

REINSTATEMENT APPLICATION FORM

IMPORTANT NOTES

You are applying to reinstate your Vision Plan, which has been in a Paid-up status with no premiums paid for over 12 months since the last regular premium was due. Please note that Reinstatements from a paid-up status are not possible if your Plan is within the final year of the original Premium Payment Term.

The acceptance of this Reinstatement application is at the discretion of Utmost Worldwide, in accordance with your Product Terms and Conditions. An application decision will be confirmed in writing to you by Utmost Worldwide within 5 working days of receipt of this application.

If this Reinstatement application is accepted by Utmost Worldwide, in addition to this application form we will require:

- › Certified up-to-date Proof of Identification
- › Certified Proof of Residential Address dated within the past 3 months

A PLANHOLDER DETAILS

Plan Number(s):																		
First Planholder:																		
Second Planholder (if any):																		
Are you the ultimate beneficial owner ¹ of this Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please complete the Beneficial Owner Identification Form and submit together with this document.																
	FIRST PLANHOLDER:	SECOND PLANHOLDER:																
Permanent Residential address:																		
If UK / Switzerland please indicate date of return to UK / Switzerland:	<table><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	<table><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											
d	d	m	m	y	y	y	y											
Email address:																		
Landline Tel No:																		
Work Tel No:																		
Mobile Tel No:																		

Please provide information below to allow us to meet our tax information exchange reporting requirements under FATCA (for US persons) and CRS (the Common Reporting Standard) as applicable. Please ensure that you provide a valid TIN (Tax Identification Number) for each country where you are tax resident, or a valid explanation of why you do not have one. US TINs are mandatory for US persons. If completing in relation to a legal entity, please provide a separate Entity International Tax Compliance form. Please note that failure to provide complete information below may affect our ability to carry out instructions on your Plan(s) on a timely basis. By completing this information you declare that it is complete and accurate, and that no material fact has been omitted or concealed.

Tax Residence:		
Jurisdiction 1:		
TIN 1:		
Jurisdiction 2:		
TIN 2:		
Jurisdiction 3:		
TIN 3:		

¹ As defined in MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism, beneficial owner means "the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement." To avoid confusion, beneficial owner does not mean a Beneficiary of your Plan nominated under the Insurance Act.

UTMOST WEALTH SOLUTIONS
REINSTATEMENT APPLICATION FORM

Please provide an explanation if you do not have a TIN number:

Do you hold dual nationality?:

☐ Yes ☐ No

☐ Yes ☐ No

If Yes, please list the Countries:

B PREMIUM PAYMENTS



Please note that your premium level at Plan Reinstatement stage must be equal to, or less than the original premium level requested on your Vision plan. A Premium Increase can be considered following your Reinstatement application acceptance by Utmost Worldwide.

CURRENCY AND AMOUNT

Your Original Regular Premium Payment:

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Your Required Regular Premium Payment:

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Your premium collection frequency:

☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually

Your method of payment:

☐ Bank standing order ☐ Credit card

ARREARS INSTRUCTIONS (OUTSTANDING PREMIUMS)

I/We wish to instruct you to cancel the arrears created by the premiums I/we have missed and do not wish to back-pay this - **this option is only available after the plan has completed the initial period.**

☐

I/We wish to carry out an additional payment of

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 while understanding that back-payments may not be accepted in some circumstances and any back-payments are subject to assessment by Utmost Worldwide. Any back-payment cannot be more than the amount of outstanding arrears at the last regular premium level.

☐

Where one or more **"Incentive Premiums"** have been awarded in the past to your Plan, please note that any incentive premiums will be forfeited unless a FULL 5 years' worth of continuous regular premium contributions have been paid at, or above, the level committed to at the time of granting. Please be aware of this likelihood of forfeiture in selecting from the options above. In the event of forfeiture, if your Plan subsequently reverts to "premium paying" status and the commitment to the FULL 5 years' worth of regular premium contributions at the required level is achieved, then the Incentive Premium(s) will be reinstated subject to management discretion.

If your Plan has at least a 10 year Premium Payment Term, a **Loyalty Bonus** equal to 5% of all the regular contributions you have paid, will be awarded on the 10th Plan anniversary and every 5th Plan anniversary thereafter (within the 30 years following Plan commencement or the original Premium Payment Term, whichever is less), as per the Terms and Conditions. Please be aware of this in selecting from the options above.

IF YOU ARE PAYING BY CREDIT OR DEBIT CARD, PLEASE COMPLETE THE PAYMENT CARD MANDATE:

By completing this section, you are authorising Utmost Worldwide Limited to collect regular payments for your Plan using the card details provided below.

Payment can only be accepted from MasterCard or Visa cards that are registered to the owners of the Plan. Payment will be taken in the Plan Currency.

Cardholder name:

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Payment card issuing bank name:

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Visa/MasterCard number:

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Expiry date:

m	m	y	y
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SOURCE OF FUNDS QUESTIONNAIRE

BANK DETAILS

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

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

EMPLOYMENT DETAILS

Please confirm:

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

SOURCE OF FUNDS QUESTIONNAIRE (CONTINUED)

APPLICANT INCOME DETAILS

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

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

APPLICANT SOURCE OF WEALTH

	FIRST APPLICANT	SECOND APPLICANT
18 Please confirm your estimated net worth:	<input type="text"/>	<input type="text"/>
19 Please list the key parts making up your net worth:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
20 Will you pay your Premium using your annual income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21 If No, please confirm the sources of wealth that you will use to pay your Committed Premium:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Gift or inheritance from a third-party (this includes from your spouse)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The disposal of a business or other asset?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to any of the above, please provide details and provide supporting evidence:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

C AUTHORISATION

I/We would like to reinstate my/our Vision Plan. I/We confirm that my/our intention is to pay further regular premiums in order to accumulate savings based on my original investment objective. ☐

I/We would like to receive our statements digitally (eStatements) via the Online Service Centre (registration is required). ☐

I confirm that I have read and understood the Data Privacy Notice that is available on the Utmost International Website – utmostinternational.com and that I consent to any personal or financial information relating to me held by Utmost Worldwide at any time (including information that may be considered confidential or that may constitute personal data for purposes of data protection legislation) (“Personal Data”) being disclosed and transferred to other Companies in our corporate group and, where Personal Data is collected by a branch of Utmost Worldwide established outside Guernsey, to other companies within our corporate group.

SIGNATURE

FIRST PLANHOLDER:

SECOND PLANHOLDER:

Date:

d	d	m	m	y	y	y	y
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d	d	m	m	y	y	y	y
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DID YOU KNOW...

Please register for Utmost Worldwide **Online Service Centre** access at utmostinternational.com and take advantage of our secure eStatement delivery and plan event notifications to keep you informed of what is happening on your Plan.

To register go to:

<https://my.utmostworldwide.com/PortfolioManager/Registration/PlanDetails.aspx?BrandID=100&CultureID=1>

To switch investments or redirect your Premiums, please consult our Investment Options Brochure available within Fund Information and complete an online Switch instruction.

The Online Service Centre also has a Plan Tracker tool to allow you to obtain projected values for your investment outcome based on assumed rates of return, and specified premium levels.

Please take advantage of our other Online Service Centre Plan services available at the click of a button.

A WEALTH *of* DIFFERENCE