

FOCUS

APPLICATION BOOKLET FOR USE BY INDIVIDUALS

FOR USE IN SINGAPORE ONLY

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT OF SINGAPORE (CHAPTER 142), IF YOU DO NOT FULLY AND FAITHFULLY DISCLOSE IN THIS APPLICATION BOOKLET ALL FACTS AS YOU KNOW OR OUGHT TO KNOW, THE PLAN EFFECTED MAY BE VOID AND YOU MAY RECEIVE NOTHING FROM THE PLAN

IMPORTANT NOTES

Complete this Application Booklet 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. **Do not use correction fluid**. Capitalised words and phrases are defined terms or section titles (as described in the Product Summary). Once complete, please send this form and any supporting documents to the following address:
Utmost Worldwide Limited, Singapore Branch, 6 Battery Road #16-02, Singapore 049909.

BEFORE YOU BEGIN

Before you complete your Application, you must review our Offering Documents with your Financial Adviser. The Offering Documents are provided to help you understand the product and to ensure that it will meet your needs. The Offering Documents applicable to a FOCUS Plan consist of the 'Key Features Document', 'Product Summary', 'FOCUS ILP Sub-Funds Brochure' and your personalised illustration (the 'Offering Documents'). **The Offering Documents are not a contract of insurance.** Additionally, you should review the **Terms and Conditions** applicable to a FOCUS Plan on our Website. You should ask your Financial Adviser for a copy of "Your Guide to Life Insurance" produced by the Life Insurance Association of Singapore. This document is also available to download from www.lia.org.sg

COMPLETING THIS APPLICATION BOOKLET

You should carefully read the Offering Documents and raise any question you may have with your Financial Adviser. This booklet contains the following sections:

PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
3	A – Applicant(s)	Mandatory	<input type="checkbox"/>
3-9	B – First Applicant	Mandatory	<input type="checkbox"/>
9-14	C – Second Applicant	Optional	<input type="checkbox"/>
14	D – Politically Exposed Persons Details	Mandatory	<input type="checkbox"/>
15	E – Your Commitment	Mandatory	<input type="checkbox"/>
15-16	F – Your Premium Payments	Mandatory	<input type="checkbox"/>
17	G – Investment Details	Mandatory	<input type="checkbox"/>
18	H – Adviser Fees	Mandatory	<input type="checkbox"/>
18-21	I – Life Cover Options	Mandatory	<input type="checkbox"/>
22	J – Nomination Of Beneficiaries	Optional	<input type="checkbox"/>
23-25	K – Applicant Declarations	Mandatory	<input type="checkbox"/>
26-27	L – Financial Adviser Section	Mandatory ¹	<input type="checkbox"/>

Ensure that all relevant sections of this Application Booklet are completed before submitting. A copy of your completed Application will be available from us on request.

¹ Financial adviser to complete.

INTRODUCTION

This is your Application Booklet ('Application'). Please complete this Application if you wish to apply for a FOCUS Plan. FOCUS is a Regular Premium whole of life Investment Linked Plan ("ILP"). If we accept your Application, we will issue your Welcome Pack via the Online Service Centre. Your Welcome Pack includes your Plan Schedule, which will confirm your Plan's Commencement Date and details specific to your Plan.

Your Financial Adviser should be able to answer any questions or queries that you have regarding the product or our Offering Documents. If not, you can contact us using the address on the back of this document.

When completing this Application, you should refer to the Product Summary and the Guidance Note relevant to each section, if and when indicated. When your Application is complete, it should be returned to us via our head office.

We reserve the right to seek further information and/or documentation from you at any time. You must keep us up to date with changes to your personal information and/or contact details.

INTERPRETATION

References to 'we', 'us' or 'our' mean Utmost Worldwide Limited, Singapore Branch. References to 'I', 'me', 'my', 'you' or 'your' mean you, the Applicant. We have written this document in the singular, the singular includes the plural and vice versa. Likewise, the masculine includes all other genders.

When completing this Application, please refer to the Product Summary to ensure you understand each term and its meaning.

IMPORTANT INFORMATION

Your Obligations / Providing Information to us

You are responsible for all answers and statements made in this Application. The assurance contract between you, as Planholder, and us, as insurer, will comprise of your Application; Terms and Conditions; Plan Schedule; any relevant statements made by you or other parties associated with your Plan together with any Written Notices or Endorsements issued by us.

You must provide complete and accurate information that is not misleading at all times. You must not omit or conceal any Material Fact. "Material Facts" are facts that an insurer would consider likely to influence their assessment of and decision to accept a contract of life assurance or to make a benefit payment. If you are unsure whether a fact is a Material Fact, disclose it.

If you provide any incomplete, inaccurate or misleading information or fail to disclose any Material Facts, before and/or during the life of the Plan, this could result in us quoting wrong terms, rejecting, repudiating or reducing a claim or considering the Plan invalid.

Before you Apply for FOCUS

You should not purchase a Plan and/or select ILP Sub-Funds until you understand them and their suitability has been explained to you. The final decision on whether to purchase a Plan is yours.

Obligations of Financial Adviser

Your Financial Adviser must take into account all of your circumstances when recommending this product to you and satisfy any queries that you may have in relation to the product.

In particular, your Financial Adviser must explain all of the key features of this product, including the fees, to ensure that you understand why the product is suitable for you.

In addition, your Financial Adviser should review your completed information and advise you regarding the declarations, set out on page 24, prior to obtaining your signature.

You should get specialist legal and tax advice from a qualified professional adviser regarding this Plan. You must ensure that you are eligible to hold a Plan under the laws of any jurisdiction that applies to you and, if applicable, that you can legally take out a contract of life assurance on any person named as a life assured.

APPLICANT SECTION

You are applying for a FOCUS Plan. This is a Regular Premium whole of life assurance Investment Linked Plan. Your Plan will consist of 100 separate but identical Segments. You can insure your own life and/or the lives of others in respect of whom you can legally take out a contract of life assurance. You can name a maximum of four lives assured.

YOUR COMMITMENT

When you send us your Application, you are confirming that you commit to:

- › provide complete and accurate information that is not misleading at all times;
- › pay your Committed Premium for the duration of your Commitment Period;
- › update us immediately if your personal circumstances change; and
- › comply with all other Terms and Conditions of your Plan.



If you reduce your Regular Premium amount and/or cease or miss payments, there will be no corresponding reduction in fees and you will lose your entitlement to your Commitment Reward.

A APPLICANT(S)

MANDATORY

An individual must be at least 18 years of age to be eligible to purchase a Plan.

We allow a maximum of two Planholders. Where there are two Planholders, you will own your Plan as joint-owners. Where a Plan is jointly-owned, both Planholders are jointly and severally responsible for complying with the Terms and Conditions of your Plan.

Following the death of a joint-owner, the surviving Planholder is the sole legal owner of the Plan.

Please confirm the number of Applicants that you wish to become Planholders:

☐ One ☐ Two



You should not purchase a Plan and/or select ILP Sub-Funds until you understand them and their suitability has been explained to you by your Financial Adviser.

Each Applicant must provide their personal information and verify their identity and residential address. To verify your identity and residential address you must send us up to date documentation. Important information regarding verification of your identity and residential address is set out in Section A of the Guidance Notes located at the end of this document.

B FIRST APPLICANT

MANDATORY

PERSONAL DETAILS

1	Family name:	<input type="text"/>
2	Given name(s):	<input type="text"/>
3	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
4	Date of birth (minimum 18 years old):	<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
5	City / town of birth:	<input type="text"/>
6	Country of birth:	<input type="text"/>

7	Nationality:	<input type="text"/>
8	If you are of dual nationality, please confirm your other nationalities:	<input type="text"/> <input type="text"/>
9	NRIC or passport number:	<input type="text"/>
10	Marital status:	<input type="text"/>
11	Confirm any other officially documented name / alias relevant to you (e.g. maiden name):	<input type="text"/> <input type="text"/> <input type="text"/>
12	Do you hold or have you held any public position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details:	<input type="text"/> <input type="text"/> <input type="text"/>
(For further information regarding 'public positions', see Section A of the Guidance Notes)		
13	Has anyone in your immediate family and/or anyone else you are closely connected to, whether socially or professionally, held any public position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details:	<input type="text"/> <input type="text"/>
14	Permanent residential address ² :	<input type="text"/> <input type="text"/> <input type="text"/>
15	In the past 18 months, have you permanently resided anywhere else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details:	<input type="text"/> <input type="text"/>
16	Do you already hold any other Plans with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please advise us of your Plan number(s):	<input type="text"/> <input type="text"/>
17	Do you want to be a life assured?	<input type="checkbox"/> Yes <input type="checkbox"/> No

² This is the address in the jurisdiction in which the individual pays tax or claims to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the jurisdiction in which the individual normally resides.

- 18 Are you the ultimate beneficial owner³ of this Plan? ☐ Yes ☐ No

If No, please complete a 'Beneficial Owner Identification Form' and submit together with this Application.

- 19 Would you like us to contact you for marketing or promotional purposes? ☐ Yes ☐ No

REPLACEMENT OF EXISTING LIFE POLICIES



Cancelling an existing insurance policy and replacing it, in full or in part with a Utmost Worldwide, Singapore Branch Plan could have financial consequences for you and/or the beneficial owners, including financial loss. Your Financial Adviser will explain these to you.

- 1 Do you hold existing life policies with another insurer? ☐ Yes ☐ No

- 2 Is this Plan intended to replace existing life policies, in full or in part? ☐ Yes ☐ No

- 3 If Yes please provide details of the insurer and policy number(s):

³ 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.

FIRST APPLICANT CONTACT DETAILS



We will communicate with you by e-mail and via our Online Service Centre. However, we may be required to contact you through a different method at certain times. You should ensure that your contact information is secure. If you change your contact information, you must notify us immediately.

1 Secure personal e-mail address:	<input type="text"/> <input type="text"/>
2 Postal address:	<input type="text"/> <input type="text"/> <input type="text"/>
3 Landline telephone:	<input type="text"/>
4 Mobile telephone:	<input type="text"/>

FIRST APPLICANT SELF-CERTIFICATION OF CITIZENSHIP / NATIONALITY AND TAX RESIDENCY

Please tick the boxes that apply to you and complete ALL information requested below:

1 I am a citizen / national of⁴ the United States: ☐ Yes ☐ No

If Yes, please state your US Federal Taxpayer Identification Number ('TIN'):

and / or

2 I am a citizen of another jurisdiction: ☐ Yes ☐ No

If Yes, please state your countries of citizenship / nationality:

3 Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident and state your TIN or equivalent tax reference number for each jurisdiction. If there are additional jurisdictions to disclose, please specify these on a separate sheet together with the relevant TIN.

Jurisdiction 1:	<input type="text"/>	TIN 1:	<input type="text"/>
Jurisdiction 2:	<input type="text"/>	TIN 2:	<input type="text"/>
Jurisdiction 3:	<input type="text"/>	TIN 3:	<input type="text"/>

Utmost Worldwide Limited, Singapore Branch may need additional documentation (e.g. for US citizens, submission of IRS forms W-8 or W-9 may be necessary) to support your answers in the self-certification above. Utmost Worldwide Limited, Singapore Branch or your Financial Adviser will inform you if any additional documentation is required.

⁴ If you are unsure of your citizenship and/or jurisdiction(s) of tax residency, you should seek professional advice.

FIRST APPLICANT 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.

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

FIRST APPLICANT 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
10 Your occupation (If retired, please state former occupation. If other, please explain):	<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"/>
12 Length of service with current employer / business:	<input type="text"/>
13 If less than 18 months, please give previous employment details:	<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"/>
15 Name and address of employer / business:	<input type="text"/> <input type="text"/> <input type="text"/>
16 Employer's / business website address:	<input type="text"/>

FIRST APPLICANT INCOME DETAILS

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

Sources	Tick box	Currency	Amount
Annual income	<input type="checkbox"/>		
Bonus income	<input type="checkbox"/>		
Rental income	<input type="checkbox"/>		
Investment income	<input type="checkbox"/>		
Pension income	<input type="checkbox"/>		
Benefits in kind (e.g. housing allowance, education, etc.):	<input type="checkbox"/>		
Other income sources (please specify):	<input type="checkbox"/>		
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>			
Total annual income			

FIRST APPLICANT SOURCE OF WEALTH

18 Please state your estimated personal net worth (after deduction of mortgages or loans).

Currency	
Amount	

19 Please provide an estimated breakdown of how your current wealth is held:

DETAILS			
		CURRENCY	VALUE
1. Property			
2. Valuables (motor vehicles, furniture, jewellery etc.			
3. Investments (stocks and bonds)			
4. Owner managed business interests			
5. Cash and savings accounts			
6. Other			

20 Please indicate the main source for your wealth:

- ☐ Same as Source of Funds
- ☐ Where different to Source of Funds, please specify main source of your wealth below.

DESCRIPTION	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

21 Please list the key parts making up your net worth:

22 Will you pay your Premium using your annual income?

☐ Yes ☐ No

23 If No, please confirm the sources of wealth that you will use to pay your Committed Premium:

Gift or inheritance from a third-party (this includes from your spouse)?

☐ Yes ☐ No

The disposal of a business or other asset?

☐ Yes ☐ No

Other?

☐ Yes ☐ No

If Yes to any of the above, please provide details and provide supporting evidence:

C SECOND APPLICANT**OPTIONAL****PERSONAL DETAILS (IF APPLICABLE)**

1 Family name:

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2 Given name(s):

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3 Gender:

☐ Male ☐ Female

4 Date of birth (minimum 18 years old):

d	d	m	m	y	y	y	y
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5 City / town of birth:

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6 Country of birth:

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7 Nationality:

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8 If you are of dual nationality, please confirm your other nationalities:

9 NRIC or passport number:

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10 Marital status:

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11 Confirm any other officially documented name / alias relevant to you (e.g. maiden name):

- 12** Do you hold or have you held any public position? ☐ Yes ☐ No

If Yes, please provide details:

(For further information regarding 'public positions', see Section A of the Guidance Notes)

- 13** Has anyone in your immediate family and/or anyone else you are closely connected to, whether socially or professionally, held any public position? ☐ Yes ☐ No

If Yes, please provide details:

- 14** Permanent residential address⁵:

- 15** In the past 18 months, have you permanently resided anywhere else? ☐ Yes ☐ No

If Yes, please provide details:

- 16** Do you already hold any other Plans with us? ☐ Yes ☐ No

If Yes, please advise us of your Plan number(s):

- 17** Do you want to be a life assured? ☐ Yes ☐ No

- 18** Are you the ultimate beneficial owner⁶ of this Plan? ☐ Yes ☐ No

If No, please complete a 'Beneficial Owner Identification Form' and submit together with this Application.

- 19** Would you like us to contact you for marketing or promotional purposes? ☐ Yes ☐ No

⁵ This is the address in the jurisdiction in which the individual pays tax or claims to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the jurisdiction in which the individual normally resides.

⁶ 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.

REPLACEMENT OF EXISTING LIFE POLICIES



Cancelling an existing insurance policy and replacing it, in full or in part with a Utmost Worldwide, Singapore Branch Plan could have financial consequences for you and/or the beneficial owners, including financial loss. Your Financial Adviser will explain these to you.

1 Do you hold existing life policies with another insurer? ☐ Yes ☐ No

2 Is this Plan intended to replace existing life policies, in full or in part? ☐ Yes ☐ No

3 If Yes please provide details of the insurer and policy number(s):

SECOND APPLICANT CONTACT DETAILS (IF APPLICABLE)



We will communicate with you by e-mail and via our Online Service Centre. However, we may be required to contact you through a different method at certain times. You should ensure that your contact information is secure. If you change your contact information, you must notify us immediately.

1 Secure personal e-mail address:

2 Postal address:

3 Landline telephone:

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4 Mobile telephone:

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SECOND APPLICANT SELF-CERTIFICATION OF CITIZENSHIP / NATIONALITY AND TAX RESIDENCY (IF APPLICABLE)

Please tick the boxes that apply to you and complete ALL information requested below:

1 I am a citizen / national of⁷ the United States: ☐ Yes ☐ No

If Yes, please state your US Federal Taxpayer Identification Number ('TIN'):

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and / or

2 I am a citizen of another jurisdiction: ☐ Yes ☐ No

⁷ If you are unsure of your citizenship and/or jurisdiction(s) of tax residency, you should seek professional advice.

If Yes, please state your countries of citizenship / nationality:

- 3** Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident and state your TIN or equivalent tax reference number for each jurisdiction. If there are additional jurisdictions to disclose, please specify these on a separate sheet together with the relevant TIN.

Jurisdiction 1:

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TIN 1:

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Jurisdiction 2:

--

TIN 2:

--

Jurisdiction 3:

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TIN 3:

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Utmost Worldwide Limited, Singapore Branch may need additional documentation (e.g. for US citizens, submission of IRS forms W-8 or W-9 may be necessary) to support your answers in the self-certification above. Utmost Worldwide Limited, Singapore Branch or your Financial Adviser will inform you if any additional documentation is required.

SECOND APPLICANT SOURCE OF FUNDS QUESTIONNAIRE (IF APPLICABLE)

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.

1 Bank name:

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2 Bank address:

3 Account name:

--

4 Account number:

--

5 Sort code:

--

6 Swift / BIC code:

--

7 International Bank Account Number ('IBAN'):

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8 How long have you held this account?

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SECOND APPLICANT EMPLOYMENT DETAILS (IF APPLICABLE)

Please confirm:

9 Your current employment status: ☐ Employed ☐ Self-employed / Business owner ☐ Retired ☐ Other

10 Your occupation (If retired, please state former occupation. If other, please explain):

11 The nature of your employment and the position held:

12 Length of service with current employer / business:

--

13 If less than 18 months,
please give previous
employment details:

14 If you are Self-employed
/ Business owner, state
percentage of business owned
(please provide proof by way
of supporting documentation):

--

15 Name and address of
employer / business:

16 Employer's / business
website address:

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SECOND APPLICANT INCOME DETAILS (IF APPLICABLE)

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

Sources	Tick box	Currency	Amount
Annual income	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Bonus income	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Rental income	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Investment income	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pension income	<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"/>
Other income sources (please specify): <div></div>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Total annual income		<input type="text"/>	<input type="text"/>

SECOND APPLICANT SOURCE OF WEALTH (IF APPLICABLE)

18 Please state your estimated personal net worth (after deduction of mortgages or loans).

Currency

--

Amount

--

19 Please provide an estimated breakdown of how your current wealth is held:

DETAILS		
	CURRENCY	VALUE
1. Property		
2. Valuables (motor vehicles, furniture, jewellery etc.		

DETAILS		
3. Investments (stocks and bonds)		
4. Owner managed business interests		
5. Cash and savings accounts		
6. Other		

20 Please indicate the main source for your wealth:

☐

Same as Source of Funds

☐

Where different to Source of Funds, please specify main source of your wealth below.

DESCRIPTION	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

21 Please list the key parts making up your net worth:

22 Will you pay your Premium using your annual income?

☐

Yes

☐

No

If No, please confirm the sources of wealth that you will use to pay your Committed Premium:

Gift or inheritance from a third-party (this includes from your spouse)?

☐

Yes

☐

No

The disposal of a business or other asset?

☐

Yes

☐

No

Other?

☐

Yes

☐

No

If Yes to any of the above, please provide details and provide supporting evidence:

D POLITICALLY EXPOSED PERSONS DETAILS

MANDATORY

We are required to identify persons associated with this application 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. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

Is there anyone associated with this application who could be considered a PEP? ☐ Yes ☐ No

If "Yes" provide details.

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E YOUR COMMITMENT**MANDATORY**

Your Commitment Period is the number of years that you wish to commit to pay Regular Premiums. You can choose a Commitment Period from a minimum of 5 years up to a maximum of 15 years. Your selection may be limited with respect to your own age or that of a proposed life assured. Please see Section D of the Guidance Notes for more information. Regular Premium payments are payable on Due Dates throughout the Commitment Period.

- 1 Please select your required Commitment Period in years:

F YOUR PREMIUM PAYMENTS**MANDATORY**

You should be confident that you will be able to maintain Regular Premium payments at the level that you select in this section. If you break your commitment by surrendering your Plan during the Commitment Period or by making a withdrawal, you remain liable for certain fees (as described in your personalised illustration), due up to the end of your Commitment Period. In addition, you will lose or reduce your Commitment Reward entitlement.

Details of the minimum Premiums acceptable are set out in Section E of the Guidance Notes located at the end of this document.

Please select:

- 1 Your required Plan Currency: ☐ US Dollar ☐ Euro ☐ Pound Sterling ☐ Hong Kong Dollar
☐ Singapore Dollar ☐ Japanese Yen ☐ Australian Dollar
- 2 The Regular Premium amount that you wish to pay in your Plan Currency:
- 3 How often you wish to pay this amount: ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually



You are responsible for your Premium payments. You must be the account or card holder, as applicable. We will not accept Premium payments from third-parties. Important information regarding each payment method is set out in Section E of the Guidance Notes located at the end of this document.

PAYMENT METHOD

- 1 Please select your Regular Premium payment method: ☐ Standing order ☐ Credit card
☐ Debit card ☐ Electronic transfer
☐ General Interbank Recurring Order ("GIRO")
- 2 If you wish to pay an additional Single Premium, please state the amount that you wish to pay in your selected Plan Currency: (Any optional Single Premium must be paid by electronic transfer and will be processed after Plan Commencement).

PAYMENT BY STANDING ORDER/ELECTRONIC TRANSFER

If you wish to pay your Regular Premium by standing order, or an optional Single Premium by electronic transfer, please provide our payment details to your bank. Please ensure that your name and Plan number are quoted in 'Remittance Information / Payment Reference' or we may not be able to determine that your payment has been made. Our payment details are specific to your chosen Plan Currency. The payment details for each Plan Currency are specified at Section E of the Guidance Notes located at the end of this document.

PAYMENT BY CARD



If you choose to pay a Premium by credit or debit card, we will apply a Premium Charge, as a percentage deduction from that Premium. This is described in your personalised illustration and Product Summary. You can update your card details directly when you are registered on our 'Online Service Centre'. Where the card currency differs from the Plan Currency, we may convert the Regular Premium due using a commercial rate of exchange. The rate of exchange includes a Foreign Exchange Fee that we apply for carrying out a currency conversion on your behalf.

- 1 Payment card type: ☐ Visa Credit ☐ Visa Debit ☐ Visa Electron
☐ MasterCard Credit ☐ International Maestro
- 2 Cardholder name:
- 3 Card number:
- 4 Card expiry date: m m y y

Your Regular Premium as set out in the section 'Your Commitment' will be automatically collected. Collection will occur approximately 48 hours in advance of the Commencement Date and each subsequent Due Date.

PAYMENT BY SINGAPORE GIRO

Please ask for and complete an 'Application for GIRO' form if you wish to pay by GIRO. The 'Application for GIRO' form cannot be sent to us in electronic format as it requires a "wet" signature.

G INVESTMENT DETAILS

MANDATORY



The investment risk is borne entirely by you. You are responsible for your own investment decisions. You should carefully read and understand the prospectus and/or offering documents of the Utmost Investments corresponding to your selected ILP Sub-Funds. We do not provide investment advice. We recommend that you engage a suitably qualified and regulated professional Financial Adviser to advise you on the suitability of your chosen ILP Sub-Funds.

Before completing this section, please review Section F of the Guidance Notes located at the end of this document. Please pay particular attention to 'Important Information: Your Choice of ILP Sub-Fund'.

Please select one of the following options:

Option 1: Appoint a third-party to direct investments under your Plan

☐

You should request and complete the forms necessary to appoint a third-party.

Option 2: Selecting your own investments from our 'FOCUS ILP Sub-Funds Brochure'

☐

Please select up to ten ILP Sub-Funds and confirm each ILP Sub-Fund currency. In addition, select the percentage of each Regular Premium and the Single Premium (if applicable) that we should allocate to the selected ILP Sub-Funds.

ILP Sub-Funds	Currency	% of Regular Premium to be allocated	% of Single Premium to be allocated
Total		100%	100%

H ADVISER FEES

MANDATORY



The fees below are agreed between you and your Financial Adviser. The combined rate of the Insurance Adviser Fee, Investment Adviser Fee and any elective or third-party investment service fee are subject to an overall maximum of 1% p.a. of the value of Plan Units.

Fee	% p.a.
Insurance Adviser Fee	<input type="text"/>
Investment Adviser Fee	<input type="text"/>

I LIFE COVER OPTIONS

MANDATORY



Important information regarding your life cover options is set out in Section H of the Guidance Notes located at the end of this document.

You must have an insurable interest in the life of each proposed life assured.

- Please confirm the total number of lives assured for your Plan:
(maximum four)
- If you wish to add more than two lives assured, please complete this section on an additional sheet(s) and attach securely to this Application. If you have attached additional sheet(s), please tick this box: ☐

LIFE COVER BASIS

You must select your life cover basis. Your life cover basis determines when the Relevant Death occurs. The Relevant Death is the death of the life assured allowing a claim for the Death Benefit to be made. Please select from one of the following options:

Life Cover Basis	Relevant Death
SINGLE LIFE <input type="checkbox"/>	Death of the life assured
MULTIPLE LIVES FIRST DEATH <input type="checkbox"/>	Earliest death of a life assured
MULTIPLE LIVES LAST SURVIVOR <input type="checkbox"/>	Death of the last surviving life assured

LIFE ASSURED DETAILS



Please skip this section if the Applicants in Sections B and C are the only lives assured. If you require additional lives assured, do complete this section.

Other than an Applicant life assured, each additional life assured, or their legal guardian, must provide life assured details below and confirm the details by signature. Further important information regarding lives assured is set out in Section G of the Guidance Notes located at the end of this document.

FIRST LIFE ASSURED PERSONAL DETAILS

- 1 Family name:
- 2 Given name(s):
- 3 Gender: ☐ Male ☐ Female
- 4 Date of birth:

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---
- 5 City / town of birth:
- 6 Country of birth:
- 7 Confirm any other officially documented name / alias relevant to you (e.g. maiden name):
- 8 Permanent residential address⁸:
- 9 Have you permanently resided elsewhere within the past 18 months? ☐ Yes ☐ No
- If Yes, please provide details:
- 10 Occupation and nature of employment (if retired, please state former occupation):
- 11 Relationship to Applicant:
- 12 Please tick here to confirm that you have read and understood the 'Data Privacy' section in the Guidance Notes located at the end of this document: ☐
- 13 Would you like us to contact you for marketing purposes? ☐ Yes ☐ No

⁸ This is the address in the jurisdiction in which the individual pays tax or claims to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the jurisdiction in which the individual normally resides.

Your signature is confirmation that you:

- › agree to be a life assured or provide your agreement as legal guardian for the individual named to be a life assured;
- › provide Utmost Worldwide Limited, Singapore Branch with consent to use, store and transfer your personal data (or, if legal guardian, personal data of the life assured) for the purposes explained in the 'Data Privacy' section of the Guidance Notes;
- › take responsibility for all answers given and statements made by you in this Application and in any other communication with Utmost Worldwide Limited, Singapore Branch;
- › declare that, to the best of your knowledge and belief, the information provided in respect of the life assured in this Application is true and complete and that you have not omitted or concealed any Material Fact; and
- › understand that not disclosing a Material Fact or at any time providing incorrect information to Utmost Worldwide Limited, Singapore Branch, could result in Utmost Worldwide Limited, Singapore Branch quoting incorrect terms, rejecting, repudiating or reducing a claim, or making the Plan void.

SIGNATURE**Signature of life assured or legal guardian:**

--

If a legal guardian, please
print your Full Name in
BLOCK LETTERS:

--

Date:

d	d	m	m	y	y	y	y
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SECOND LIFE ASSURED PERSONAL DETAILS (IF APPLICABLE)

1 Family name:	<table border="1"><tr><td></td></tr></table>								
2 Given name(s):	<table border="1"><tr><td></td></tr></table>								
3 Gender:	<table border="1"><tr><td><input type="checkbox"/></td><td>Male</td><td><input type="checkbox"/></td><td>Female</td></tr></table>	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female				
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female						
4 Date of birth:	<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		
5 City / town of birth:	<table border="1"><tr><td></td></tr></table>								
6 Country of birth:	<table border="1"><tr><td></td></tr></table>								
7 Confirm any other officially documented name / alias relevant to you (e.g. maiden name):	<table border="1"><tr><td></td></tr></table>								
8 Permanent residential address ⁹ :	<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>								
9 Have you permanently resided elsewhere within the past 18 months?	<table border="1"><tr><td><input type="checkbox"/></td><td>Yes</td><td><input type="checkbox"/></td><td>No</td></tr></table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
If Yes, please provide details:	<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>								

⁹ This is the address in the jurisdiction in which the individual pays tax or claims to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the jurisdiction in which the individual normally resides.

10 Occupation and nature of employment (if retired, please state former occupation):

11 Relationship to Applicant:

--

12 Please tick here to confirm that you have read and understood the 'Data Privacy' section in the Guidance Notes located at the end of this document:

☐

13 Would you like us to contact you for marketing purposes?

☐

Yes

☐

No

Your signature is confirmation that you:

- › agree to be a life assured or provide your agreement as legal guardian for the individual named to be a life assured;
- › provide Utmost Worldwide Limited, Singapore Branch with consent to use, store and transfer your personal data (or, if legal guardian, personal data of the life assured) for the purposes explained in the 'Data Privacy' section of the Guidance Notes;
- › take responsibility for all answers given and statements made by you in this Application and in any other communication with Utmost Worldwide Limited, Singapore Branch;
- › declare that, to the best of your knowledge and belief, the information provided in respect of the life assured in this Application is true and complete and that you have not omitted or concealed any Material Fact; and
- › understand that not disclosing a Material Fact or at any time providing incorrect information to Utmost Worldwide Limited, Singapore Branch, could result in Utmost Worldwide Limited, Singapore Branch quoting incorrect terms, rejecting, repudiating or reducing a claim or making the Plan void.

Signature of life assured or legal guardian:

SIGNATURE

If a legal guardian, please print your Full Name in BLOCK LETTERS:

Date:

d	d	m	m	y	y	y	y
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J NOMINATION OF BENEFICIARIES

OPTIONAL



In order to make a nomination you must be Planholder and life assured under your Plan.

Important information regarding Beneficiaries is set out in Section I of the Guidance Notes located at the end of this document. It is your responsibility to ensure that any nomination of a Beneficiary will be effective under your law of domicile and/or residence.

Before completing this section, please review the Guidance Notes AND:

- › consult "Your Guide to the Nomination of Insurance Nominees", which is published by the Life Insurance Association of Singapore and is available for download from www.lia.org.sg or from your Financial Adviser;
- › obtain professional advice in relation to the validity and effectiveness of a Beneficiary nomination under the laws of your country of residence.

- 1 Do you wish to nominate Beneficiaries under this Plan? ☐ Yes ☐ No

If Yes, to make or revoke the nomination of Beneficiaries, or, in the case of a trust nomination, to appoint or revoke the appointment of trustees, you must submit the relevant nomination form with all requested supporting information and identification documents.

Forms are available from your adviser. If you do not have an adviser you can also contact Utmost Worldwide Limited, Singapore Branch who can assist you.

K APPLICANT DECLARATIONS

MANDATORY



By signing this Application, you agree to be bound by the terms of these declarations. In the following declarations, 'I' means each Applicant, collectively and individually. Before completing this section, please review the entire Application with your Financial Adviser and ensure that this product is right for you. If so, please confirm that you accept each of the following declarations by signing this Application. If you have any questions, your Financial Adviser will help you.

GENERAL

- › I have read the Offering Documents prior to completing this Application. I understand the commitments I am making by entering into this Plan and that I have a right to cancel the Plan during the Free-look Period (for further information regarding the Free-look Period, see Section J of the Guidance Notes).
- › I understand the features of the Plan. My Financial Adviser has explained its suitability to me and I have been able to ask questions and seek professional legal and tax advice from a qualified Financial Adviser or other professional adviser. I am satisfied with the answers I have received and wish to proceed with my Application.
- › My Financial Adviser has advised me of the consequences of replacing an existing assurance or savings arrangement with this Plan. If applicable, I confirm that I am happy to replace my existing arrangements.
- › I agree that my Plan is governed and interpreted in accordance with the law of Singapore. I understand that, as Utmost Worldwide Limited, Singapore Branch is a branch of the foreign company Utmost Worldwide Limited, which is principally regulated in Guernsey, this does not prejudice my rights of recourse to the law of any jurisdiction (including the law of the Island of Guernsey).

DISTRIBUTION COSTS AND ONGOING FEES

- › I understand and accept that, as a result of my taking out this Plan, Utmost Worldwide Limited, Singapore Branch will pay commission and adviser fees to my Financial Adviser. Commission will be paid upfront and ongoing commission and adviser fees will be payable while my Plan continues to be in force. This is the Distribution Cost of the Plan. The Distribution Cost of my Plan has been disclosed to me within my personalised illustration. I understand the commission payments and adviser fees relevant to me and I have been able to ask my Financial Adviser for further details.
- › I understand that Utmost Worldwide Limited, Singapore Branch will pay my Financial Adviser additional Distribution Costs in the following circumstances:
 - › if I increase my Regular Premium;
 - › any time I make a Single Premium payment;
 - › if I commit to an additional Commitment Period at or after the end of my current one; and
 - › if I elect to extend my ILP Sub-Fund range at or after the end of my Commitment Period.

PLAN OPERATION

- › I agree that Utmost Worldwide Limited, Singapore Branch will issue all communications relating to my Plan using the Online Service Centre. I understand that a Manual Processing Fee may apply if I request communications using another method.
- › I instruct Utmost Worldwide Limited, Singapore Branch to issue any Endorsements, Written Notices or other information applicable to me or my Plan electronically using the Online Service Centre or, if necessary, my registered e-mail address.
- › I will inform Utmost Worldwide Limited, Singapore Branch within 30 days of a change in my circumstances, including my tax residency and my personal or contact details.

ILP SUB-FUNDS AND UTMOST INVESTMENTS

- › I understand that Utmost Worldwide Limited, Singapore Branch takes no responsibility for the investment performance of any ILP Sub-Fund and that the associated risks are entirely mine. I have sought professional advice to have the suitability and associated risks of each ILP Sub-Fund explained to me. I am responsible for the choice of ILP Sub-Funds and I wish to proceed with my Application.
- › I understand that I do not have any rights or ownership of the Utmost Investments corresponding to my ILP Sub-Funds. I understand that ILP Sub-Funds are used solely for the purpose of calculating the value and benefits of my Plan.

DATA PROTECTION

- › I consent to Utmost Worldwide Limited, Singapore Branch processing, storing and transferring my personal data as explained in the 'Data Privacy' section of the Guidance Notes at the end of this document.
- › I confirm that I have obtained the consent of all individuals named in this document to provide their personal data to Utmost Worldwide Limited, Singapore Branch for use in line with the 'Data Privacy' section of the Guidance Notes at the end of this document. I indemnify Utmost Worldwide Limited, Singapore Branch against any liability resulting from the use of any of these individuals' personal data.

LIVES ASSURED

- › I confirm that I am legally permitted to take out life assurance for each individual I have named as life assured. In addition, I am eligible to hold the Plan under the laws of any jurisdiction applicable to me.

BENEFICIARIES (IF APPLICABLE)

- › I confirm that each Beneficiary nomination is valid and effective under the laws of my country of residence. Following the Relevant Death, I request that each nominated Beneficiary(ies) receives the entire Death Benefit in the proportions that I have specified.
- › I confirm that receipt by the nominated Beneficiaries (or by a parent or guardian of a nominated Beneficiary under 18 years of age or who lacks legal capacity) will discharge Utmost Worldwide Limited, Singapore Branch's liabilities under the Plan. I understand that Utmost Worldwide Limited, Singapore Branch is not under any obligation to ensure the proper application of any payment.
- › I undertake that my estate or personal representative will not make any claim in respect of a payment made to a nominated Beneficiary.

VERIFICATION OF IDENTITY AND SOURCE OF FUNDS

- › I declare, to the best of my knowledge and belief, that all information provided in the 'Source of Funds Questionnaire' is true, correct and complete.
- › I confirm that the monies used to fund Premiums originate from legitimate activities; I am not a Politically Exposed Person and I am not associated with a Politically Exposed Person.
- › I understand that Utmost Worldwide Limited, Singapore Branch is required by law to verify the identity and permanent residential address of each Planholder, life assured, Beneficiary and any other party involved in the ownership or control of my Plan.
- › I understand that Utmost Worldwide Limited, Singapore Branch is required by law to obtain information regarding the source of funds or wealth used to fund the Plan. I agree to provide any information and documentation that Utmost Worldwide Limited, Singapore Branch may reasonably require, on request and without delay, both at the time of Application and during the life of the Plan. I understand that failure to provide requested information will cause a delay in accepting a Premium or paying a claim.

ACCURACY OF INFORMATION

- › I understand that I am responsible for all statements made by me in this Application and provided by me in any other communication between Utmost Worldwide Limited, Singapore Branch and I. I also understand the implications if I provide information which is incomplete, inaccurate or misleading or if I fail to reveal all Material Facts before and during the life of the Plan.
- › I have reviewed the statements that I have provided in this Application. I confirm that, to the best of my knowledge and belief, they are complete, accurate and not misleading and that I have not omitted or concealed any Material Fact.
- › I declare that the information I have provided in the 'Confirmation of Citizenship / Nationality and Tax Residency' section of this Application is true, complete and correct.
- › I agree to inform Utmost Worldwide Limited, Singapore Branch of any change in my circumstances between now and the date of issue of my Plan.



Please review and tick the statement applicable to you:

I have been informed of and directed to view or download a copy of "Your Guide to Life Insurance" from www.lia.org.sg

☐

I have been informed of and I have requested my Financial Adviser to give me a hard copy of "Your Guide to Life Insurance"

☐

If a Material Fact is not disclosed in this Application, any Plan issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the agent but was not included in the Application. Please check to ensure you are fully satisfied with the information declared in this Application

APPLICANT SIGNATURES

- 1** Please state country where Application is being signed:

SIGNATURE

First Applicant:

Second Applicant (if any):

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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L FINANCIAL ADVISER SECTION

MANDATORY



This section is to be completed by the Applicant's Financial Adviser. Please complete all relevant sections and provide supporting documentation, as applicable.

FINANCIAL ADVISER DETAILS

1 Company name:	<input type="text"/>
2 Address:	<input type="text"/> <input type="text"/> <input type="text"/>
3 Financial Adviser name:	<input type="text"/>
4 Introducer number:	<input type="text"/>
5 Contact e-mail:	<input type="text"/>
6 Contact telephone number:	<input type="text"/>
7 Additional information / special instructions:	<input type="text"/> <input type="text"/> <input type="text"/>

KNOWLEDGE OF APPLICANT(S)

1 First Applicant name:	<input type="text"/>
2 How and when were you introduced (specify month and year):	<input type="text"/> <input type="text"/> <input type="text"/>
3 Please outline the Applicant's reason(s) for applying for this product:	<input type="text"/> <input type="text"/> <input type="text"/>
4 Second Applicant name (if applicable):	<input type="text"/>
5 How and when were you introduced (specify month and year):	<input type="text"/> <input type="text"/> <input type="text"/>
6 Please outline the Applicant's reason(s) for applying for this product:	<input type="text"/> <input type="text"/> <input type="text"/>

- 7 Are there any other parties indirectly involved with this Application, e.g. lender? ☐ Yes ☐ No

If Yes, please give details:

- 8 Are there any concurrent financial proposals for the Applicant(s) being made elsewhere? ☐ Yes ☐ No

If Yes, please give details:

FINANCIAL ADVISER DECLARATIONS

- › I declare that, to the best of my knowledge and belief, each Applicant is of good standing and the information provided in or with this Application is true and complete;
- › I confirm and am satisfied that, to the best of my knowledge and belief, the Applicant(s)' Premium payments will be sourced from legitimate activities;
- › I confirm that I have duly completed client fact-find forms;
- › I have completed and attached a copy of the completed 'Life Insurance Advisory Form' as set out in LIA MU 20/15 (as may be amended from time to time);
- › I confirm that I have made no changes to this Application following the Applicant(s)' signature, by any means;
- › I confirm that I have seen the original documents required to verify the identity of each Applicant and any life assured. I have checked the name and identity of each and attach a certified copy of these documents for Utmost Worldwide Limited, Singapore Branch's records; and
- › I declare that all the answers provided to me by the Applicant(s)/life assured(s) are declared in the Application. I have not withheld any other information which may influence the acceptance of this Application by Utmost Worldwide Limited, Singapore Branch.

Signature of the Financial Adviser¹⁰:

SIGNATURE

--

Financial Adviser name,
please print your Full Name
in BLOCK LETTERS:

Date:

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

¹⁰ If the Financial Adviser is not an individual, the individual signing must have the authority of the Financial Adviser.

GUIDANCE NOTES

DATA PRIVACY

Utmost Worldwide Limited, Singapore Branch must comply with the Personal Data Protection Act 2012 (PDPA) of Singapore under the supervision of the Personal Data Protection Commission in Singapore.

We collect and use personal data to set up and administer your Plan and to comply with our legal and regulatory obligations. In certain instances, we will collect personal information, including medical or other sensitive personal information relating to you and/or other individuals named in your Plan. We hold all information we collect in line with applicable data protection legislation.

We will share your personal information within our group of companies or to third-party service providers we have engaged to the extent necessary to administer your Plan or to comply with our legal and regulatory obligations.



You can learn more about your privacy rights by reading our 'Data Privacy Notice' located on our website: utmostinternational.com/privacy-statements/

APPLICANT SECTION

SECTION A – APPLICANT(S)

Each Applicant must provide their personal information and verify their identity and residential address. To do this, you must send us one document from each of the following classes:

- › **Class one:** certified copy of your passport or national identity card bearing a photograph
- › **Class two:** an original or a certified copy of a utility bill (electricity, gas, water, rates or property tax bill), a bank statement issued by a regulated bank (other than an online banking statement), a credit card statement issued by a recognised card company or a tax assessment.

Your Financial Adviser can confirm the full list of documents that we will accept as well as provide you with guidance on our document certification requirements.

PUBLIC POSITIONS – POLITICALLY EXPOSED PERSONS

If you or a family member holds a public position, you must provide us with information. Public positions include prominent public functions, as described in MAS Notice 314, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

SECTION D – YOUR COMMITMENT

YOUR COMMITMENT

This is your commitment to the Plan. If you break your commitment, for example, by surrendering your Plan or by taking money out during the Commitment Period, you could place your Plan at risk as:

- › certain fees will become payable (as described in your personalised illustration),
- › you will lose or reduce your entitlement to your Commitment Reward and potentially not achieve your intended goal.



If you reduce your Regular Premium amount and/or cease or miss payments, there will be no corresponding reduction in fees and you will lose your entitlement to your Commitment Reward.

COMMITMENT PERIOD

This is the number of years you wish to commit to pay Regular Premiums. The minimum Commitment Period is 5 years. The maximum Commitment Period is 15 years. Your Commitment Period must end before the 75th birthday of the youngest Applicant and before the 75th birthday of the relevant life assured, as specified in the table below:

Life Cover Basis	Maximum Commitment Period
Single Life	Number of full years to Plan Anniversary before the life assured's 75th birthday
Multiple Lives First Death	Number of full years to Plan Anniversary before the oldest life assured's 75th birthday
Multiple Lives Last Survivor	Number of full years to Plan Anniversary before the youngest life assured's 75th birthday

SECTION E – YOUR PREMIUM PAYMENTS

YOUR REGULAR PREMIUM

Regular Premium payments are payable on Due Dates throughout the Commitment Period. The minimum Regular Premium depends on your selected Commitment Period, Plan Currency and payment frequency. Use the table below to determine the minimum Regular Premiums that we will accept for your selected Commitment Period, Plan Currency and payment frequency. For Plans with a Commitment Period of five years, for any payment frequency, the minimum annualised Regular Premium is USD50,000 (or currency equivalent) divided by the Commitment Period. As a result, the actual minimum Regular Premium will depend on the exchange rates applicable at the relevant time.

Commitment Period	Monthly	Quarterly	Half-Yearly	Annually
US DOLLAR				
5* to 9 Years	750.00	2,250.00	4,500.00	9,000.00
10 to 15 Years	500.00	1,500.00	3,000.00	6,000.00
EURO				
5* to 9 Years	675.00	2,025.00	4,050.00	8,100.00
10 to 15 Years	450.00	1,350.00	2,700.00	5,400.00
POUND STERLING				
5* to 9 Years	562.50	1,687.50	3,375.00	6,750.00
10 to 15 Years	375.00	1,125.00	2,250.00	4,500.00
HONG KONG DOLLAR				
5* to 9 Years	6,000.00	18,000.00	36,000.00	72,000.00
10 to 15 Years	4,000.00	12,000.00	24,000.00	48,000.00
SINGAPORE DOLLAR				
5* to 9 Years	1,050.00	3,150.00	6,300.00	12,600.00
10 to 15 Years	700.00	2,100.00	4,200.00	8,400.00
JAPANESE YEN				
5* to 9 Years	83,250	249,750	499,500	999,000
10 to 15 Years	55,500	166,500	333,000	666,000
AUSTRALIAN DOLLAR				
5* to 9 Years	1,087.50	3,262.50	6,525.00	13,050.00
10 to 15 Years	725.00	2,175.00	4,350.00	8,700.00

If you choose to make an additional Single Premium payment at the same time as your Application, please note that a delay will occur between the processing of your first Regular Premium payment and your Single Premium payment. This is because you must be registered formally before a Single Premium payment can be accepted.

The minimum Single Premium amount we will accept from you is as follows:

Plan Currency	USD	EUR	GBP	HKD	SGD	JPY	AUD
Minimum Single Premium	2,000.00	1,800.00	1,500.00	16,000.00	2,800.00	222,000	2,900.00

* Note: For Plans with a Commitment Period of five years, the minimum annualised Regular Premium is USD50,000 (or currency equivalent) divided by the Commitment Period.

STANDING ORDER / ELECTRONIC TRANSFER

When making a payment, please ensure that your name and Plan number are quoted in the 'Remittance Information / Payment Reference' so that we can confirm that your payment has been made. Below we have set out the payment details for Utmost Worldwide Limited, Singapore Branch with respect to each Plan Currency.

Currency	Account Holding Bank	A/C Number	Swift Code	Correspondent Bank
USD	Citibank N.A. Singapore ¹¹	0854248014	CITISGSG	Citibank N.A. New York (Swift Code CITIUS33; ABA: 021000089)
EUR	Citibank N.A. Singapore ¹¹	0854248065	CITISGSG	Citibank Europe Plc - Dublin (Swift Code CITIE2X)
GBP	Citibank N.A. Singapore ¹¹	0854248049	CITISGSG	Citibank N.A. London (Swift Code CITIGB2L)
HKD	Citibank N.A. Singapore ¹¹	0854248057	CITISGSG	Citibank N.A. Hong Kong (Swift Code CITIHKHX)
SGD	Citibank N.A. Singapore ¹¹	0854248006	CITISGSG	-
JPY	Citibank N.A. Singapore ¹¹	0854248022	CITISGSG	Citibank N.A. Japan (Swift Code CITIJPJT)
AUD	Citibank N.A. Singapore ¹¹	0854248103	CITISGSG	Citibank Ltd Sydney (Swift Code CITIAU2X)

CARD PAYMENTS

You can update your card details at any time using our 'Online Service Centre'. If you choose to pay a Premium by credit or debit card, we will apply a Premium Charge, as a percentage deduction from that Premium. This is described in your personalised illustration and the Product Summary.

¹¹ Please ensure the remitting bank transmits a direct interbank MT103 message to Citibank's Jersey Branch (Swift Code: CITIJESX) advising of the payment details.

SECTION F – INVESTMENT DETAILS



You should seek investment advice from a suitably qualified and regulated investment adviser.

Option 1: Appoint a third party to direct investments under your Plan

You may wish to appoint a third party to direct investment under your Plan. You should discuss the benefits and risks of doing this with your Financial Adviser. If you choose this option, you should complete the additional forms necessary to appoint a third party.

Option 2: Selecting your own ILP Sub-Funds

You can select up to ten ILP Sub-Funds. The ILP Sub-Funds available to you are outlined in our 'FOCUS ILP Sub-Funds Brochure'. You can obtain a copy of this document from your Financial Adviser. We strongly recommend that you take professional investment advice before making your selection. You can appoint a third-party investment manager to select and manage your ILP Sub-Funds on your behalf and you will typically pay a fee for this service. If you want to appoint an investment manager, you must complete our Investment Manager Form.

You must also select the percentage of each Regular Premium that we should allocate to your selected ILP Sub-Funds. Please ensure that your Regular Premium allocation instruction totals 100%.

IMPORTANT INFORMATION: YOUR CHOICE OF ILP SUB-FUND

There are no guarantees given regarding the value of your Plan. Its value will fall and rise in line with the performance of your selected ILP Sub-Funds and their corresponding Utmost Investments. We determine the Plan's value based on the value we receive when selling the Utmost Investments corresponding to your selected ILP Sub-Funds. The value of the entire Plan may be at risk. It may be significantly less than the Premiums you pay and may not be sufficient for your individual needs. Investment involves risk. You are responsible for your investment decisions and you choose any ILP Sub-Funds entirely at your own risk.

Risks apply to any investments held directly or indirectly, for example through collective investment schemes or similar vehicles. You should evaluate the risks associated with any ILP Sub-Fund you consider selecting. You are responsible for your investment decisions and you choose any ILP Sub-Funds entirely at your own risk. These risks include, but are not limited to:



Investment returns risk: There are no guarantees given regarding the value of your Plan. The value of any investment as well as the income it produces can vary. This is true whether investments are held directly or indirectly, for example through mutual funds or similar vehicles. Investment returns cannot be guaranteed and past performance is not indicative of future performance. You should be aware that the value of your ILP Sub-Funds will fall and rise.

Investment term risk: You should not consider the ILP Sub-Funds of this Plan as suitable for short-term investment. FOCUS is a whole of life assurance Plan and is designed to be a long-term contract. As a result, if you surrender your Plan before the end of your Commitment Period, you increase the risk that your Surrender Value will be significantly less than the Premiums you have contributed and may not be sufficient for your individual needs.

Exchange rate risk: If an ILP Sub-Fund is denominated in a currency other than the Plan Currency, a movement of exchange rates may have an independent effect on the value of your ILP Sub-Funds, particularly a movement will affect the gain or loss otherwise experienced by the Plan. The value of your Plan may fall or rise as a result of exchange rate fluctuations.

Credit / Default risk: For reasons that are outside of our control, Utmost Investments can become illiquid or the pricing and/or trading may be suspended. If this occurs, we may not be able to value the corresponding ILP Sub-Funds. As a result, we will not allocate or deduct Sub-Fund Units or pay out Plan benefits or permit switches of ILP Sub-Funds directly corresponding to the affected Utmost Investment(s) during the period of suspension. To allow us to calculate the value of your Plan, we may, at our sole discretion, adjust or estimate the Unit Price on a prudent basis. During the life of the Plan, when the suspension of the Utmost Investment lifts, any value restored will automatically accrue to the Plan.



Interest rate fluctuation risk: Although interest is not usually payable on payments due from your Plan, the prices of certain investments have a tendency to be sensitive to interest rate fluctuations. Unexpected fluctuations in interest rates could cause the value of your ILP Sub-Funds as well as the income produced to go up or down in value. The value of your Plan may fall or rise as a result of interest rate fluctuations.

Relevant Death risk: If your Plan is fully surrendered or terminated (other than during the Free-look Period), the Surrender Value of your Plan is based on the proceeds from the sale of the Utmost Investments corresponding to your ILP Sub-Funds less all fees accrued. As the Death Benefit is subject to investment risks and market fluctuations, it may be lower than the Premiums that you have contributed and may not be enough to meet your needs or the needs of your Beneficiaries, as applicable.

Tax rates and concession risk: Tax rates and concessions may also change and you should take advice in respect to these issues.

Third-party investment adviser risk: The investment risk associated with each ILP Sub-Fund is borne entirely by you, even where you engage a third party to make investment decisions on your behalf.

The above list is not exhaustive. There may be other risks associated with your Plan and ILP Sub-Funds. You should take investment advice from a suitably qualified and regulated investment adviser.

During the life of the Plan, Plan Fees will continue to apply regardless of the performance of the ILP Sub-Funds, including during a Take-a-Break period. If you surrender your Plan during your Commitment Period, we will also deduct the full balance of any outstanding instalments of the Premium Charge, in respect of the Regular Premium, due to us up to the end of your Commitment Period.

For each Commitment Period you contract with us, we calculate a Premium Charge depending on the Regular Premium amount and the length of the Commitment Period. This means that if you increase the level of your Regular Premium payments, this will result in an increased Premium Charge for the remaining duration of the Commitment Period. However, if you reduce the level of your Regular Premium payment, there will be no corresponding reduction in the Premium Charge, in respect of the Regular Premium.

An additional Premium Charge will apply in respect of any Single Premium paid.

SECTION H – LIFE COVER OPTIONS

After the Commencement Date of your Plan, you cannot in any circumstance change a named life assured.

We reserve the right to:

- › conduct underwriting procedures prior to the Commencement Date or following changes to your Plan and/or following receipt of any Premium;
- › accept or decline any nominated life assured; and
- › seek any information we deem relevant, as determined at our sole discretion.

LIFE ASSURED

This is the person insured under the Plan and on whose death the Death Benefit may become payable. At the Commencement Date, named lives assured must be living and you must have an insurable interest in the life of each life assured you nominate. You can nominate up to four lives assured. The maximum age of the lives assured is restricted based on your selected life cover basis (see Section D – Your Commitment).

LIFE COVER BASIS

This dictates the relevant life assured whose death will enable a claim to be made for the Death Benefit.

DEATH BENEFIT

The Death Benefit is a fixed percentage of the Investment Value. We specify this percentage in your Plan Schedule. The amount of Death Benefit payable will rise and fall in line with the performance of the ILP Sub-Funds you have chosen.

SECTION I – NOMINATION OF BENEFICIARIES



In order to make a nomination you must be Planholder and life assured under your Plan.

- › A Planholder cannot be a Beneficiary of the Plan. You can nominate one or more Beneficiaries to receive the entire Death Benefit under your Plan.
- › Singapore Law contains regulations regarding nominating Beneficiaries under your Plan. You should consult “Your Guide to the Nomination of Insurance Nominees” which is published by the Life Insurance Association of Singapore and is available for download from www.lia.org.sg or from your Financial Adviser.
- › There are two types of nomination available under Singapore Law: a trust nomination under section 49L of the Insurance Act, where your nomination cannot be changed at a later time, and a revocable nomination under section 49M of the Insurance Act, where you can change your nomination decision at a later time.
- › We consider any nomination or subsequent change of Beneficiary to take effect from the date you sign the Written Request. We will confirm the registration of any nomination.
- › If you do not nominate a Beneficiary, the surviving Planholder will receive the Death Benefit.
- › It is your responsibility to ensure the validity and effectiveness of a Beneficiary nomination under the laws of your country of residence.
- › Utmost Worldwide Limited, Singapore Branch may require a signed discharge from any surviving Planholder and/or nominated Beneficiary before payment of the Plan proceeds can be made.
- › Utmost Worldwide Limited, Singapore Branch is required to verify the identity and permanent residential address of each Beneficiary before the payment of any claim can be completed and no payment will be made to any Beneficiary where their identity cannot be verified satisfactorily.
- › The sum of the percentages of benefit for all nominated Beneficiaries should equal 100%.
- › Where Beneficiaries are alive when the Relevant Death occurs, we will pay the Death Benefit to each Beneficiary in proportion to their nominated share. You will not receive the Death Benefit as a surviving Planholder. If one or all nominated Beneficiaries die before the Death Benefit under your Plan becomes payable, the Death Benefit will be paid according to Singapore Law. Please refer to “Your Guide to the Nomination of Insurance Nominees”, published by the Life Insurance Association of Singapore.

SECTION J – APPLICANT DECLARATIONS

FREE-LOOK PERIOD


You have the right to change your mind and to cancel your Plan within the 30-day Free-look Period. If you cancel your Plan, we will return the Premium you have paid less any External Bank Fees and there may be an adjustment for any downward movement in the value of Sub-Fund Units and any costs that we incur in the purchase and subsequent sale of Utmost Investments corresponding to your ILP Sub-Funds.


CONTACT US

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WEALTH SOLUTIONS

Utmost Wealth Solutions is the trading
name used by Utmost Worldwide Limited,
Singapore Branch and a number of
Utmost companies.

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Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No.27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended). Registered Head Office: Utmost Worldwide Limited, Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR. T +44 (0) 1481 715 800 F +44 (0) 1481 712 424 E UWCustomeService@utmostworldwide.com

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