UNIT LINKED POLICIES



TOP-UP APPLICATION

For a corporate investor.

OR USE WITH THE FOLLOWING PRODUCTS	
Managed Savings Account	
Managed Pension Account	
Managed Capital Account	
Executive Wealthbuilder Account	

THIS DOCUMENT WAS LAST UPDATED IN MARCH 2024.

Please confirm with your financial adviser that this is the most up-to-date document for your product or servicing needs.

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

SE	CTION	PAGE	COMPLETED
Α	Account/Policy Details	3	
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FINANCIAL ADVISER	
Utmost International account reference	
Name of financial adviser	
Company name	
Address	
Telephone number	Fax number
E-mail address	

Utmost International only accepts business introduced by companies which have Terms of Business with us.

We only sell our products through financial advisers as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser, you need to bear in mind that they are acting on your behalf and not on behalf of Utmost International. You are responsible for their actions or omissions.

All references to Utmost International, we, us and our in this application form mean Utmost International Isle of Man Limited.

IMPORTANT INFORMATION FOR YOU - THE APPLICANT

This application form is for corporate investors only. If you are a personal investor you should use the alternative application form which is available from your financial adviser. Please note this application form must not be used by applicants resident in Hong Kong, Singapore, the United States of America or its territories or Latin America.

Before completing the application form, please make sure you receive and read through the terms and conditions and other relevant product information.

KEY INFORMATION DOCUMENT (KID)

A KID is a short document that describes the product's key features and target market, as well as the cost of owning the product and the risks associated with investment. It allows you to make comparisons with similar products from Isle of Man Financial Services Authority authorised insurers.

Under the Isle of Man Financial Services Authority's Insurance (Conduct of Business) (Long Term Business) Code 2021, Utmost International is required to provide you with a KID, if you are applying for a new account or adding to an account that you started after 31 December 2001. Where it's applicable, you should make sure you read your KID before completing this application. It can be obtained from your financial adviser.

As you are adding to an existing account, you do not need to return the KID to us.

YOUR RIGHT TO CANCEL

You have the right to cancel your additional investment and obtain a refund of any premium(s) paid, less any applicable charges* and any fall in the value of the assets linked to your policy. You have 30 days from the date that you receive the letter accepting the additional investment to let us know you want to cancel. Further information on how to cancel can be found in the relevant policy Terms & Conditions.

*Where relevant, applicable charges include non-refundable fund charges, fees we have paid to your financial adviser on your behalf and bank charges.

COMPLETING THE FORM

To complete this form:

-) use CAPITAL LETTERS only
-) use blue or black ink
- > specify choices as appropriate
- > complete all relevant sections
- > do not use correction fluid; any amendments should be crossed out, dated and initialled by all applicants.

Please note that we must receive your application form by post or courier, we are unable to accept faxed or e-mailed versions. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

A ACCOUNT/POLICY	Y DETAILS		
ADDITIONAL CONTRIB	BUTION		
Product			
Existing Account Number			
3			
Nature and purpose of			
additional investment			
additional investment			

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B DETAILS OF THE ACCOUNTHOLDER(S)

В 1	CORPORATE APP	LICANTS			
1	Company name				
	Company registration number				
3	Registered address (PO Boxes and 'care of' addresses are not acceptable)				
				Postcode	
4	State the jurisdiction in which the company is liable for tax				
5	Full correspondence address				
				Postcode	
6	If the correspondence address is different from the registered address, give a reason				
7	Is this investment in respect of employee benefits?	Yes	No		
8	Is the company an investment company controlled by persons residing in the UK?	Yes	No		For this purpose, a holding company or a collective investment
9	Is the company a trading company?	Yes	No		scheme is not an investment company.
	If "Yes", state its main business				
	Is the company in the process of being dissolved, struck off, wound up or terminated?	Yes	No		
11	Is the company quoted on a recognised stock exchange? If "Yes", which one?	Yes	No		
12	Has the company been established or owned by a Government Department, Political Party, Local Council	Yes	No		Question 12, refer to our separate document Politically Exposed Persons
	Authority, Trade Union or State Owned Industry?				
	If "Yes", give a description.				

An authorised signatory will need to read and sign Section **B4** on behalf of the company. List all the current directors of the company (continue as necessary on a separate sheet).

FULL NAME	DATE OF BIRTH							
	d	d	m	m	У	У	У	У
	d	d	m	m	У	У	У	У
	d	d	m	m	У	У	У	У
	d	d	m	m	У	У	У	У
	d	d	m	m	У	У	У	У
	d	d	m	m	У	У	У	У

Directors

From the list, supply the details of two directors, including at least one executive director. You will need to provide suitable verification of their identity and residential address at Section \mathbf{D} .

		Executive Director		Director		
1	Title (Mr, Mrs, Miss or Other)					
2	Gender	Male	Female	Male	Female	
3	Surname					
4 5	Maiden name (if applicable) Previous name or any aliases (if applicable)					Question 4 and 5, if not completed we will assume you have never been known by another name.
6	Forenames (in full)					
7	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)					
		F	Postcode	Po	ostcode	
8	Nationality and dual nationality (if applicable)					
9	Date of birth	d d m m y	у у у	d d m m y	у у у	
10	Country of birth					
11	Country or countries of Tax Residency					
12	National Insurance (NI) number					Only complete question 12, if you are a UK Tax Resident.
13	US Tax Identification Number (TIN)	-	-			
14	Other tax reference					Only complete question 13, if you are a

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Shareholders

If there is a corporate shareholder or any of the shares are held within a Trust, contact our Heritage Team on +44 (0) 1624 655 655.

For private companies, provide details of all **shareholders holding 25% or more** of the issued share capital at the date of the application.

		Shareholder 1	Shareholder 2	
1	Percentage share			
2	Title (Mr, Mrs, Miss or Other)			
3	Gender	Male Female	Male Female	
4	Maiden name (if applicable)			Question 4 and 5, if
5	Previous name or any aliases (if applicable)			not completed we will assume you have never been known by another name.
6	Forenames (in full)			
7	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)			
		Postcode	Postcode	
8	Nationality and dual nationality (if applicable)			
9	Date of birth	d d m m y y y y	d d m m y y y y	
10	Country of birth			
11	Country or countries of Tax Residency			
12	National Insurance (NI) number			Only complete question 12, if you are a
13	US Tax Identification Number (TIN)			UK Tax Resident.
14	Other tax reference numbers			Only complete question 13, if you are a US Tax Resident.

		Shareholder 3	Shareholder 4	
1	Percentage share			
2	Title (Mr, Mrs, Miss or Other)			Overstien A and E if
3	Gender	Male Female	Male Female	Question 4 and 5, if not completed we will assume you have never
4	Maiden name (if applicable)			been known by another name.
5	Previous name or any aliases (if applicable)			
6	Forenames (in full)			
7	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)			
		Postcode	Postcode	
8	Nationality and dual nationality (if applicable)			
9	Date of birth	d d m m y y y y	d d m m y y y	
10	Country of birth			
11	Country or countries of Tax Residency			
12	National Insurance (NI) number			Only complete question 12, if you are a UK Tax Resident.
13	US Tax Identification Number (TIN)			Only somethin
14	Other tax reference number(s)			Only complete question 13, if you are a US Tax Resident.
Th	e required documents ar	ation of addresses will be required for re outlined in Section E of this appli from us on our website www.utmos	cation. Further details of these	
В 2	POLITICALLY EX	POSED PERSON		
wh has of Ov be (as or be	o could be classed as a less previously been, entrus a senior political or gove wned Corporation, or a be considered a PEP in the defined above) in relation previous employer, as re	Politically Exposed Person ("PEP"). Peted with prominent public function ernment post, a senior member of the coard member of a Central Bank. Im ir own right. Provide details in the bon to this application. Where informatelevant, is not captured elsewhere i	required to identify persons associated PEP is a term used to describe someor is or responsibilities. For example: a Hone Judiciary or the Military, a senior enumediate family members or close associated by the persons that could be the person of the application form, please providuloper's address. Non-completion considered to the person of the application form, please providuloper's address.	ne who is currently or lead of State, a holder mployee of a State cociates of a PEP should e considered a PEP d current employer le this information

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ADDITIONAL REQUIREMENTS FOR POLITICALLY EXPOSED PERSONS

Where any party to the application is considered a PEP (as defined above), you will be required to complete and submit a Source of Wealth Information Questionnaire alongside this application. This questionnaire can be obtained via www.utmostinternational.com or by contacting us.

B3 ENTITY CLASSIFICATION

The Applicant must provide the status of the entity for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standard ("CRS") by ticking the relevant box against one of the categories listed below. Ensure you provide a status for both FATCA and CRS which could be the same, but may be different.

If you require clarification with regards to any of the entities, refer to our Tax Information Exchange Pack for Entities.

Ref No	Entity Classification	FATCA	CRS			
1	Passive Non-Financial Foreign Entity (FATCA)¹ Passive Non-Financial Entity (CRS)					
2	Active Non-Financial Foreign Entity (FATCA) Active Non-Financial Entity (CRS) If you have ticked that the entity is an Active Non-Financial Entity please also tick one of the boxes (2.1-2.6) below					
	2.1 A corporation, the stock of which is regularly traded on one or more established securities markets					
	2.2 Any corporation that is a Related Entity of a corporation described in 2.1					
	2.3 A Government Entity					
	2.4 A Central Bank					
	2.5 An international Organisation					
	2.6 Other					
3	CRS Financial Institution or a Partner Jurisdiction Financial Institution under FATCA (including an investment entity or a 'managed' investment entity, such as a professionally managed trust)					
4	Deemed Compliant Foreign Financial Institution ²					
5	Exempt Beneficial Owner					
6	Financial Institution resident in the US or in a US Territory					
7	Non-Participating Foreign Financial Institution					
8	Participating Foreign Financial Institution					
9	A Specified US Person					
10	Non-Reporting CRS Financial Institution, which would include Broad and Narrow Participation Retirement Funds, Trustee Documented Trust or other entity under domestic law as low risk of being used to evade tax					

¹ If you are a direct reporting Passive Non-Financial Foreign Entity for FATCA you will also need to provide a Global Intermediary Identification Number ("GIIN") at question 11. This status will not apply unless you have registered as such.

² If the entity is registered deemed compliant then a GIIN would be expected. If the entity is certified deemed compliant, or owner documented, then no GIIN is required for FATCA but, dependent on your categorisation for CRS, you may still need to supply a tax reference number.

11	Provide us with the S	Sponsor entity tax identification number:	If a GIIN or other tax				
	For Financial Institu Trustee Documente (GIIN) here.	reference number is not available, we will require the Tax Information Exchange					
	Provide GIIN	Pack for Entities to be completed with details of					
	Sponsor Entity GIIN	(where applicable)	shares. This additional form must be signed by one authorised signatory.				
			one authorised signatory.				
12	For other entities pro	ovide the tax reference number for the entity here					
B 4	ENTITY SELF-	CERTIFICATION					
		or any entity must be signed by a person with authority to sign on behalf of					
tha	t entity, for a Compa	any this should be a Director or Authorised Signatory.					
		ory declares that the information provided is to the best of elief, accurate and complete.					
Inte	ernational Isle of Ma	ory understands and agrees that the information provided to Utmost n Limited may be shared with the Isle of Man Government in accordance agreements, including FATCA and the CRS.					
		ory agrees to inform Utmost International Isle of Man Limited immediately provided change, and understands that they are obliged to do so.					
		Authorised Signatory					
SIG	SNATURE		Only one controlling party is required to sign.				
Pri	nt full name						
Da	te	d d m m y y y y					

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C SOURCE OF FUNDS

C1 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost International 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 their origin.

Documentary evidence requirements:

For details of our documentary evidence requirements refer to our Anti-Money Laundering and Source of Wealth Requirements document available via www.utmostinternational.com or from our Welcome Team.

1. Compensation paymen	nt	Evidence required:
Name of organisation or individual that paid compensation		Original or suitably certified copy of one of the following:
Reason for compensation		 Letter on company headed paper or court order from
Country where compensation was awarded		compensating body validating the information in this
Total amount received	Currency Amount	application; or
Date received	d d m m y y y y	Signed letter on company headed paper from the solicitor or lawyer handling the compensation validating the information in this application.
2. Loan		Evidence required:
Name of loan provider		Original or suitably certified copy of one of the following:
Address of loan provider		 A signed letter from the lender on letter-headed paper confirming the name of borrower, amount of loan and
	Postcode	date of draw-down; or > A loan statement
Total amount borrowed	Currency Amount	confirming the details provided in this form.
Date of loan	d d m m y y y y	
Purpose of Ioan		

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3. Maturing policy/policy claim/replacement policy/pension

If the source of funds is the sale of an investment rather than maturity, please complete 4 instead.

Name of policy provider		
Address of policy provider		
		Postcode
Policyholder's full name		
Length of time policy held	years months	5
Reason for policy claim or replacement policy (if applicable)		
Total amount received	Currency	unt
Date received	d d m m y y y y	
If a surrender penalty was applied, please indicate the amount		

Evidence required:

Original or suitably certified copy of **one** of the following:

- > Letter on company headed paper from previous product provider regarding notification of proceeds of claim under the policy; or
- Closing statement from previous product provider.

4. Sale of asset portfolio or investment

Net amount received

If the source of funds is a maturing investment rather than one that you are choosing to sell, please complete 3 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
Account name		
Length of time asset portfolio or investment held	years month	S
Date of sale	d d m m y y y y	

Currency

Evidence required:



Original or suitably certified copy of **one** of the following:

- › Legal sale document; or
- > Copy of contract note.

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Amount

5. Company sale or sale o	of interest in company	Evidence required:
Company name		Original or suitably certified copy of one of the following:
Industry/business sector Address of company		 Signed letter on company headed paper from a solicitor or lawyer validating the information confirmed in this section of the application form; or Signed letter on
Date of sale	Postcode d d m m y y y y	company headed paper from a regulated accountant validating the information in this section of the application form; or
Sale amount Net amount received i.e. the amount the Applicant received after any deductions such as fees and taxes.	Currency Amount Currency Amount	> Copy of contract of sale and bank statement in the name of the Applicant showing payment of the proceeds into an account in the name of the Applicant.
6. Property sale If the Applicant is not the benef source of funds that is more applications of property sold (including postcode if	icial owner of this property, please select a different option for propriate	Where the property sold was owned for less than five years you should also provide the information and evidence (where applicable) for the source of funds used to acquire the property.
applicable)	Postcode	Evidence required: Original or suitably certified copy of one of the following:
Length of time property owned Date of sale	years months d d m m y y y y	Signed letter on headed paper from the solicitor; or lawyer handling the sale or from a regulated accountant; or
Total sale amount	Currency Amount	 Copy of contract of sale detailing the details included in the
Net amount the beneficial owner received from sale	Currency Amount	application form.

Signed letter from a person with personal knowledge of the

activities described

activities described and in a position subject to anti-money laundering regulation, for example a regulated accountant or lawyer.

7. Company profits (tradi	ng companies only)	Evidence required:
Company profits (currency and amount) most recent		Original or suitably certified copy of one of the following:
trading year Company profits (currency and amount) most prior trading year		 Copy of the latest available annual report and accounts; or
		 A letter from a regulated accountant giving details of company profits over the last two years.
8. Share sale		
o. Share sale		Evidence required:
	of an investment rather than maturity, please complete 4 instead.	Original or suitably certified copy of one of the following:
What shares were held		› Signed letter on
Amount of sales proceeds	Currency Amount	company headed paper from a solicitor or lawyer validating the
How they were sold (bank, stockbroker, etc.)		information confirmed in this section of the application form; or
Address of bank, stockbroker etc.	Postcode	Signed letter on company headed paper from a regulated accountant validating the information in this section of the application form; or
Date received	d d m m y y y y	Copy of contract of sale and bank statement in
How long were the shares held	years months	the name of the Applicant showing payment of the proceeds into an account in the name of the Applicant.
9. Other income sources		Evidence required:
Description of the activity that generated the funds		Original or suitably certified copy of one of the following:
Role in relation to above activities		 Appropriate, independent supporting
Period over which the		documentation which validates the
activities occurred		information provided
Country in which the		in this section of the application form; or

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months

Amount

years

Currency

Country in which the activity occurred

Proceeds received from

Date received

the activity

All investments are assessed on a case-by-case basis. Depending on the answers provided in the application we may request independent evidence of source of funds. We can accept original or suitably certified copies of source of funds evidence. Guidance on how to certify documents is available in our Anti-Money Laundering and Document Certification Requirements document. Please provide as much detail as possible. If it is not clear how the funds were accumulated we will need to request further information and the Bond will not be issued until the requested information is received and a satisfactory risk assessment is completed.

Under Isle of Man anti-money laundering regulations we are required to verify the identity and address of all Applicants related to a contract. Refer to ourAnti-Money Laundering and Source of Wealth Requirements for more information. Below you will find the standard minimum requirements. If necessary copy Parts 1 and 2, as all parties to the policy must be identified.

For corporate entities we will require identification verification for two directors, one of whom must be an executive director and individual shareholders that hold 25% or more of the issued share capital. In some circumstances we may request additional information. We require one suitably certified document from Part 1 together with one suitably certified document

	om ran 2.																													
PA	ART 1 PERSONAL ID	ENT	TITY	1																										
	ease confirm who is being there are more than four p																						etc	:.						
1	Who is being identified?																													
2	Valid passport																													
3 4	National ID card (with photograph) A current driving licence ³ (with photograph)																													
Re	ference Number																													
lss	suing Entity ⁴																													
lss	sue Date	d d	d m	m y	у	уу	d	d	m	m	У	У	У	у	d	d	m	m	У	у	У	У	d	d	m	m	У	у	у	У
Ex	piry Date	d d	d m	m y	у	уу	d	d	m	m	у	У	У	У	d	d	m	m	У	у	У	У	d	d	m	m	у	у	у	У
	here the Applicant does no rt 2.	ot hol	ld an	item	n fro	m Pai	rt 1,	inc	dica	te v	why	/ in	the	bo	ox k	oel	ow	an	d s	upp	oly	a se	eco	nd	do	cur	ner	nt fi	om	1

Where a driving licence is used to verify identity it cannot also be used to verify address. The driving licence needs to be current, valid and issued from a recognised jurisdiction.

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³ Where the driving licence does not confirm nationality this will be requested.

⁴ To include entity name and country where the document was issued.

PART	2 VERIFICATIOI	N OF ADDRESS						
			ion e.g. Executive Direc section and securely at					
1 Who	ose address is being ied?							
2 A red	cent ⁵ utility bill dated certified within the six months							
state	cent ⁵ mortgage ement, giving the dential address							
4 A cu	rrent driving licence							
or of process show entite. 6 A reasse 7 Rate bill continues within 8 A reasse credileast	ate pension, benefit ther government duced document wing benefit element ecent ⁵ tax essment document s or council tax dated and certified in the last year cent ⁵ account ement from bank or it card showing at tone transaction							
Mobile	phone bills and store	card statements are not	t acceptable.					
Referen	ce number							
Issuing	entity ⁶							
PART	3 - CORPORATE	ENTITIES						
Λ copy (of the Certificate of Ir	ocorporation						
		·						
Compai	ny Memorandum and	Articles of Association						
Evidenc	Evidence of the registered office of the Company							
Copy of	annual reports and a	accounts (only required v	where not a public comp	oany)				
An authorised signatory list including specimen signatures and signing powers								

A list of all shareholders holding 25% or more of the issued share capital

registered companies only)

A certified copy of the Board Resolution appointing the authorised signatories (for public

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⁵ Recent generally means not more than six months old, if issued on a monthly basis. If the document is issued less frequently, e.g. annually, recent means the most recently issued document (for example mortgage statements are usually issued annually).

⁶ To include entity name and country where the document was issued.

PART 4 - HOW HAS THE CUSTOMER DUE DILIGENCE (CDD) BEEN OBTAINED

Please confirm which items of CDD have been provided and how they were obtained by ticking the relevant boxes.

Please note 'Obtained via a third party who has met the client face to face' also includes via live video stream.

Obtained by the adviser directly from the client

Obtained via a third party who has met the client face to face

Provided direct to Utmost by the client

Valid identity documents

Valid proof of residential address

Source of funds documents

Source of wealth documents and information

Certification Requirements

Identity verification

I certify that this document is a true copy of the original which I have sighted and the photograph represents a good likeness of the client who I have met.

Source of funds, source of wealth and address verification

I certify that this document is a true copy of the original which I have sighted.

PART 5 - THIRD-PARTY DETAILS

If you have not met the person being identified face to face or customer due diligence (CDD) has been obtained via a third party who has met the person being identified face to face, please provide the following details:

	Third-Party Details	
Name of individual who obtained the CDD or met the person being identified face to face		
Occupation that qualifies the individual to certify CDD		
Date of birth	d d m m y y y y	
Residential address		
		Postcode
Registered company name		
Registered company address		
		Postcode

E INVESTMENT DETAIL	LS	
CONTRIBUTION BAYMEN		
CONTRIBUTION PAYMEN	l I	
Lump sum contribution		
Regular contribution	Monthly	Quarterly
Initial payment method (🗸)	Credit card	Telegraphic Transfer
Regular payment method (✔)	Credit card	Telegraphic Transfer

- ▶ The contribution payment must come from an account in the name of the applicant(s). Please complete section J with account details where funds are being remitted from.
- ▶ Please remember to enclose with this application either your copy of receipt of your electronic bank transfer payment, or your credit card payment authority (your financial adviser can provide you with the necessary details) with this application form.

F INVESTMENT CHOICE

Please use this section to list the funds which your contribution should be invested in. Your chosen funds must be denominated in the same currency that you pay your contributions in. You can invest a minimum of 1% in any fund (whole numbers only) and up to 10 funds.

Please note if we do not receive sufficient details, this will delay your investment.

INVESTMENT CHOICE

Lump sum contribution

FUND NUMBER	FUND NAME - PLEASE ENTER NAMES IN FULL.	LUMP SUM CONTRIBUTION (WHOLE % NUMBERS ONLY)
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
	TOTAL:	100 %

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Regular contribution

FUND NUMBER	FUND NAME - PLEASE ENTER NAMES IN FULL.	REGULAR CONTRIBUTION (WHOLE % NUMBERS ONLY)
		%
		%
		%
		%
		%
		%
		%
		%
		%
	TOTAL:	100 %

In the absence of complete investment instructions, or if a selected fund is not currently available, Utmost International will make efforts to obtain valid investment instructions. Failing which Utmost International will allocate part or all of the contributions to a deposit-based fund.

In case we need to clarify the investment choice details above, please provide us with a contact name and contact details.

G REGULAR WITHDRAWALS (OPTIONAL)

Please complete this section if you wish to receive regular withdrawals from your policy/account. NOTE: regular withdrawals are not available when you pay regular contributions into your policy/account. Withdrawals must be in the same currency as the policy.

Please note that the minimum payment for any regular withdrawal payment, regardless of frequency, is £50 (or other currency equivalent).

▶ If you wish to change the amount of withdrawal on your account please enter the revised total withdrawal amount required.

WITHDRAWAL AMOUNT											
Amount to be withdrawn each year											
or											
Percentage of contribution to be wit	hdrawn each yea	ar									%
Percentage to be based on your (✔)	original contr	ibution or	total contribu	ıtion inv	este	ed in	the	pol	licy/	acco	ount
Withdrawal frequency (✔)	Monthly	Quarterly	Half-yearly	Yea	rly						
Date of first payment				d	d	m	m	У	У	У	У

The first withdrawal must be made at least one month after the additional contribution is applied. If no date is specified, the regular payment date will be fixed by reference to the policy commencement date/account start date.

PAYEE DETAILS		
Until further notice, I/we would lik	se income payments to be made to:	
Bank account holder(s) (Name as stated on bank account)		
Bank account number/IBAN*		
Sort code** (applicable to UK accounts)	non-l	ch code for JK payments
SWIFT or BIC code** (if applicable) Personal address of	ABA	number***
bank account holder(s)		
	Postcode	Country
** A sort code is used in the UK in	nk account number and is always used in con conjunction with a bank account number. A S nt number. A BIC code is used in Europe in co nts.	SWIFT code is used outside Europe in
Bank name		
Address of bank		
	Postcode	Country

H DECLARATION AND APPLICATION

IMPORTANT INFORMATION - THIS SECTION MUST BE COMPLETED

Please read this declaration carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the policy/account. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that Utmost International can assess its possible significance.

If you become aware of such a fact while Utmost International is considering your application, you should notify Utmost International immediately.

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DECLARATION - BY EACH APPLICANT

References to the word 'I' in this declaration refer to:

- 1. each director/authorised signatory on behalf of the company.
 - 1. I understand and agree that this policy/account with Utmost International will be subject to Isle of Man law and that the Policy Terms will be in the English language.
 - 2. I declare that to the best of my knowledge and belief the statements made in this application are true and complete and together with any statements made or to be made by me or a life assured in any other document shall form the basis of the contract between me and Utmost International Isle of Man Limited.
 - 3. I confirm that:
 - i This application form was signed in (country)
 - ii I have received a copy of and had the opportunity of reading the relevant product brochure before completing this application.
 - 4. I have read and understand the content of this document.
 - 5. I confirm that neither I nor each life assured am/are, or will become a resident of the Isle of Man. I confirm that the company is not incorporated in the Isle of Man and will not be incorporated in the Isle of Man.
 - 6. I confirm that the additional contribution accompanying this Application (if applicable) has been provided from my/our/the company's personal financial resources.
 - 7. I understand that if I become resident or the company becomes incorporated in the United States of America, Utmost International may not be able to accept any further contributions until after I cease to be a resident or the company ceases to be incorporated in the United States of America.
 - 8. I declare that to the best of my knowledge and belief the statements made in this Application and any related documents are true and complete and that I have not concealed any material fact.
 - 9. I confirm that each life assured (or their parent where parental consent is required) consents to this application, and agrees to my acting as their agent for the purpose of the information provided in this application.
 - 10. I am aware of the charges payable on the policy/account, including the charges payable in respect of the investments which may be held within it. I understand the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and on-going payments (such as commission) made to the financial adviser. These payments could be in addition to any commission payable by the investment provider to the financial adviser in respect of the investments held. I understand that Utmost International may receive payments in the form of fund manager rebates, from an investment provider in respect of the investments held, and which Utmost International may share with my financial adviser.

DATA PRIVACY STATEMENT

I understand that Utmost Services Limited, Utmost International Business Services Limited, Utmost Services Ireland Limited, Utmost Administration Limited, Utmost International Isle of Man Limited, and / or Utmost PanEurope dac (Utmost International) will process personal information about me and any other party whose personal information I have provided.

The type of personal information processed about me will depend on the purpose for which it has been collected and will include:

- > my contact details
- > information to verify my identity
- information about my family, lifestyle, health and finances
- my payment details.

The processing of my personal information may take place in a number of jurisdictions and may be shared with other parties within or outside the Utmost group of companies for the general purpose of establishing, maintaining and servicing an insurance policy. The sharing of my personal data may be used for any or all of the following purposes, to:

check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;

- allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- > enable an appointed financial adviser or fund adviser to assist in the provision of services to the policyholder;
- > compile statistical analysis or market research, where information is not specific to the individual;
- ocomply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standards;
- enable an appointed discretionary asset manager or custodian to meet their legal or regulatory requirements, where that discretionary asset manager or custodian providing services in relation to a policy requests the personal data of an individual linked to an application, and where we are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

Where my personal information is shared with a third party for the provision of services relating to my policy, my personal information will only be used for the purposes for which it was collected. In some circumstances this may involve a transfer of my personal information to a third party outside the European Economic Area (EEA). Whenever my personal information is shared it will be subject to the same levels of security and protection that Utmost International would apply.

I may ask Utmost International to:

- > provide a copy of personal information held about me and an explanation of how this data is processed;
- > update or correct my personal information;
- > delete information about me (where it is no longer necessary in relation to the purpose for which it was originally collected);
- restrict processing of my personal information where appropriate. I may also object to Utmost International processing my data but understand that this may have consequences in Utmost International being able to continue servicing my policy.

I have been made aware that a full explanation of how Utmost International collects, uses and shares my personal information can be found at www.utmostinternational.com/privacy-statements/

If I have any questions about data privacy I can address these to:

For Utmost PanEurope dac: The Data Protection Officer, Utmost PanEurope dac, Navan Business Park, Athlumney, Co Meath, C15 CCW8, Ireland.

Or email: dataprotection@utmost.ie

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Data Protection Officer, Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

Or email: IOMFMDPO@Utmostgroup.com

If I have a complaint about the processing of my personal information and Utmost International is unable to provide a satisfactory response I may contact the appropriate regulator:

For Utmost PanEurope dac: The Ireland Data Protection Commissioner, Canal House, Station Road, Portarlington, R32 AP23 Co. Laois, Ireland.

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, British Isles, IM1 1ET.

As the Isle of Man is not part of the United Kingdom, our Appointed Representative in the United Kingdom is an establishment of Utmost Services Limited based at Saddlers House, 5th Floor, 44 Gutter Lane, London, EC2V 6BR.

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I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to Utmost International either in this application or within accompanying documentation.

Corporate Accountholder details

SIGNATURE Name Date **SIGNATURE** Name Date A copy of this completed application is available on request. A copy of the policy/account terms for your application are contained on the Utmost International website. Links to the following policy/account terms are provided on our website www.utmostinternational.com REMITTING BANK DETAILS Please note that the payment frequency must be the same as your regular contribution frequency. To: The Manager Name of your bank Address of your bank Please transfer the sum of £ US\$ € (Amount of lump sum Contributions must be in the same contribution plus currency as your policy/account. any initial regular contribution.) On the (Please allow at least 14 days to set up.) Followed by £ US\$ € (Please quote policy/account number with each payment.) on the same day: (\checkmark) Monthly Quarterly Half-yearly Yearly

Please charge the amount of the payment, together with any bank and agent bank's charges, to my/our bank account.

Full name(s)		
Bank account holder (Name as stated on bank account)		
Bank account number/IBAN*		
Sort code** (if applicable)		
SWIFT or BIC code** (if applicable)		
Personal address of bank account holder(s)		
	Postcode	Country
	Bank Account Holder	Bank Account Holder
SIGNATURE(S)		
Date	d d m m y y y y	d d m m y y y y

IMPORTANT

Please make sure that the applicant name and/or policy number is/are quoted in the payment field.

BANKING DETAILS

STERLING PAYMENTS From UK banks (CHAPS* payments)			
		From non-UK banks (SWIFT** payments)	
Sort Code:	55-91-00	SWIFT code:	RBOSIMD2XXX
Bank:	Isle of Man Bank, East Region, 2 Athol Street, Douglas, Isle of Man	Sort code:	55-91-00
Beneficiary:	Utmost International Isle of Man Limited	Bank:	Isle of Man Bank, East Region, 2 Athol Street, Douglas, Isle of Man
IBAN***:	GB89NWBK55910010934022	Beneficiary:	Utmost International Isle of Man Limited
BACS payment account number:	10934022	IBAN:	GB89NWBK55910010934022

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^{*} IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC).

^{**} A sort code is used in the UK in conjunction with a bank account number. A SWIFT code is used outside Europe in conjunction with a bank account number. A BIC code is used in Europe in conjunction with an IBAN.

OTHER CURRENCY	PAYMEN	TS (SWIFT PAYME	NTS)		
Payments should be made	e to Utmost In	nternational Isle of Man Li	mited's accou	nts held with National Westr	ninster Bank, London.
SWIFT code:	NWBKGB2L>	KXX			
Bank:	National Wes	stminster Bank, London			
IBAN:	(select as app	olicable, see below)			
1. US dollar	BAN - GB691	NWBK60730167505139			
2. Euro	IBAN - GB11	NWBK60720257005028			
** SWIFT is an acronym	for Society	for Worldwide Interba	ank Financial		rling (£). h a bank identifier code (BIC).
IMPORTANT					
Please make sure t	hat the app	licant name and/or p	oolicy numb	er is/are quoted in the p	payment field.
► The contribution pa	yments mu	ıst come from an acc	ount held in	the name of the applic	cant(s).
CREDIT CARD PA	YMENT	AUTHORITY			
Please read the following	ng carefully	and complete all sec	tions.		
Account number (to be completed by U or your financial advise		rnational			
I hereby authorise Utn in the following currer		ational to collect my	contributio	n payment	f US\$ €
				nts collected in pound s payments to avoid dela	terling, US dollar and euro. For ys.
Please collect the contr	-	-			
		Access	Delta	Eurocard	MasterCard Visa
Contribution amount				Initial collection date	d d m m y y y y
				If blank, initial collection	on will be processed when we on
Please tick appropriat	e (🗸)	All regular contributions		Initial regular contributions only	Lump sum contributions
Frequency		Monthly	Quar	terly	
Please check the frequ	uency for y	our product.			
Regular collection dat		1st	7th	15th	25th
Where the date is left b	lank, collec	tions will be taken on	the nearest s	subsequent date after th	ne additional contribution is applied.
Name of Utmost Inter policyholder(s)/ accountholder(s)	national				
Name of cardholder					

Address of cardholder (If the address on this authority form differs to the policyholder(s)/ accountholder(s) current residential or correspondence address, please provide an explanation).	
Card number	
Expiry date	
Card issuer (For example bank name)	
Country of issue	
SIGNATURE	Cardholder
Date	d d m m y y y y

IMPORTANT NOTES

- 1. Please check with your credit card issuer that your credit card is authorised for international transactions and advise them of the expected payments to avoid delays.
- 2. Utmost International reserves the right to vary the service charge at any time. Should the service charge be increased, Utmost International will notify the cardholder in advance.
- ${\it 3. \ \ Payment by credit card is not permitted where the credit card is American Express.}$
- 4. This form authorises Utmost International to collect up to a maximum of three months' outstanding contributions from the above credit card on the policyholder(s)/ accountholder(s) chosen collection date.
- 5. Maximum amount to be collected by credit card is £3,500, U\$\$5,000, or €5,000, per payment transaction.
- 6. If Utmost International is unable to collect a contribution via the credit card, you must forward the overdue amount to Utmost International's Premium Collection Department, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.
- 7. The renewal collection date will be the date specified above, or if it is not a working day, a default date will automatically be chosen by Utmost International if no date is specified.
- 8. On your credit card statement the narrative will read UIIOM for your contribution payment.
- 9. If you are, or you become, a resident of the United States of America or its territories, then Utmost International may refuse to accept payment or continue to collect payment.

A WEALTH of DIFFERENCE

www.utmostinternational.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 024916C.

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.

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