency of the bond.

1	My withdrawals are to be (per annum)	Monetary amount £ <input type="text"/> . <input type="text"/> <input type="text"/> or <input type="text"/> % of premium %	The percentage or monetary figure specified will be divided by the frequency you specify.
2	Rate of increase in withdrawals (optional)	<input type="text"/> If increasing in line with RPI please write RPI in the box	
3	Frequency of withdrawals	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	
4	Withdrawals to start	<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 or <input type="checkbox"/> As soon as possible (30 days after inception)	

Payment method will be BACS transfer for sterling payments to UK clearing banks only or telegraphic transfer for banks outside the UK. A charge will be levied by our bankers for telegraphic transfer payments which will be deducted from the value of the bond.

PLEASE ENTER THE APPLICANT'S BANK ACCOUNT DETAILS THAT WITHDRAWALS WILL BE SENT TO:

1	Name of account holder	<input type="text"/>
2	Account number (for BACS payments this must be 8 digits)	<input type="text"/>
3	Bank sort code	<input type="text"/> - <input type="text"/> - <input type="text"/> (must be 6 digits)
4	Building Society roll number (if applicable)	<input type="text"/>
5	Bank BIC/Swift code (required for all banks outside the UK)	<input type="text"/>
6	IBAN (required for all bank accounts in the EU)	<input type="text"/>
7	Bank/Building Society name	<input type="text"/>
8	Address	<input type="text"/>
	Postcode	<input type="text"/>
9	Telephone number (including international dialling code)	<input type="text"/>
10	How long has the account been held?	<input type="text"/> <input type="text"/> Years

H ADVISER CHARGING

OPTIONAL

Please complete the relevant section below if you would like us to facilitate an initial adviser charge or ongoing adviser charge payments to your financial adviser.

For detailed information about adviser charges and how these may be applicable to you please see the **Guide to Charges** available on our website www.utmostwealth.com or from your financial adviser on request.

To set up an Investment Adviser charge please complete a **Nomination of Investment Adviser** form and an **Adviser Charges Pack**. For more information about adviser charging please refer to the **Guide for Estate Planning Bond applicants** or refer to the **Guide to Charges**.

Adviser charges paid to the financial adviser from the value of the bond will affect the policyholder's 5% annual tax deferred entitlement. Please note tax rules may change in the future and are subject to individual circumstances.

INITIAL ADVISER CHARGE

Please complete this section if you would like us to facilitate the initial adviser charge payment to your financial adviser outside of the bond before your premium is invested.

1 Please specify the amount below:

Monetary amount

£ .

Does the initial adviser charge attract VAT? Yes No

This amount should be specified excluding VAT.

Please sign the declaration on page 13 to agree to pay an initial adviser charge to your financial adviser.

ONGOING ADVISER CHARGES (to be agreed by the trustees)

Complete this section if you would like to make regular payments to your financial adviser for ongoing advice.

1 Please select the frequency Monthly Quarterly Half-yearly Yearly

2 Please specify the total **annual** amount as either a monetary figure or percentage of the bond value:

Monetary amount

% of bond value

. or %

3 Ongoing adviser charge start date

d d m m y y y y

or As soon as possible (30 days after inception)

4 Does the ongoing adviser charge attract VAT? Yes No

For example, if you wish to pay £500 on a half-yearly basis, the amount you should state here is £1,000 as the annual total. If you wish to pay 0.1% payable on a half-yearly basis, the amount you should state is 0.2% as the annual total.

Your trustees will need to sign the declaration on page 13 to agree to the ongoing adviser charges.

I **authorise** Utmost to pay the adviser charges as set out in this Agreement.

I **understand and accept** that where the adviser charge is being facilitated from my bond:

- › Any adviser charges combined with the compulsory regular withdrawals that exceeds the 5% annual tax deferred entitlement will cause a chargeable event, which may be liable to UK income tax
- › When paid to a financial adviser this will be treated, for tax purposes, as a withdrawal from the bond
- › I should contact my financial adviser in the first instance to discuss payment of initial or ongoing adviser charges and the tax treatment
- › Neither my trustees nor I can cancel an adviser charge after it has been paid, even if I decide to cancel my bond during the cancellation period
- › If the application is not proceeded with, I will be refunded my premium in full, less any adviser charges that have been paid out. It will be my responsibility to reclaim any adviser charges from my appointed adviser
- › Where an External Managed Account is linked to the bond, any fund based adviser charge payments will be based on the last available fund value for the External Managed Account held in Utmost's records.

INITIAL ADVISER CHARGE

Applicants should sign here if Utmost is to facilitate the initial adviser payment outside of the bond.

	Applicant 1	Applicant 2																	
SIGNATURE	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	SIGNATURE																
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>																	
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d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												

ONGOING ADVISER CHARGE

Trustees should sign here if an ongoing adviser payment is to be paid from within the bond. If the applicant is also a trustee they must sign here also.

	Trustee 1	Trustee 2																	
SIGNATURE	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	SIGNATURE																
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>																	
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d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												

If there are more than four trustees, please photocopy this page and after signing the additional copies attach them securely to the form.

	Trustee 3	Trustee 4																	
SIGNATURE	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	SIGNATURE																
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>																	
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d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												

I SOURCE OF WEALTH MANDATORY

CURRENT/PREVIOUS EMPLOYMENT DETAILS

This must be completed for all applicants in every instance.

	Applicant 1	Applicant 2		
Occupation and name of employer (if retired previous occupation and name of last employer)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
Year of retirement (if applicable)	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y		
Total annual income	<input type="checkbox"/> up to £20,000	<input type="checkbox"/> £100,001 to £250,000	<input type="checkbox"/> up to £20,000	<input type="checkbox"/> £100,001 to £250,000
	<input type="checkbox"/> £20,001 to £50,000	<input type="checkbox"/> £250,001 to £500,000	<input type="checkbox"/> £20,001 to £50,000	<input type="checkbox"/> £250,001 to £500,000
	<input type="checkbox"/> £50,001 to £100,000		<input type="checkbox"/> £50,001 to £100,000	
If the total annual income is in excess of £500,000 please provide an approximate amount.	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SOURCE OF WEALTH

Please confirm the source of your investment. You should tick all appropriate boxes and enter the percentage from each, then answer the relevant questions on the following pages. If necessary, continue on a separate sheet of paper. Applicants are required to sign the sheet and attach it to this form.

SOURCE(S)	TICK BOX	%
Savings from employment income	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Property sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Competition or gambling win	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gift	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Share sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Compensation payment	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company sale or the sale of your interest in the company	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Inheritance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Maturing investments or policy claims	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pension income	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other sources	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

All investments are assessed on a case-by-case basis; depending on the answers provided in this application we may request independent evidence of source of wealth. We are able to accept scanned copies of source of wealth evidence.

Please provide as much detail as possible, if it is unclear how the money was accumulated, we will request further information.

SOURCE INFORMATION

Please provide details in regard to the source of your investment in accordance with the table below.

- 1
- 2
- 3
- 4
- 5
- 6

Please also advise where the funds for this investment have been held since receipt.

Source of wealth describes the activities that have generated the applicant(s) funds. All investments are assessed on a case-by-case basis; depending on the answers provided we may request independent evidence of source of wealth. Using the table below will help confirm the necessary details within the application form along with details of where the funds have been held since receipt.

SOURCE(S)	INFORMATION TO BE PROVIDED
Saving from employment income	<ol style="list-style-type: none"> 1 Name of employer 2 Postcode of employer 3 Nature of employer's business 4 Income last year (approximately) 5 Bonus last year (approximately)
Property sale	<ol style="list-style-type: none"> 1 Address of property sold (inc postcode) 2 Amount personally received 3 Date of purchase 4 Date of sale
Competition or gambling win	<ol style="list-style-type: none"> 1 Description of win 2 Total amount won 3 Date of win 4 Name of organisation
Gift	<ol style="list-style-type: none"> 1 Who the gift was from 2 The amount of the gift 3 Their address (inc postcode) 4 Relationship to the person 5 Reason for gift 6 How the funds were originally accumulated 7 Date gift received

SOURCE(S)	INFORMATION TO BE PROVIDED
Share sale	<ol style="list-style-type: none"> 1 What shares were held 2 Amount of proceeds from sale 3 How they were sold (bank, stockbroker etc) 4 Please provide their address inc postcode (bank, stockbroker etc) 5 Date shares were sold 6 How long the shares were held
Compensation payment	<ol style="list-style-type: none"> 1 Name of payer 2 Amount received 3 Date amount received 4 Reason for payment
Company sale or the sale of your interest in the company	<ol style="list-style-type: none"> 1 Name and address of the company (inc postcode) 2 Company registration 3 Nature of the company's business 4 Amount of sale proceeds 5 Amount personally received 6 Date amount received
Inheritance	<ol style="list-style-type: none"> 1 Name of the person who left the inheritance 2 Relationship to this person 3 Amount personally received 4 Date inheritance received
Maturing investments or policy claims	<ol style="list-style-type: none"> 1 Name of company the proceeds came from 2 How long you held the investment/policy 3 Amount received 4 Date proceeds were received
Pension income	<ol style="list-style-type: none"> 1 Name of pension organisation 2 Amount of lump sum 3 Date lump sum was received 4 Pension income received last year
Other sources	<ol style="list-style-type: none"> 1 What type of income was this 2 Amount received 3 Date received 4 Details of where the income came from 5 Frequency of income

The bond will not be issued until the information is received and a satisfactory risk assessment is completed.

J IDENTIFICATION REQUIREMENTS (to be completed by the financial adviser)

MANDATORY

Under Isle of Man Anti-Money Laundering regulations we are required to verify the identity and address of all applicant(s) related to a contract.

Below you will find the standard minimum requirements. In some circumstances we may request additional information.

We require **one suitably certified document** from **Part 1** together with **one suitably certified document** from **Part 2**.

PART 1 - PERSONAL IDENTITY

	Applicant 1	Applicant 2	Trustee 1	Trustee 2*
1 Valid passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 National ID card (with photograph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In exceptional circumstances, where you cannot supply an item from Part 1, please tell us why in the box below and supply a second document from Part 2.

PART 2 - VERIFICATION OF ADDRESS

	Applicant 1	Applicant 2	Trustee 1	Trustee 2*
1 A recent utility bill dated and certified within the last 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Rates or council tax bill dated and certified within the last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 An account statement from bank or bank credit card dated and certified within the last 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 A recent mortgage statement, giving the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 A current driving licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please continue on a separate sheet of paper should there be more trustees to be identified.

(Mobile phone bills, store cards & online statements are not acceptable. Documents must be the most recent available)

If there are other parties to the application not quoted on the form, have you enclosed a copy of their identification requirements and can you confirm that you have seen the originals of such evidence? Yes

(Please ensure that any separate list includes the name of the applicants and is signed by the certifier)

I confirm that I have had sight of the original documents and all documents enclosed are true copies of the originals. Yes

K INTRODUCER'S DETAILS (to be completed by the financial adviser) **MANDATORY**

1 How and when were you introduced to the applicants?

2 Which country was the advice leading to this application given in?

3 Which country was this application signed in?

4 The basis on which the advice was offered is (UK advisers only) Independent Restricted

5 Name of regulatory body

6 Regulatory body membership number e.g. FCA number

7 Print full name

8 Certifier and authorised signatory

9 Email address

10 Telephone number

11 Date

12 Financial adviser company name and address (company stamp if possible)

13 Please provide the name of your usual Utmost sales consultant

SIGNATURE
Financial adviser 
to sign here

M2 CASH DEPOSITS

Bank/Building Society	Full name of deposit account	%		

If you choose to invest in cash deposits and funds the combined total should equal 100%. For example, 30% cash deposits & 70% funds. Please note rates are not guaranteed.

DEALING ACCOUNT

Please specify the amount of cash to be retained in the Dealing Account to cover charges and withdrawals

This amount will cover charges and withdrawals, and will be retained net of any initial policy charges.

Please note

If you do not specify an amount to be left in the Dealing Account the investment amount calculated will be net of any initial charges.

NOMINATION OF FUNDS TO COVER OVERDRAWN DEALING ACCOUNT

All transactions (including charges and withdrawals) will go through the Dealing Account and it may become overdrawn. In these circumstances, we will sell sufficient funds to clear the negative debit balance.

Please indicate in the box below which funds you would like us to sell in these circumstances.

Full fund name	%		

If no funds are selected, then from within the portfolio, we will automatically sell units from the highest value fund that is liquid at the time of sale. You can not specify a deposit account.

N EXTERNAL MANAGEMENT AND CUSTODY (EMC)

Please provide full details of the nominated external service in sections N1 and N2. The nominated firm(s) must sign section N3 where applicable.

WHAT BASIS WILL THE NOMINATION BE MADE ON?

1. A Discretionary basis 2. An Advisory basis

For an explanation of each basis please see section N in the **Guide for Estate Planning Bond Applicants** which your financial adviser has provided to you.

This basis cannot be changed with prior written authority from Utmost.


N1 EXTERNAL MANAGER DETAILS

1	Name of the nominated firm	<input type="text"/>
2	Address	<input type="text"/>
	Postcode	<input type="text"/>
3	Contact name	<input type="text"/>
4	Telephone number (including international dialling code)	<input type="text"/>
5	Facsimile number (including international dialling code)	<input type="text"/>
6	Email address	<input type="text"/>

This nomination is subject to any terms agreed between Utmost and the EMC from time to time.

ATTITUDE TO RISK AND INVESTMENT OBJECTIVES

Your investment strategy and risk profiling information is included within the Illustration you should have received. If this has changed please provide details of the revised attitude to risk and investment strategy below.

Unless clearly specified to the contrary, we will rely on the investment strategy and risk profiling information provided within the personal illustration that accompanies this nomination. 

N2 PLATFORM AND PLATFORM ADVISER DETAILS

If you will be appointing a Platform Discretionary Fund Manager (Platform DM) you must appoint them via the Platform and not on this form.

1	Name of the nominated Platform	<input type="text"/>
2	Name of the nominated Platform Adviser	<input type="text"/>
3	Address	<input type="text"/>
	Postcode	<input type="text"/>
4	Contact name	<input type="text"/>
5	Telephone number (please include international dialling code)	<input type="text"/>
6	Facsimile number (please include international dialling code)	<input type="text"/>
7	Email address	<input type="text"/>

Platform DM refers to a Discretionary Fund Manager that holds an agreement with your nominated Platform.

N3 POLICYHOLDER DECLARATION

I request and agree the EMC I have specified in section N is appointed in accordance with my wishes set out in that section, to advise and/or manage the External Account (the Account) to which the performance of my bond is linked. The EMC, Utmost or I may terminate this appointment at any time by giving written notice to all other parties.

I am aware this appointment will be based on terms agreed between the EMC and Utmost. Some of the most important terms have been set out below.

I confirm my understanding and agree that where applicable:

- › My adviser has explained Utmost’s charges associated with this nomination
- › Utmost will recover any necessary money from the Account to cover Utmost’s fees and expenses, as details in the Policy Schedule, Provisions and fund rules
- › Utmost shall not be responsible for any loss or liability to the Account (a) resulting from this appointment, or (b) from services rendered or procured by the EMC to Utmost
- › There are risks associated with the appointment of an EMC, where the EMC is responsible for the selection and/or safe keeping of the assets linked to the bond
- › Utmost is, and must remain, the beneficial owner of all assets linked to the bond, further to this, Utmost has the right to place trading instructions directly with the EMC at any time without requiring my approval. This may affect the value of the bond. Where there are conflicting instructions, Utmost’s instructions override my or EMC instructions
- › I have no legal right to the investments held by the EMC. Apart from agreeing or rejecting recommendations given to me where an advisory basis has been selected, I may not give any direct instructions to the EMC regarding the investments, including instructions relating to the selection of assets, or with respect to withdrawals or surrenders. Further I may not give any legal charge, pledge or lien over the Account, nor may I instruct the EMC to give any guarantee, indemnity or counter-indemnity in favour of any person or company
- › Utmost extend a Limited Power of Authority (LPOA) on my behalf which enables me to agree certain charges (not linked to advice), investment strategy and risk profile. My financial adviser and I can also obtain valuation statements directly from the EMC. If I am nominating a Platform and Platform Adviser, I am also given limited powers to agree the appointment of a Platform DM who hold agreements with the Platform and Platform Adviser. Utmost retains the right to decline any such appointment

- › The investment objectives and attitude to risk information set out in section N is held by Utmost for its information only. The EMC will be responsible for ensuring compliance with the objectives and risk information
- › The range of assets available is restricted in line with Utmost’s Investment Parameters. If assets other than the restricted range are linked to the bond, it could be deemed highly personalised and may be subject to penal taxation. Further to this, Utmost is not responsible for monitoring the bond’s assets or for any cost resulting from a breach of these restrictions
- › Utmost’s ability to sell, reinvest or pay cash in a timely manner can be restricted by certain types of assets your EMC can hold. Utmost reserves the right to delay settlement or reinvest at it’s discretion.

I agree and understand that the EMC:

- › May take charges for services other than advice, including those for transaction and/or custody services provided, as detailed under the standard charges section of their terms and conditions or as agreed separately with me. The EMC will deduct such charges for transactions and/or custody services directly from the Account
- › Is authorised by Utmost to take the agreed fees from the Account and make any separate investment management service payments on its behalf.

I promise that I will be responsible for reimbursing Utmost for any costs, losses and/or expenses incurred by Utmost as a result of any legal claims, complaints or proceedings brought by any party in respect of loss arising from the services and performance of the EMC, including those described above.

I confirm that the above statements have been explained to me by my adviser and that I understand and agree to them.

Policyholder(s) signature(s)

	Applicant 1	Applicant 2
SIGNATURE	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></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>

SIGNATURE

Please ensure that ALL policyholders sign here.



N4 PLATFORM ADVISER DECLARATION



This declaration should be signed by the Platform Adviser nominated within this document, to confirm acceptance of the appointment and to confirm understanding and agreement to the terms and responsibilities set out below.

Please indicate which of the following regulatory authorisations are currently held by the Platform Adviser:

- | | | | | |
|---|-----------------------|--------------------------|------------------------------|--------------------------|
| 1. FCA permission Managing Investments (article 37) | | | | <input type="checkbox"/> |
| 2. FCA permission Advising on Investments (article 53) | | | | <input type="checkbox"/> |
| 3. FCA permission Arranging safeguarding and administration of assets (article 40) | | | | <input type="checkbox"/> |
| 4. Isle of Man FSA regulated | Class 2 | <input type="checkbox"/> | Class 3 | <input type="checkbox"/> |
| 5. Jersey FSC regulated | Class B | <input type="checkbox"/> | Class C | <input type="checkbox"/> |
| 6. Guernsey FSC regulated Category 1 and 2 Restricted Activities held to | Advise on investments | <input type="checkbox"/> | Act as discretionary manager | <input type="checkbox"/> |

DECLARATION

- I, the undersigned, being an authorised signatory of the Platform Adviser, **agree on behalf of the Platform Adviser** to manage and/or advise on (as applicable) Utmost’s Account with the Platform named at section **N** on the basis stated in section **N2**.
- I **agree and understand** that this appointment will be on terms agreed between the Platform and Utmost, and that my/our operation of the Account is subject to these terms, and to the terms specified in this document which, among other things, shall include the following terms to which I undertake to fully adhere to through the signing of this document:
 - › By way of this appointment, the Platform Adviser is being authorised to buy and sell assets within the Platform Account on behalf of Utmost. Unless written authorisation stating otherwise is provided by Utmost, all investments must be in accordance with the Investment Parameters provided to the Platform Adviser by Utmost. Utmost is not responsible for monitoring the assets held within the Account, or for any costs resulting from a breach of these restrictions. Utmost reserves the right to update the Investment Parameters from time to time
 - › Utmost at all times reserves the right to refuse individual assets for investment and to override instructions given by the Platform Adviser in relation to investment or any other function of the Account. Utmost may at any time at its sole discretion give instructions directly to the Platform without notice and without requiring the Platform Adviser’s approval. In the event that instructions given by Utmost conflict with instructions given by the Platform Adviser, Utmost’s instructions shall have priority
 - › The Account is legally owned by Utmost, and Utmost is the sole beneficial owner of all assets within the Account. Neither the Platform Adviser nor the Policyholder have any claim or ownership over the Account or the assets within. The Platform Adviser is being appointed by Utmost upon the Account to instruct trades directly with the Platform on a restricted basis
 - › Changes to the basis of this appointment, between discretionary, advisory or otherwise, may only be made with Utmost’s prior written authority
 - › The Platform Adviser may accept instructions from the Policyholder to appoint one of a restricted list of Discretionary Fund Managers who have a direct agreement with the Platform (Platform DM). Written evidence of the instruction and/or agreement must be retained and made available to Utmost on request. The Platform Adviser will retain its responsibility for adherence to the Investment Parameters even where an additional Platform DM is selected
 - › The Account will not be more than 100% invested (i.e. no overdrawn positions shall be created), nor any other commitments made beyond the amount of the cash available in the Account without Utmost’s prior written authority
 - › Where charges for general advice or investment advice are agreed the Platform Adviser **is not permitted to take such charges from the Account** unless Utmost has given prior written consent

- › The Platform Adviser is not permitted to arrange any transfers of cash or investments into or out of the Account, except where cash is to be returned to the Utmost bond to a bank account designated in writing by Utmost, or as a part of supporting regular trading or settlement activity
- › Manufacturing costs relating to trading transactions, custody fees and discretionary fund management costs can be charged to the Account as a fund expense
- › Where the conditions of this appointment conflict with the Platform Adviser's standard terms and conditions applicable to its operation of the Account, these conditions will prevail.

3. I agree and understand that by accepting this appointment, the Platform Adviser will be appointed as an Investment Adviser to manage the Utmost bond's linked assets which include the management of the Policyholder's Utmost Dealing Account. It is the Platform Adviser's responsibility to ensure that there is sufficient cash in the Dealing Account to cover the cost of any charges or withdrawals. Debit interest will be charged on any negative balance.

4. I agree and understand that the Platform Adviser is solely responsible for ensuring that it acts within the limits of the authority set out in this appointment and the terms agreed with the Platform.

By signing below the Platform Adviser confirms that:

- › It has the necessary authorities under the legislation and regulations in its regulatory jurisdiction to act in the capacity of this nomination and will remain authorised and comply with the rules of the appropriate regulatory bodies whilst acting in this capacity. The Platform Adviser shall notify Utmost of any changes to its regulatory authorisation, including any disciplinary action taken against it, relevant to this nomination. The Platform Adviser confirms it is willing and able to select and/or hold assets in the Account in accordance with the investment strategy and/or objectives agreed with the Policyholder where applicable
- › It accepts full responsibility and legal liability for loss, damages or expenses which it or any other party may suffer or incur, directly or indirectly, as a result of acting outside the limits of this authority and promised to reimburse Utmost for any costs, claims, damages or liabilities incurred by Utmost as a result of acting in its appointed capacity
- › It promises not to make or bring any formal or informal legal claims, complaints or proceedings against Utmost in respect of its activities under this limited investment authority.

Signature on behalf of the nominated Platform Adviser

SIGNATURE Authorised signature on behalf of the nominated firm	Platform Adviser <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	SIGNATURE								
Date	<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			

○ APPLICANT DECLARATION

MANDATORY

It is important that you read this section carefully. This application forms the basis of our agreement with you, along with the policy terms and conditions.

If you do not understand any part of this application, please ask your financial adviser for further information.

Before signing, please also take the time to read the Product Guide, Key Information Document, Guide to Charges, Key Features Document and Personal Illustration which explain the key features of and the specific charges applicable to the Estate Planning Bond. They will assist you to be sure you have not relied upon any statement made by your financial adviser which is not supported in the literature. Your financial adviser will provide these documents and copies are also available from us.

In this declaration, "I", "me", "my" and "you" means the applicant and "the Company", "our", "us" and "we" means Utmost Limited.

The Company proposes that the laws of the Isle of Man shall apply to any contract relating to this application and that the Isle of Man Courts shall be the sole forum to consider disputes in relation to any contract arising from this application. Any decision to alter the Isle of Man Court's jurisdiction shall be at the discretion of the Company.

The Estate Planning Bond will be issued in accordance with the Policy Conditions and Policy Schedule which will be issued by the Company upon acceptance of this application.

The charges laid out in this document should match those shown in your Personal Illustration provided to you by your financial adviser. Should there be any inconsistencies please ask your financial adviser for an updated illustration.

The Company will only issue your bond once we have received all the information and documentation required to satisfy regulatory requirements relating to anti-money laundering and the prevention of tax evasion.

You may request a copy of the Policy Conditions at any time from our Welcome team on +44 (0)1624 653 251.

ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of funds - statement of truth

I truthfully confirm that:

- i) All funds invested in the bond applied for have been or will be properly declared to the relevant tax authorities in the jurisdiction of my tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations.
- ii) None of the funds invested derive, directly or indirectly, from illegal activities or sources and/or tax evasion or conduct which will or may be regarded as such.

Potential consequences of misleading the Company

I fully acknowledge and agree that if the Company discovers that I misled the Company in respect of any part of the statements confirmed above, the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the contractual ability to:

- i) terminate the bond immediately and, regardless of the actual date of the bond termination, impose the maximum encashment and any other relevant charges which may be imposed on me under the bond as if the bond had been encashed immediately after issue. Such charges shall be applied to the extent that they cover any costs, expenses or losses caused by the Company being misled, without limiting the Company's ability to seek additional recompense from me in respect of any shortfall
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at the Company's discretion concerning me and/or the bond.
- iii) if considered appropriate after consultation with the government or other authorities and/or legal counsel, either:
 - a) subject to satisfying the Company's further reasonable requirements, refund my premium(s) and other amounts paid to the Company to the date of such termination less applicable encashment and other charges in accordance with clause (i) above (the 'Refund Amount'), or
 - b) if legally required to do so by competent government or other authorities, freeze or pay over to relevant government authorities all or a portion of the Refund Amount or take such other actions as competent government or other authorities may legally require.

Disclosure of information to tax and other government authorities

I have been advised that the Utmost Group and the Company have a long-standing policy of co-operating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities or conduct which will or may be regarded as such.

In cases where the Company suspects that the funds invested in the bond are wholly or partly derived from illegal activities/sources and/or tax evasion, then the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the ability to directly or indirectly disclose to my home country tax and/or other government authorities, my identity and any relevant information considered necessary or appropriate, in the Company's and its legal counsel and other advisers discretion, concerning the bond.

The Company's obligations under the policy, including the payment of benefits, will be suspended either in whole or in part, to the extent that performance of any policy obligation may expose the company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

Confirmations and acknowledgements

I understand and agree that this contract is of the utmost good faith and that the information I supply in this application form, together with any supporting information completed or given by me in my name, shall form the basis of the contract with the Company.

I agree that if it subsequently comes to light that any information supplied to the Company by me or on my behalf was misleading or incomplete, then this might invalidate my contract and adversely affect my right to the payment of policy benefits. I understand the requirement to provide accurate and relevant information in my dealings with the Company is continuous and binding upon me or any subsequent holder of the policy.

I agree to inform the company immediately should any information within this application change, and understand that I am obliged to do so.

I understand that no contract shall be issued in respect of this application and the Company shall be under no obligation in respect of this application until the first premium has been received by the Company and the Company has expressly confirmed in writing that it accepts this application.

I accept that:

- › The selection of investments is my responsibility, or where appropriate, that of my investment adviser or any nominated EMC
- › The Company has no legal responsibility in respect of future performance of such linked assets.

I confirm that the firm named in Section K – Introducer's Details will be acting as my financial adviser on an ongoing basis and I agree that the Company is able to disclose all information relating to my bond to this financial adviser. I understand that if I decide to change my financial adviser it is my responsibility to tell the Company in writing of this change.

I agree that a copy of my agreement given in this Declaration will have the validity of the original. I understand that my financial adviser is acting as my agent and not an agent of the Company.

I confirm and declare that I am habitually tax resident in the jurisdiction entered in Section C, on page 3 of this application form.

HOW THE COMPANY USES YOUR INFORMATION

We use the information you give us, about yourself and other people, to provide our products and services. In order to support our products and services, we transfer information between different entities within our immediate operating group and to appointed data processors, but we do not transfer information to other parties, unless required to do so by law or regulation. We do not carry out marketing using the information or transfer, or sell, your personal information to others for marketing purposes.

More details about how we use your information, your rights over this information and how you can exercise your rights can be found in the applicable Privacy Notice. We publish our Privacy Notices on our website at www.utmostwealth.com or you can ring us on +44 (0)1624 643 345 and request a copy.

I acknowledge that:

The Company will store, process or pass my data whether or not my application is accepted. The Company will in the event of my death obtain such medical or other records from medical practitioners and/or other relevant institutions or authorities regarding my medical history or circumstances relating to my death should it wish to do so.

ACCESS TO MEDICAL RECORDS

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 and equivalent legislation. Your rights under the legislation are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following.

› Your current health

- Any care, medication or treatment you are currently receiving.
- The result of referrals or tests you are waiting for.

› Any time off work in the last three years

› Your past health

Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your doctor or any other medical adviser, therapist or counsellor, in particular whether you have a history of:

- malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) disease;
- musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints of muscles;
- anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
- suicidal thoughts or attempts at suicide; or
- conditions related to drug or alcohol misuse or smoking or chewing tobacco
- details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in
- last two years, urinalyses (tests on urine), x-rays or other investigations;
- any blood pressure readings in the last three years;
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be a long-term effects on your health; or
- predictive genetic test results unless there is a favourable test results which show that you have not inherited a condition your family suffers from.

The Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Acts 1993 will be relevant to the Company getting a medical report from any medical practitioner who has attended to you (the client) in England, Scotland, Wales, Northern Ireland or the Isle of Man but not, at present (although this may change in the future), the Channel Islands or elsewhere.

For the purposes of the Medical Reports Act 1988 and equivalent legislation:

I consent to the Company, its employees or agents asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my application, you may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.

I understand that I should notify the Company if my health or circumstances change between the date of signing this application form and the date a certified discount certificate is issued.

	Applicant 1		Applicant 2	
Do you wish to see the medical report before it is sent to us?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to be informed if the underwriting results in a variation to the gift or the discount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Requesting to see the medical report before it is sent to us will cause a delay in the underwriting process.

	Applicant 1	Applicant 2	
SIGNATURE	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	SIGNATURE
Print full name	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	
Date	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	