

PRIVATE WEALTH PORTFOLIO ITALY

APPLICATION FORM

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

BEFORE YOU BEGIN

Before completing and signing this Application Form, please ensure you have read the relevant **PWP Italy Terms and Conditions**, the **Additional Pre-Contractual Information Document (Additional PID)** for Insurance Investment Products, the **Key Information Document** and the **Specific Information Document**.

Please note the Dedicated Internal Fund Regulation is an integral and substantial part of the Policy Terms and Conditions.

HOW TO COMPLETE THIS FORM?

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

Paper completion: If complete a hard copy of the application form please use 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.

HOW TO SUBMIT THIS FORM?

Electronic completion: The completed form and supporting documentation that are digitally signed and/or scanned can be emailed to us at: ccsfrontoffice@utmost.ie

Paper completion: If completing a hard copy, ask your insurance intermediary to return this form to: Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

For more information about what we can accept by email submission, please contact us on + 353 46 9099 700.

IMPORTANT INFORMATION

Capitalised terms used in this Application Form shall have the meaning given to them in the Definitions section of the Terms and Conditions. Failure to provide all relevant information and documentation may result in a delay in processing your application. Additional information may be requested during the validation process (i.e. questions resulting from the information provided).

Before providing us with any personal information, you shall ensure that you read and understood how Utmost PanEurope will process your personal data, as set out in our Privacy Notice (the "Privacy Notice") available on Utmost PanEurope's website (at the following link: [https:// utmostinternational.com/privacy-statements/](https://utmostinternational.com/privacy-statements/)).

	PAGE	SECTION	COMPLETED
Parties to the Policy and Policy details	3	A Policyholder details	<input type="checkbox"/>
	7	B Life Assured details and Health Questionnaire	<input type="checkbox"/>
	13	C Optional Death Benefits	<input type="checkbox"/>
	13	D Beneficiary Nomination	<input type="checkbox"/>
	17	E Politically Exposed Persons details	<input type="checkbox"/>
	18	F Policy and Premium details	<input type="checkbox"/>
	19	G Investments	<input type="checkbox"/>
	22	H Employment and source of funds	<input type="checkbox"/>
	30	I Fees, Charges and Commissions	<input type="checkbox"/>
	32	J Identification requirements	<input type="checkbox"/>
Declarations	34	K Policyholder and Life Assured Final Declarations and Statements	<input type="checkbox"/>
	44	L Intermediary's details and declarations	<input type="checkbox"/>

APPLICATION FORM

By signing this Application Form, you (also the "Policyholder") are willing to submit to Utmost PanEurope dac (hereinafter "Utmost PanEurope" or "Utmost", or "we", "us", "our", "ours") your proposal to execute a life insurance contract called "Private Wealth Portfolio" (the "Policy"), whose features are described in the attached Terms and Conditions.

Private Wealth Portfolio is a unit-linked single premium whole of life insurance contract, whose benefits are linked to the value of the Dedicated Internal Fund. According to article 16 of EU Delegated Regulation n. 2359/2017, the Policy is classified as a complex insurance-based investment product, therefore provision of advice before sale is mandatory.

This Application Form and the proposal set out herein shall be valid subject to you completing and signing this Application Form and paying the Initial Premium. The Policy shall become effective upon conclusion of the Contract when Utmost invests the Initial Premium into the Investment Portfolio within the Dedicated Internal Fund. The insurance coverage shall start at 24.00 of the day when such a condition is met (Effective Date of Insurance).

You shall receive from us the Policy Schedule describing the main features of the Policy entered into and confirming the conclusion of the Contract.

Where Utmost PanEurope rejects the proposal set out in this Application Form, the Premium paid shall be entirely refunded to you.

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM AND ENSURE ALL NECESSARY DOCUMENTS ARE ENCLOSED.

We may send at our discretion any communication and/or documentation regarding the Policy via post, via email or PEC email, via phone or fax. You shall acknowledge and confirm that any changes to your contact details will be communicated without delay by submitting a Written Request to Utmost PanEurope.

Where any of the statements or declarations made by you and/or the Life Assured for the purposes of entering into the Contract are proved to be false, incomplete or not up-to-date, the right to payment of the insurance benefits may be compromised and the relevant section of the Terms and Conditions shall apply.

The information provided while completing the Health Questionnaire shall be correct, true and complete and shall be verified by the person providing such information before signing the Health Questionnaire. The Life Assured can also request to undergo an assessment of their medical conditions to confirm their health conditions and shall bear the associated costs. Untrue, inaccurate, or reticent statements made by the person providing the information required for the conclusion of the Contract (individual Policyholder and/or Life Assured) may compromise the right to benefits and will be treated in accordance with the relevant provisions of the Terms and Conditions. This is without prejudice to the right to be forgotten for cancer.

If completing the Health questionnaire, before signing it, the person providing the information must verify the accuracy of the statements made in the Questionnaire. The Life Assured may also request a medical examination to certify their actual state of health, at the expense of the Life Assured. The Life Assured is not required to undergo medical check-ups and health assessments aimed at obtaining information regarding cancer diseases from which they have previously suffered and for which active treatment has been completed, without recurrence, within the terms set forth by Law No. 193 of 2023 and in the related implementing decrees.

INFORMATION ABOUT UTMOST PANEUROPE


Utmost PanEurope dac is a designated activity company registered in Ireland with number 311420, with registered office at Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Utmost PanEurope dac is regulated by the Central Bank of Ireland.

For any information please contact our Client Customer Service department:

T +353 (0)46 909 9700 F +353 (0)46 909 9849 ccsfrontoffice@utmost.ie

<https://utmostinternational.com/>

14 Email / PEC email address

Question 14. 
Please provide personal email address.

All individual Policyholders will need to read and sign Section K.

A2 CORPORATE POLICYHOLDERS

This section is only to be completed where the applicant is a corporate, i.e. legal entities, fiduciaries (*società fiduciarie*) or trusts (hereinafter indicated as the "Corporate").

Principal place of business

1 Entity type
 Private company Public company
 Other

2 Corporate name

3 Contact person

4 Corporate registration number

5 Date of incorporation

6 Country of registration

7 Country of creation (if different from country of registration)

8 State the jurisdiction in which the Corporate is liable for tax

9 Tax registration number

10 Registered office address (PO Box or 'care of' addresses are not acceptable)

 Postcode

11 Correspondence address

 Postcode

12 If the correspondence address is different from the registered address, give a reason


13 Telephone number (international format)

14 Corporate email address/PEC email

15 Corporate website address

16 Please state the Corporate's main business/activities

17 If the Corporate has no activities, please confirm its status e.g. dormant, holding company or asset holding company

Question 11. 
 We accept no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently.
 Utmost PanEurope reserves the right to send correspondence to the registered office address where regulations prevent it being sent to any other address.

18 Is the Corporate in the process of being dissolved, struck off, wound up or terminated? Yes No

19 Is the Corporate quoted on a recognised stock exchange? Yes No
If "Yes" which one?

20 Confirm the minimum number of authorised signatories needed to give instructions

21 Is the Corporate liable to payment of corporate income tax (IRES) in Italy? Yes No

DIRECTORS / LEGAL REPRESENTATIVES

List all the current directors of the Corporate. If there are any further directors, please photocopy this section, attach the details with this Application Form and tick here.

FULL NAME	DATE OF BIRTH
	d d m m y y y y
	d d m m y y y y
	d d m m y y y y
	d d m m y y y y
	d d m m y y y y
	d d m m y y y y

From the list, supply the details of two directors one of whom must be an executive director.

Please note, both directors must be approved legal representatives of the Corporate. You will need to provide suitable verification of their identity and residential address at Section J.

1 Role	Executive Director	Director
2 Title (Mr, Mrs, Ms, etc.)	<input type="text"/>	<input type="text"/>
3 First name(s)	<input type="text"/>	<input type="text"/>
4 Surname(s)	<input type="text"/>	<input type="text"/>
5 Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes No <input type="text"/>	Yes No <input type="text"/>
6 Date of birth	d d m m y y y y	d d m m y y y y
7 Place of birth	<input type="text"/>	<input type="text"/>

8 List all nationalities/ citizenships held	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
9 Country of tax residence	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
10 Fiscal Code	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
11 Other tax reference number (s)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
12 Permanent residential address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 80%; height: 20px;" type="text"/> Postcode	<input style="width: 80%; height: 20px;" type="text"/> Postcode

SHAREHOLDERS

If there is a corporate shareholder or any of the shares are held within a trust, contact us.

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 (if any)	Shareholder 2 (if any)
1 Role		
2 Percentage share	<input style="width: 80%; height: 20px;" type="text"/> %	<input style="width: 80%; height: 20px;" type="text"/> %
3 Title (Mr, Mrs, Ms, etc.)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4 First name(s)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5 Surname(s)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
6 Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes No	Yes No
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
7 Date of birth	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
8 Place of birth	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
9 List all nationalities/ citizenships held	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
10 Country of tax residence	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
11 Fiscal Code	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
12 Other tax reference number (s)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
13 Permanent residential address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 80%; height: 20px;" type="text"/> Postcode	<input style="width: 80%; height: 20px;" type="text"/> Postcode

LIFE ASSURED DETAILS

If there are more than two Lives Assured, please photocopy this section, attach the details with this Application Form and tick here.

	Policyholder 1		Policyholder 2 (if any)	
Has the Policyholder opted to be a Life Assured?	Yes	No	Yes	No

Please note: the section below does not need to be completed if the Policyholder(s) are going to be the only Lives Assured.

The Life Assured(s) must be one or more individuals up to a maximum of 6. The maximum age for a Life Assured is 79 (i.e. until the moment they turn 80). Where the Life Assured is a minor (namely, between 14 and 18 years old), the written authorization of their legal representative or parent is required. No insurance cover may be taken out on the life of anyone under the age of 14 and/or on the life of anyone who is not of sound mind.

There must be an insurable interest between the Policyholder and the Life Assured where the Policyholder would suffer loss in the event of the death of the Life Assured.

	Life Assured 1		Life Assured 2 (if any)	
1 Role				
2 Title (Mr, Mrs, Ms, etc.)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
3 First name(s)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
4 Surname(s)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
5 Do you have a previous name or alias? If "Yes", provide the other name(s)	Yes	No	Yes	No
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
6 Date of birth	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
7 Place of birth	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
8 Fiscal Code	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
9 List all nationalities/citizenships held	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
10 Permanent residential address	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	<small>Postcode</small>		<small>Postcode</small>	

	Life Assured 3 (if any)		Life Assured 4 (if any)	
1 Role				
2 Title (Mr, Mrs, Ms, etc.)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
3 First Name(s)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
4 Surname(s)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
5 Do you have a previous name or alias? If "Yes", provide the other name(s)	Yes	No	Yes	No
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

6 Date of birth	d d m m y y y y	d d m m y y y y
7 Place of birth		
8 Fiscal Code		
9 List all nationalities/ citizenships held		
10 Permanent residential address		
	Postcode	Postcode

HEALTH QUESTIONNAIRE

This Health Questionnaire should be completed by the Life Assured under any of the following circumstances:

- › Where any Life Assured is aged 40 years or under, prior to the commencement of the Policy or in case of payment of Additional Premium/s.
- › Where the Policyholder has opted for one of the Optional Death Benefits (i.e. Enhanced and/or Wealth Protection Benefit).
- › Where the Policyholder decides to increase the amount of the Enhanced Death Benefit previously selected.
- › In case of payment of Additional Premiums, where the Policyholder has opted for one of the Optional Death Benefits (i.e. Enhanced and/or Wealth Protection Death Benefit).

In case of multiple Life Assured please attach to the Application Form a copy of this Health Questionnaire for each Life Assured.

Life Assured Details

Name of the Life Assured

Life Assured date of birth

Health Questionnaire

- › As you answer the following questions, please remember that you must disclose, in writing to us, all material facts. These are facts which an insurer would regard as likely to influence the assessment of the health status of a Life Assured.
- › If you are in any doubt as to whether any facts are material, you should disclose them to us, as a failure to do so may result in the loss of benefits, in the event of a claim, under the Policy (see section 9 of the Terms and Conditions).
- › Please understand that should you choose not to complete this Health Questionnaire or to undergo any additional examination and/or test, where required, we will be unable to assess the risk and as a result, your insurance cover may be restricted or we may even decide to decline the Application Form and/or the Additional Premium request.

Due to the private nature of the information which is requested, you may elect to return this Health Questionnaire and any associated information directly in a sealed envelope, marked Private and Confidential and addressed to:

The Head of Customer Services

Utmost PanEurope dac
Navan Business Park
Athlumney, Navan
Co. Meath C15 CCW8
Ireland.

In the event that any data or omissions within this Health Questionnaire needs to be clarified, Utmost will contact you in writing, preferably by email.

1 Height (cm)	<input type="text"/>	Weight (kg)	<input type="text"/>
2 Has your weight changed by more than 10kg in the last 2 years for any reason, such as diet or illness?		Yes	No

If 'Yes', provide details

3 Do you smoke or have you smoked in the last 12 months (including cigarettes, cigars, a pipe or use of e-cigarettes)?

Yes

No

If 'Yes', provide details including daily consumption

4 Do you drink alcohol?

Yes

No

If 'Yes', state how much and how often

Has your alcohol consumption been higher in the last 5 years?

Yes

No

If 'Yes', provide details including daily consumption

5 Have you ever been advised to reduce or stop smoking or drinking alcohol on health grounds?

Yes

No

If "Yes", provide details

6 Do you use or have you ever used drugs?

Yes

No

If 'Yes', state the drug name, dose and period of consumption

7 Do you take part or intend to take part in any sports or pursuits such as, but not limited to, diving, aviation, mountain climbing, flying or extreme sports?

Yes

No

If 'Yes', provide details

8 Do you or have you ever suffered with any of the following conditions:

- Any cancer or tumour of any kind, even benign, for example skin cancers, tumours, leukaemia, Hodgkin's disease or lymphoma? **Please note you are not obliged to declare in this Health Questionnaire if you have suffered from cancer either: once ten years have elapsed from the end of the treatment without a subsequent relapse; or once five years have elapsed from the end of the treatment without a subsequent relapse if you were under the age of 21 at the time of the cancer diagnosis.**

Yes

No

- | | | |
|--|-----|----|
| – High blood pressure, raised cholesterol or any heart problems such as a heart attack, angina, irregular heartbeat, heart valve problems or cardiomyopathy? | Yes | No |
| – Have you ever had a stroke or mini-stroke? | Yes | No |
| – Any respiratory problems such as asthma, COPD, chronic bronchitis, sleep apnoea, tuberculosis? | Yes | No |
| – Any neurological or nervous system condition such as multiple sclerosis, Parkinson’s disease, vertigo or any other condition? | Yes | No |
| – Any infectious disease such as HIV or Hepatitis C? | Yes | No |

If you have answered "Yes" to any of the above, please provide further detail

9 In the last 5 years have you suffered or do you currently have any of the following conditions:

- | | | |
|---|-----|----|
| – Any type of diabetes, blood disorder, thyroid conditions such as under or overactive thyroid, any sex hormone or other hormonal disorders/imbbalances or adrenal disorders? | Yes | No |
| – Any renal or urological conditions such as kidney or bladder problems or (for male only) prostate disorders // (for female only) gynaecological problems? | Yes | No |
| – Any digestive or liver problems such as Crohn’s disease, ulcerative colitis, diverticulitis, pancreatitis, hemochromatosis or hepatitis A, B or E? | Yes | No |
| – Any muscular, joint or skeletal disorders such as back pain, slipped disc, arthritis, or any other joint or muscle problem? | Yes | No |
| – Any mental health condition such as anxiety, depression, stress or bereavement related problems? | Yes | No |

If you have answered "Yes" to any of the above, please provide detail

10 Are you currently taking any long-term medication or following any regular treatment? Yes No

If "Yes", please provide details including medication name, dosage and frequency

11 Are there any other health problems, pending referrals/tests, hospitalisations or surgeries not mentioned above (including any hospitalisations for Coronavirus or any long term effects from Coronavirus known as Long-Covid)? Yes No

If "Yes", please provide details

12 Do you have any signs or symptoms of ill health or disability or change/worsening of an existing disorder, for which you have not yet consulted a medical practitioner? Yes No

If "Yes", please provide details

C OPTIONAL DEATH BENEFITS

OPTIONAL

The Policyholder is entitled by default to the Standard Death Benefit and, should the proper requirements be met, to the Accidental Death Benefit. In addition, the Policyholder has the option to select the Enhanced Death Benefit and the Wealth Protection Benefit. Both of these Optional Death Benefits can be selected independently and together. **Any selected option may be subject to underwriting with regard to the health status of the Policyholder, or the Life Assured, if different from the Policyholder.**

Enhanced Death Benefit

The Policyholder is entitled to opt for the Enhanced Death Benefit provided that the Life Assured at the time of subscription of this Application Form is not older than 79 years (meaning, until they turn 80).

Upon selection by the Policyholder, the amount of the Enhanced Death Benefit shall be 0.5%, 1%, 2%, 3%, 4% or 5% of the Policy Value, with a cap of Euro 1,000,000 (or different value in case of different Policy Currency). The Policyholder may shift from one amount to the other at any time. **If the Policyholder decides to increase the amount of the Enhanced Death Benefit, the Policyholder or the Life Assured, if different, may be subject again to underwriting.**

The Policyholder can change the Enhanced Death Benefit at any time; after opting in, the Policyholder will not be entitled to cancel before 1 (one) year has elapsed from the date when the option was selected; after that, the Policyholder may select to opt out at any time.

Please tick the selected percentage of the Policy Value:

0.5% 1% 2% 3% 4% 5%

Wealth Protection Benefit

The Policyholder is entitled to opt for the Wealth Protection Benefit provided that the Life Assured at the time of subscription of this Application Form is 79 years (meaning, until the Life Assured turns 80).

The Wealth Protection Benefit pays the difference between the Adjusted Total Premium and the Policy Value if the Policy Value is lower than the Adjusted Total Premium. The Wealth Protection Benefit is up to 25% of the Adjusted Total Premium, with a cap of Euro 1,000,000 (or in the event of different Policy Currency, the equivalent amount at the current exchange rate).

Once the option has been selected, the Policyholder will not be entitled to cancel before 1 (one) year has elapsed from the date when the option was selected; thereafter the Policyholder may select to opt out at any time.

D BENEFICIARY NOMINATION

MANDATORY


You may nominate one or more Beneficiaries, who will be entitled to receive the share of Death Benefits, as set out below, once the Relevant Death occurs.


Where all necessary information about the appointed Beneficiary(ies) is not provided, we might have difficulties in identifying the Beneficiaries, when the Relevant Death occurs. You shall communicate in writing to us any change or revocation of Beneficiaries without delay.

You acknowledge that payment of Death Benefits to a Beneficiary appointed according to the instructions set out in this Application Form, or in a subsequent written communication addressed to us, or even by means of a will, is a full and final discharge and releases us from all our obligations under the Policy.

Please note: in case of death of the nominated Beneficiaries before the occurrence of the Relevant Death, unless otherwise expressly indicated by you by means of a new Beneficiary nomination, we will pay the insurance proceeds to the deceased Beneficiary's heirs (testate or intestate as the case may be, and in accordance with the shares indicated by the testator or by the law). In any case we reserve the right, upon receipt of the death claim payment request, to ask for further and additional information and documentation to that set out under Art. 24 of the Terms and Conditions, in order to identify the eligible Beneficiary, who is entitled to the payment of the insurance proceeds. This same provision will apply also where the appointed Beneficiaries die after the occurrence of the Relevant Death but before we have received the death claim payment request.


	Beneficiary 1		Beneficiary 2	
1 Title (Mr, Mrs, Ms, etc.)	<input type="text"/>		<input type="text"/>	
2 First name(s)	<input type="text"/>		<input type="text"/>	
3 Surname(s)	<input type="text"/>		<input type="text"/>	
4 Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	
5 Date of birth	<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>
	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
6 Place of birth	<input type="text"/>		<input type="text"/>	
7 Please list all nationalities/ citizenships held	<input type="text"/>		<input type="text"/>	
8 Country of tax residence	<input type="text"/>		<input type="text"/>	
9 Fiscal Code	<input type="text"/>		<input type="text"/>	
10 Permanent residential address	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text" value="Postcode"/>		<input type="text" value="Postcode"/>	
11 Contact telephone number	<input type="text"/>		<input type="text"/>	
12 Email / PEC email address	<input type="text"/>		<input type="text"/>	
13 Please tick if you do NOT want the Beneficiary to receive communication before the Relevant Death	<input type="checkbox"/>		<input type="checkbox"/>	
14 Share of Death Benefit due to the Beneficiary	<input style="text-align: right; width: 50px;" type="text" value="%"/>		<input style="text-align: right; width: 50px;" type="text" value="%"/>	


Question 11. 
The telephone number is used for fraud prevention controls.

Question 12. 
Please provide personal email address.

	Beneficiary 3		Beneficiary 4	
1 Title (Mr, Mrs, Ms, etc.)	<input type="text"/>		<input type="text"/>	
2 First name(s)	<input type="text"/>		<input type="text"/>	
3 Surname(s)	<input type="text"/>		<input type="text"/>	
4 Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	


5	Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
6	Place of birth	<input type="text"/>	<input type="text"/>
7	Please list all nationalities/ citizenships held	<input type="text"/>	<input type="text"/>
8	Country of tax residence	<input type="text"/>	<input type="text"/>
9	Fiscal Code	<input type="text"/>	<input type="text"/>
10	Permanent residential address	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text" value="Postcode"/>	<input type="text" value="Postcode"/>
11	Contact telephone number	<input type="text"/>	<input type="text"/>
12	Email / PEC email address	<input type="text"/>	<input type="text"/>
13	Please tick if you do NOT want the Beneficiary to receive communication before the Relevant Death	<input type="checkbox"/>	<input type="checkbox"/>
14	Share of Death Benefit due to the Beneficiary	<input type="text" value=""/>	<input type="text" value=""/>


Question 11. 
The telephone number is used for fraud prevention controls.

Question 12. 
Please provide personal email address.

	Beneficiary 5		Beneficiary 6		
1	Title (Mr, Mrs, Ms, etc.)				
2	First name(s)				
3	Surname(s)				
4	Do you have a maiden name, a previous name or alias?	Yes	No	Yes	No
	If "Yes", provide the other name(s)	<input type="text"/>		<input type="text"/>	
5	Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>		
6	Place of birth	<input type="text"/>	<input type="text"/>		
7	Please list all nationalities/ citizenships held	<input type="text"/>	<input type="text"/>		
8	Country of tax residence	<input type="text"/>	<input type="text"/>		
9	Fiscal Code	<input type="text"/>	<input type="text"/>		

10 Permanent residential address		
	Postcode	Postcode
11 Contact telephone number		
12 Email / PEC email address		
13 Please tick if you do NOT want the Beneficiary to receive communication before the Relevant Death	<input type="checkbox"/>	<input type="checkbox"/>
14 Share of Death Benefit due to the Beneficiary	%	%

Question 11. 
The telephone number is used for fraud prevention controls.

Question 12. 
Please provide personal email address.

If the share due to each Beneficiary is not indicated, the Death Benefit(s) shall be apportioned equally among the appointed Beneficiaries.

Where you intend to appoint the Beneficiaries by using a generic nomination ("testate heirs", "intestate heirs", "spouse", "the children" etc.), please complete this section

Alternative Beneficiary designation clause/additional information: please use the section below for any alternative Beneficiary nomination you may wish to make, or for additional indications re. the (revocable/irrevocable) Beneficiaries appointed by name and/or any other details or instructions re. the payment of the Death Benefits to the appointed (revocable/irrevocable) Beneficiaries.

Irrevocable Beneficiaries' Nomination

By ticking this box, you hereby waive your right to revoke the appointed Beneficiary(ies) for the entire life of the Policy, thus appointing the above-named Beneficiary(ies) irrevocably.


Please note: where you waived your right to revoke or change the appointed Beneficiary(ies) and communicate such waiver in writing to us, then the Beneficiary nomination will become irrevocable and you will be prevented from amending it again at any point in time during the life of the Policy provided that the appointed Beneficiary(ies) also accept such designation/ appointment in writing and communicate separately their acceptance of the benefit in writing to us.


Therefore, in order for the above Beneficiary(ies) nomination to become irrevocable, **we will need to receive a separate confirmation in writing by the (irrevocable) appointed Beneficiary(ies) that they wish to accept such benefit.**

D1 APPOINTMENT OF A THIRD PARTY FOR PRIVACY REASONS

Where you, for privacy reasons, do not intend to provide the personal information concerning the Beneficiaries, please provide the necessary information for the identification of a third party (other than the Beneficiary), that we can contact, at the occurrence of the Relevant Death, for the purposes of the payment of the Death Benefits to the entitled Beneficiaries:

1	Title (Mr, Mrs, Ms, etc.)	<input type="text"/>	<input type="text"/>
2	First name(s)	<input type="text"/>	<input type="text"/>
3	Surname(s)	<input type="text"/>	<input type="text"/>
4	Do you have a maiden name, a previous name or alias?	Yes	No
	If "Yes", provide the other name(s)	<input type="text"/>	<input type="text"/>
5	Date of birth	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>
6	Place of birth	<input type="text"/>	<input type="text"/>
7	Please list all nationalities/citizenships held	<input type="text"/>	<input type="text"/>
8	Country of tax residence	<input type="text"/>	<input type="text"/>
9	Fiscal Code	<input type="text"/>	<input type="text"/>
10	Permanent residential address	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text" value="Postcode"/>	<input type="text" value="Postcode"/>
11	Contact telephone number	<input type="text"/>	<input type="text"/>
12	Email / PEC email address	<input type="text"/>	<input type="text"/>

Question 11. 
The telephone number is used for fraud prevention controls.

Question 12. 
Please provide personal email address.

E 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. Family members or close associates of a PEP must also be considered PEPs themselves.

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

If "Yes" provide details

F POLICY AND PREMIUM DETAILS

MANDATORY

F1 EXISTING POLICY DETAILS

Please provide details of any existing contracts you have or are making payments to, and/or any previous contracts you have held with the Utmost Group (if applicable).

	Existing Policy 1 (if any)	Existing Policy 2 (if any)
Type of contract(s)	<input type="text"/>	<input type="text"/>
Policy number(s)	<input type="text"/>	<input type="text"/>

F2 PREMIUM DETAILS

Benefits will be calculated and charges will be deducted in the Policy Currency.

Once the Policy Currency is selected, it is set for the entire duration of the Policy and cannot be changed.

All reporting will be done in the Policy Currency and the Investment Value and the Policy Value will be expressed in the Policy Currency.

1 Policy Currency EUR USD GBP CHF

Total amount paid ("Premium") (minimum EUR500,000 or Currency Equivalent Value)

Where the payment is made in a currency different from the Policy Currency, it will be converted to the Policy Currency at the applicable commercial Foreign Exchange rate at the time, as set out in the the Terms and Conditions.

Once the Application Form has been correctly completed and signed and accepted by us, the Premium shall be paid by bank transfer to Utmost PanEurope's bank account, as indicated, or by transfer of securities to Utmost PanEurope, in this case subject to our prior approval.

2 Do you wish to transfer existing securities/financial instruments into the Investment Portfolio of this Policy (payment of Premium in kind)? Yes No


If "Yes", please specify the details of the securities/financial instruments that you wish to transfer below (please note: the transfer and acceptance are subject to the prior approval at the sole discretion of Utmost PanEurope):

COMPLETE NAME OF SECURITIES/FUND	REFERENCE OF THE SECURITIES/FUND (SEDOL OR ISIN)	NO. OF SHARES/ INTERESTS TO BE TRANSFERRED	MARKET VALUE (APPROXIMATE)

Amount paid in cash

Amount paid by transfer of securities/financial instruments

Total amount of Initial Premium

Indicate currency 

F3 COLLECTION MANDATE

Where you granted an Italian financial intermediary a collection mandate to manage, on your behalf, all cash flows (in and out) associated with the Policy, please provide the following details regarding the bank account:

Bank name	<input type="text"/>	
Bank address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode
BIC	<input type="text"/>	
IBAN	<input type="text"/>	
Name of account holder	<input type="text"/>	

You shall immediately inform us where you intend to change or revoke this collection mandate.

G INVESTMENTS

MANDATORY

The Investment Portfolio within the Dedicated Internal Fund is managed according to:

- › The Investment Management Option (Discretionary Investment Management Option or the External Advisor Investment Management Option) and
- › The Investment Strategy, or combination of Investment Strategies as selected by the Policyholder in this Application Form.

You shall not suggest or give instructions regarding the investments within the Investment Portfolio to the Asset Manager, Utmost PanEurope and/or the Advisor, as applicable, other than the selection of the Risk Profile, the Investment Strategy or the allocation of the Premium between Investment Strategies, neither in this Application Form nor by completing the appropriate Change of Investment Strategy form in case of subsequent changes or substitutions of the Investment Strategy pursuant to Art. 20 of the Terms and Conditions.

You shall not make any claims against us or against any of the appointed Asset Managers for any losses of the Dedicated Internal Fund arising from the inability of the Asset Manager and/or Utmost PanEurope (including where Utmost avails of the advisory services provided by an external Advisor, where appointed) to generate the expected financial return in relation to the Dedicated Internal Fund.

You shall not suggest or interfere in any way with the implementation of the Investment Strategies of the Dedicated Internal Fund nor give any advice and/or suggestion to Utmost PanEurope, to any Asset Manager or to any Advisor regarding the investments connected to shares and financial instruments within the Investment Portfolio and the Dedicated Internal Fund, nor shall you have any communication whatsoever with any of the above with regard to the selection of the investments of the Investment Portfolio or of the Dedicated Internal Fund.

Please indicate your choices in relation to the investment of the Premium (please refer to the Terms and Conditions for further details).

You must select in the Section below:

1. The Investment Management Option and nominate the recommended Asset Manager and/or Advisor based on the Investment Strategy or a combination of Investment Strategies selected (your indication is not binding for us).
2. The Investment Strategy or the combination of Investment Strategies of the Dedicated Internal Fund into which your Initial Premium is to be invested in accordance to the Risk Profile selected in the relevant table in Section G1 below.
3. The amount of the Initial Premium that is to be allocated to each Investment Strategy, where you have selected a combination of Investment Strategies.

Please refer to the Terms and Conditions for further details in relation to the appointment of an Asset Manager or an Advisor as applicable.

G1 SELECTION OF THE RISK PROFILE

Please select the Risk Profile:

RISK PROFILE	DESCRIPTION
<input type="checkbox"/> LOW	The Investment Value may experience modest fluctuations in the short term.
<input type="checkbox"/> MEDIUM LOW	The Investment Value may experience modest fluctuations and modest short term losses.
<input type="checkbox"/> MEDIUM	The Investment Value may experience fluctuations and medium term modest losses.
<input type="checkbox"/> MEDIUM HIGH	The Investment Value may experience fluctuations and medium to long term losses.
<input type="checkbox"/> HIGH	The Investment Value may experience significant fluctuations and significant long term losses.
<input type="checkbox"/> VERY HIGH	The Investment Value may experience significant fluctuations and very significant long term losses.

G2 SELECTION OF THE INVESTMENT MANAGEMENT OPTION AND NOMINATION OF THE ASSET MANAGER OR ADVISOR

DISCRETIONARY INVESTMENT MANAGEMENT OPTION

I hereby recommend Utmost PanEurope to appoint as Asset Managers with the responsibility to manage, on a discretionary basis, part or all of the Investment Portfolio within the Dedicated Internal Fund to which my Policy is linked, the entities indicated in the relevant table in Section G3 below where also I selected and indicated the Investment Strategy or a combination of Investment Strategies, according to which the Investment Portfolio shall be managed.

DISCRETIONARY WITH EXTERNAL ADVISOR INVESTMENT MANAGEMENT OPTION

I hereby recommend Utmost PanEurope to appoint as Advisors of the Dedicated Internal Fund to which my Policy is linked the entities indicated in the relevant table set out in Section G3 below where I also selected and indicated the Investment Strategy or a combination of Investment Strategies, according to which the Investment Portfolio shall be managed by Utmost PanEurope availing of the investment advice provided by the external Advisor.

The Company shall execute formal agreements with the Asset Manager and/or the Advisor.

The Company shall not be held responsible for any losses of the Dedicated Internal Fund arising from the inability of the Asset Manager and/ or Utmost PanEurope, as advised by an external Advisor, to generate the expected financial returns in relation to the Dedicated Internal Fund.

G3 SELECTION OF THE INVESTMENT STRATEGY

Please select the Investment Strategy or the combination of Investment Strategies among those which are made available to you by us, by completing the table below and ticking the relevant box under section G2 above. Please note:

- › If an **Asset Manager is appointed**, the Investment Strategy is entirely designed, offered and implemented by the Asset Manager under their sole and exclusive responsibility and approved and made available to you by us.
- › If an **Advisor is appointed**, the Investment Strategy is designed by us in conjunction with the Advisor and made available to you by us.

INVESTMENT STRATEGY	ASSET MANAGER (NAME AND ADDRESS)	ADVISOR (NAME AND ADDRESS)	SID MATCHING WITH THE SELECTED INVESTMENT STRATEGY	RISK PROFILE ¹	TIME HORIZON ²	PREMIUM ALLOCATED ³

Please tick the box if you require any customisations to the chosen Investment Strategies. Please attach to this Application Form the document setting these instructions or specify them in the box below.

Customisations need to be expressed in broad terms and can in no case allow you to give investment instructions to us. We reserve the right to reject the customisation request if it triggers a Risk Profile or an investment time horizon higher than those of the Investment Strategy selected in the table above:

G4 INVESTMENT STRATEGIES ACCORDING TO PRIIPS REGULATIONS

For the purposes of PRIIPs Regulation, the Investment Strategy, or combination of Investment Strategies that you choose are mapped and matched with Utmost PanEurope's internal strategies and related SIDs (Specific Information Documents).

From a PRIIPs perspective, Utmost PanEurope's internal strategies are the following:

- › Discretionary Investment Strategy Adventurous;
- › Discretionary Investment Strategy Growth;
- › Discretionary Investment Strategy Balanced Moderate;
- › Discretionary Investment Strategy Balanced Defensive;
- › Discretionary Investment Strategy Conservative.

A detailed description of such strategies is set out in the Specific Information Document (SID) which will be provided to you by your Intermediary before the Policy is issued and is made as well available for consultation at <https://utmostinternational.com/priips/>

¹ Indicates the risk profile according to the CONSOB methodology. Such information will be provided by the intermediary.

² Indicates the time horizon according to the CONSOB methodology. Such information will be provided by the intermediary.

³ Indicates the Premium allocation among the different Investment Strategies in percentage.

H EMPLOYMENT AND SOURCE OF FUNDS

MANDATORY

H1 ACCOUNT DETAILS WHERE FUNDS ARE BEING REMITTED FROM

If you are making multiple payments from different sources, please photocopy this section, attach the details with this Application Form and tick here.

The Premium payment must come from an account held in the name of the Policyholder(s).

Bank account name

Bank account number/
IBAN

Bank sort code
(if applicable) - -

SWIFT or BIC code

Bank name

Bank address

 Postcode

Country

How long have you held
this account?

If the account has been held for less than 1 year please provide your previous account details:

Previous bank account
name

Previous bank account
number/ IBAN

Previous bank sort code
(if applicable) - -

Previous SWIFT or BIC
code

Previous bank name

Previous bank address

 Postcode

Country

How long have you held
this account?

Are there any other parties indirectly involved with this application e.g. lender? Yes No

If "yes", please provide the following details

Name


Relationship to Policyholder

Reason for involvement


If the Initial Premium is received from an account other than the one specified here, this may cause a delay in processing this Application Form. The Premium must be remitted from an account in the name of the Policyholder(s).

H2 EMPLOYMENT DETAILS

	Policyholder 1	Policyholder 2 (if any)
1 Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
2 Date of retirement, unemployment, or becoming a homemaker	<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	<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
3 Occupation	<input type="text"/>	<input type="text"/>
4 Last year's annual income/salary	Currency <input type="text"/> Amount <input type="text"/>	Currency <input type="text"/> Amount <input type="text"/>
5 Do you receive income other than from your occupation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide details including the amount and source	<input type="text"/>	<input type="text"/>
6 Employer/Business name	<input type="text"/>	<input type="text"/>
7 Employer's/Business address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode

Questions 2 and 3. 

If retired, unemployed or a homemaker please provide your former occupation including role e.g. Director accountancy and include date of retirement, unemployment or becoming a homemaker.

Question 4. 

Income details are required for Know Your Client and AML requirements and failure to complete will result in a delay in processing the Application Form.

H3 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost PanEurope 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 its origin.

Documentary evidence requirements

All investments are assessed on a case-by-case basis. Independently certified documentary evidence of source of funds may be required in order to proceed with the application.

Please provide as much detail as possible. If it is not clear how the money was accumulated we will need to request further information and the Policy will not be issued until the requested information is received and a satisfactory risk assessment is completed.

1. Savings from employment income (including salary, bonus and fees)

Total amount received Currency Amount

Number of years income accumulated years

Institution holding the funds

Name of account where earned income accumulated

Account number

Bank sort code (if applicable) - -

Length of time funds have been in this account years months

Main occupation during the accumulation period (e.g. Director).

Industry or business sector

Main employer's name

Employer's address

Postcode Country

Date of commencement of this employment

Average annual salary over the accumulation period Currency Amount

Average annual bonus over the accumulation period Currency Amount

2. Compensation payment

Name of organisation or individual that paid compensation

Reason for compensation

Country where compensation was awarded

Total amount received Currency Amount

Date received

3. Competition win

Name of competition organiser	<input type="text"/>									
Description of competition	<input type="text"/>									
Country where competition was held	<input type="text"/>									
Total amount won	Currency <input type="text"/>	Amount <input type="text"/>								
Date of win	<table border="1" style="border-collapse: collapse; text-align: center;"> <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			

4. Gift

Full name of person who gave the gift	<input type="text"/>									
Date of birth	<table border="1" style="border-collapse: collapse; text-align: center;"> <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			
Nationality	<input type="text"/>									
Address	<input type="text"/>									
	<input type="text"/>									
	Postcode <input type="text"/>	Country <input type="text"/>								
Relationship to Policyholder	<input type="text"/>									
Reason for gift	<input type="text"/>									
Description of gift	<input type="text"/>									
Total amount received	Currency <input type="text"/>	Amount <input type="text"/>								
Date received	<table border="1" style="border-collapse: collapse; text-align: center;"> <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			
Details of the activity that generated the amount received	<input type="text"/>									
Country gift was accumulated in	<input type="text"/>									

5. Inheritance

Deceased's full name

Relationship to Policyholder

Date of death

Details of the inheritance, tell us about the assets forming the inheritance (e.g. cash, property, shares etc.)

Amount received Currency Amount

Date received

Details of the activity that generated the amount received

Country inheritance was accumulated in

Solicitor/lawyer's (who dealt with the estate) name

Solicitor/lawyer's firm name

Solicitor/ lawyer's firm address

Postcode Country

6. Loan

Name of loan provider

Address of loan provider

Postcode Country

Total amount borrowed Currency Amount

Date of loan

Purpose of loan

7. Maturing policy/policy claim/replacement policy/pension

If the source of funds is the sale of an investment rather than maturity, please complete Section 8 instead.

Name of policy provider	<input type="text"/>	
Address of policy provider	<input type="text"/>	
	<input type="text"/>	
	Postcode	Country
Policyholder's full name	<input type="text"/>	
Length of time policy held	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> months
Amount of the original investment	<input type="text"/>	
Details of the activity that generated the original investment	<input type="text"/>	
Reason for policy claim or replacement policy (if applicable)	<input type="text"/>	
Total amount received	Currency <input type="text"/>	Amount <input type="text"/>
Surrender penalty (if applicable)	<input type="text"/>	
Date received	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

8. Sale of asset portfolio or investment

If the source of funds is a maturing investment rather than one that you are choosing to sell, please complete Section 7 instead.

Description of asset portfolio or investment (e.g. government bonds, equities etc.)	<input type="text"/>	
Name of the company that held it	<input type="text"/>	
Registered address of company	<input type="text"/>	
	<input type="text"/>	
	Postcode	Country
Account name	<input type="text"/>	
Length of time asset portfolio or investment held	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> months
Amount of the original investment	<input type="text"/>	
Details of the activity that generated the original investment	<input type="text"/>	
Date of sale	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Net amount received	Currency <input type="text"/>	Amount <input type="text"/>

9. Company sale or sale of interest in company

Company name	<input type="text"/>			
Industry/business sector	<input type="text"/>			
Address of company	<input type="text"/>			
	<input type="text"/>			
	Postcode	Country		
Your connection with the company, for example owner, partner or shareholder	<input type="text"/>			
Date connection with the company began	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average yearly dividend/ income from the company over previous three years	Currency	<input type="text"/>	Amount	<input type="text"/>
Date of sale	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sale amount	Currency	<input type="text"/>	Amount	<input type="text"/>
Net amount received i.e. the amount you have received after any deductions such as fees and taxes	Currency	<input type="text"/>	Amount	<input type="text"/>

10. Property sale

If you are not the beneficial owner of this property, please select a different option for source of funds that is more appropriate.

Address of property sold (including post code if applicable)	<input type="text"/>			
	<input type="text"/>			
	Postcode	Country		
Length of time property owned	<input type="text"/>	years	<input type="text"/>	months
Source of funds for the original property purchase	<input type="text"/>			
Was the property your main residence?	Yes	No		
If "Yes", was an alternative main residence purchased?	Yes	No		
If "Yes", please confirm				
Purchase price	Currency	<input type="text"/>	Amount	<input type="text"/>
Address of new residence	<input type="text"/>			
	<input type="text"/>			
	Postcode	Country		

Date of sale

Total sale amount Currency Amount

Net amount Policyholder received from sale Currency Amount

11. Other income sources

Description of the activity that generated the funds

Role in relation to above activities

Period over which the activities occurred years months

Country in which the activity occurred

Date received

Proceeds received from the activity Currency Amount

12. Company profits (trading companies only)

Company profits most recent trading year Currency Amount

Company profits prior trading year Currency Amount

I FEES, CHARGES AND COMMISSIONS

MANDATORY

All recurring charges will be deducted by Units deduction on the Charging Date, unless otherwise stated.
The charges to be paid shall be as follows.

I1 ESTABLISHMENT CHARGE

is equal to % of the Initial Premium.

I2 ANNUAL ADMINISTRATION CHARGE

is equal to a flat amount of Euro plus a variable amount % per year of the Investment Value at the end of the quarter or the Adjusted Total Premium whichever is highest. It is deducted on a quarterly basis and it also includes %/Euro due to the intermediary that marketed the product.

If the Policy begins or ceases during the quarter, in case of full surrender or where the investment in complex assets was done during the quarter, the administration charge is prorated.

The administration charge is due during all the life of the Policy.

In case of selection of a combination of Investment Strategies, we will deduct the establishment charge and the annual administration charge from the assets comprising the portion of Investment Portfolio of the Dedicated Internal Fund managed according to one of the Investment Strategies that you selected in section G3 above.

In the space below, please select the Investment Strategy (among those listed in section G3 above) whose corresponding portion of Investment Portfolio you wish to be subjected to the deduction of the mentioned charges.

Please note: where you make no selection of the preferred Investment Strategy in the box below, we will deduct the establishment charge and the annual administration charge from the Investment Strategy selected to manage the portion of the Investment Portfolio of the Dedicated Internal Fund with the highest net assets value (NAV).

I3 ASSET MANAGEMENT AND ADVISOR CHARGE

- › The Dedicated Internal Fund shall be valued quarterly and, where you selected the Discretionary Investment Management Option and an Asset Manager is appointed, an **annual Asset Management charge** shall be due to the Asset Manager(s) and shall be equal to a percentage of the value of the total assets comprising the portion of the Investment Portfolio managed according to the Investment Strategy selected, as specifically indicated in the table below.
- › We may pay, if applicable, an **annual performance charge** depending on the Investment Strategy selected as indicated in the table below, to the Asset Manager(s); it shall be equal to a percentage of the over performance of the value of the total assets comprising the portion of the Investment Portfolio managed according to the Investment Strategy compared to the agreed Benchmark as specifically indicated in the Investment Strategy factsheet made available to you together with the Application Form for this purpose.
- › If applicable, depending on the selection of the Investment Strategy, as indicated in the table below, an **exit fee** may be due to the Asset Manager(s) and deducted from the disinvestment value of the total assets comprising the portion/s of the Investment Portfolio managed according to the corresponding Investment Strategies selected under certain conditions as per Art. 26.3 of the Terms and Conditions.
- › Where you selected the External Advisor Investment Management Option and an Advisor is appointed in respect of the Dedicated Internal Fund, the **Advisor charge** shall be equal to a percentage of the value of the assets comprising the portion/s of the Investment Portfolio managed by us according to the Investment Strategy selected availing of the investment advisory services provided by the Advisor, including VAT, at the tax applicable from time to time as indicated in the table below.

INVESTMENT STRATEGY	ASSET MANAGER	ASSET MANAGEMENT CHARGE	PERFORMANCE CHARGE	EXIT FEES	ADVISOR	ADVISOR CHARGE

14 EARLY DISCONTINUANCE CHARGE

If there is a full surrender within the first 2 (two) years from the Effective Date of Insurance, an early discontinuance charge will be deducted from the Investment Portfolio.

2% of the Initial Premium during 1st Year (i.e. if full surrender is requested before the expiry of the first Policy Anniversary)

1% of the Initial Premium during 2nd Year (if full surrender is requested between the expiry of the first and the second Policy Anniversary).

15 OTHER APPLICABLE FEES AND CHARGES

Enhanced Death Benefit charge (if the option is selected)

This charge is equal to a percentage of the Enhanced Death Benefit that would be theoretically due upon each Charging Date.

The percentage applied is determined on the basis of probabilistic criteria based on the age of each Life Assured and of the Insurance Basis within a range from 0,01% (for the younger age) to 30% (for the older age) per year.

The Enhanced Death Benefit used in order to calculate the Enhanced Death Benefit Charge is the selected Enhanced Death Benefit percentage (0.5%, 1%, 2%, 3%, 4% or 5%) of the Policy Value capped at Euro 1,000,000. The Enhanced Death Benefit is calculated using the Policy Value at the end of each quarter.

Wealth Protection Benefit charge (if the option is selected)

This charge is composed of an upfront flat charge of Euro 1,000 (or the equivalent amount at the exchange currency rate in case of different Policy Currency), and a recurring charge. The recurring charge will be a percentage of the Wealth Protection Benefit - depending on the age of each Life Assured and on the Insurance Basis, within a range between 0,01% (for the younger age) to 30% (for the older age) - that would be payable if the Relevant Death happened at the end of the previous calendar quarter using the Policy Value at the end of the previous quarter, capped to Euro 1,000,000 and 25% of the Adjusted Total Premium.

The upfront charge will not be applicable if you have selected the Wealth Protection Benefit option in this Application Form (section C above).

However, if you initially selected the Wealth Protection Benefit option in the Application Form, then you opted out after the Conclusion Date, and then opted in again, the upfront flat charge will be due and charged, subject to the limits and conditions set out in Article 21.4 of the Terms and Conditions.

For either the Enhanced Death Benefit charge or the Wealth Protection Benefit charge, further details concerning the charges, depending on the age of the Life Assured and the Insurance basis, are available in the Illustration provided to you along with all the other pre-contractual documentation as set out under Art. 4 of the Terms and Conditions.

16 THIRD PARTY CHARGES

All third party costs, arising from asset management, brokerage, administration, custody, trading, Switch, settlement or valuation shall be deducted from the Investment Portfolio of the Dedicated Internal Fund as they fall due.

17 CHANGE OF INVESTMENT STRATEGY CHARGES

Euro 100 (or equivalent amount in case of a different Policy Currency) for each Change of Investment Strategy after the sixth one per calendar year. The first 6 (six) ones per calendar year are free of charge.

18 PARTIAL SURRENDER PENALTY FEE

Euro 1,000 (or equivalent amount in case of a different Policy Currency) for each partial surrender after the sixth one per calendar year. The first 6 (six) ones per calendar year are free of charge.

19 ADDITIONAL CHARGES

Additional charges which may apply to the Investment Portfolio include expenses, taxes, duties, levies or other charges which may apply to the assets/financial instruments (if any) included the Investment Portfolio.

J IDENTIFICATION REQUIREMENTS MANDATORY

This Section is required to verify the identity of the Policyholders and to be completed by the Intermediary in conjunction with the Policyholder.

How to certify documents is outlined in the document '**Anti Money Laundering Guide.**'

All identification papers must be certified by the Intermediary, a lawyer or a Notary Public and must include a photograph of the Policyholder(s).

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

For individual Policyholders, we require one suitably certified document from Part 1, together with one suitably certified document from Part 2. **Mobile phone bills and store card statements are not acceptable.**

For corporate and trustee Policyholders, including Fiduciaries, we require the documentation listed in Part 3.


For corporate Policyholders, including Fiduciaries and trustee Policyholders (with corporate trustees), we will require identification verification for at least two directors (one of whom is at an executive level) and individual shareholders that hold 25% or more of the issued share capital.

For trustees, the following parties to the trust must be identified and verified - trustees, settlors, protectors and irrevocable beneficiaries.

Where the ultimate beneficial owner of the Policy is different from the Policyholder or Life Assured (e.g. in case of an Italian Static Fiduciary Company), the identity of the ultimate beneficial owner of the Policy shall also be verified.

PART 1 PERSONAL IDENTIFICATION

1	Who is being identified?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Valid passport				
3	National ID card (with photograph)				
4	A current driving licence ⁴ (with photograph)				

 Please confirm who is being identified in each section e.g. Policyholder, trustee, executive director, director, beneficial owner, etc. as relevant.

Who is being identified?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document reference number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document issuing entity ⁵	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


⁴ Where the driving licence does not confirm nationality this will be requested.

⁵ To include entity name and country where the document was issued.

Issue Date

Expiry Date

Where the Policyholder does not hold an item from Part 1, indicate why in the box below and supply a second document from Part 2.

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

PART 2 VERIFICATION OF RESIDENTIAL ADDRESS

1 Whose address is being verified?

2 A recent⁶ utility bill dated and certified within the last six months

3 A recent⁶ mortgage statement, giving the residential address

4 A current driving licence

5 A state pension benefit book or other government produced document showing benefit entitlement

6 A recent⁶ tax assessment document

7 A recent⁶ rates or council tax bill

8 A recent⁶ account statement from bank or credit card showing at least one transaction

Whose address is being identified?

Reference number

Issuing entity

⁶ 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).

PART 3 CORPORATE AND TRUST IDENTIFICATION

CORPORATES INCLUDING FIDUCIARIES AND CORPORATE TRUSTEES

A copy of the Certificate of Incorporation

Company Memorandum and Articles of Association

Evidence of the registered office of the company

Copy of annual reports and accounts (only required where not a public company)

An authorised signatory list

A list of all directors and identification and proof of address for two

Identification and proof of residential address for beneficial owners (a natural person holding more than 25% whether directly or indirectly) and individual shareholders that hold 25% or more of the issued share capital

A certified copy of the Board Resolution authorising the establishment of business relations with Utmost PanEurope and appointment of authorised signatories for this purpose

TRUSTS

The Trust Deed and Letter of Wishes, including any supplementary deeds, showing the proper appointment of the trustees and classes of beneficiaries

For will trusts a copy of the will together with Grant of Probate (if applicable)

K POLICYHOLDER AND LIFE ASSURED FINAL DECLARATIONS AND STATEMENTS MANDATORY

K1 SUBSCRIPTION OF THE APPLICATION FORM

I, the undersigned Policyholder, do hereby declare under my own responsibility that the information provided is true, correct and complete.

I, the undersigned Policyholder, by signing this Application Form, do hereby:

- › Acknowledge that the insurance Contract will be based on the statements made herein.
- › **Confirm that I have received, read and understood, and that I accept the Terms and Conditions including the Glossary and the Dedicated Internal Fund Regulation, the Additional PID and this Application Form.**
- › **Confirm that I have received the KID and the SID for each Investment Strategy selected in paper format, and that I am aware that I can always access the latest version of such documents online at utmostinternational.com.**
- › Where this Application Form is aimed at writing a new Policy which replaces in full or in part a similar policy already existing with Utmost PanEurope, I do acknowledge that such new Policy may be subject to initial commissions similar to those that might have been already paid in relation to the existing policy in place with Utmost PanEurope.
- › Confirm that the information and answers I have provided in this Application Form are true and correct, and that no circumstances underlying the statements I have made in this document have been concealed, omitted or altered, and I do hereby take full responsibility for the answers and declarations made, even if filled in/made by others on my behalf.

Signature of Policyholder 1

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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Signature of Policyholder 2 (if any)

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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K2 DEDICATED INTERNAL FUND

I, the undersigned Policyholder, by signing this Application Form, do hereby:

- › Confirm that I have received, read, understood and accepted the list of Investment Strategies made available by Utmost PanEurope, including those offered by Utmost PanEurope availing of the asset management service and/or investment advisory services provided by external third parties, whose characteristics are described in the Investment Strategy factsheet which I have received together with this Application Form.
- › Confirm that I am aware that the value of my Policy is not guaranteed and that the value of the Investment Portfolio in which the Premiums are invested may decrease or increase in line with financial market fluctuations.
- › Confirm and acknowledge that investments in a currency other than the Policy Currency may trigger currency risks and therefore the Policy Investment Value may decrease or increase depending on the exchange rate fluctuations.
- › Acknowledge that where the Investment Portfolio includes illiquid financial instruments or where other exceptional circumstances occur, Utmost PanEurope reserves the right to defer, in full or in part, any payments due in connection with the Policy, until such time when it will be possible to liquidate the illiquid assets/financial instruments included in the Investment Portfolio, as better specified in the Terms and Conditions.
- › Acknowledge and expressly accept that, in the event of total or partial surrender or payment of the Death Benefit or in case of Policy termination on any other grounds, where the securities/financial instruments included in the Investment Portfolio are particularly illiquid and cannot be liquidated within the prescribed period of 30 (thirty) days of receipt of all the necessary documents as set out in Art. 24 of the Terms and Conditions, nor within the following 6 months' period, Utmost PanEurope reserves the right to transfer such securities/financial instruments included in the Investment Portfolio to myself, to the Beneficiary or to any other eligible person as a full and final discharge from any payment obligation of any amounts due, as set out in art. 23 of the Terms and Conditions.

K3 INVESTMENT MANAGER AND INVESTMENT ADVISER

I, the undersigned Policyholder, by signing this Application Form, do hereby:

- › Confirm that I am aware that the Custodian will receive instructions for the purchase or sale of the securities and financial instruments included in the Investment Portfolio from Utmost PanEurope or from the Asset Manager and that such instructions shall be subject to the conditions and the limits set out in Utmost PanEurope list of permissible assets as provided in the Internal Fund Regulations.
- › Confirm that Utmost PanEurope, at its discretion, may directly transfer the amounts equivalent to the amounts of stamp duty due by Utmost PanEurope on the Policy from Investment Portfolio to the Stamp Duty Reserve by means of a Switch operation, or may instruct the Asset Manager and/or Custodian to do so.
- › Acknowledge that, where the Discretionary Investment Management Option is selected, investment decisions are made by the Asset Manager in line with the investment management mandate entered into with Utmost PanEurope and in compliance with the Dedicated Internal Fund Regulation.
- › Acknowledge that the Asset Manager may not delegate its discretionary investment management functions, and therefore any investment instructions provided by a person/entity other than the Asset Manager shall not be accepted by the Custodian, unless Utmost PanEurope gave its prior authorisation.
- › Acknowledge that, under the Discretionary with External Advisor Investment Management Option, Utmost PanEurope has the right to refuse or accept, at its own discretion, the investment recommendations/advice given by the external Advisor.
- › Acknowledge that the Asset Manager and the Advisor may terminate the Investment Management Agreement or the Advisory Agreement respectively, entered into with Utmost PanEurope, by giving written notice to Utmost PanEurope.
- › Acknowledge that, if applicable and permitted, the Asset Manager may retain retrocessions.

- › Acknowledge that, upon termination of the Investment Management Agreement, the Asset Manager is entitled to receive, on a pro-rata basis, any management commissions due until that time.
- › Acknowledge that the Dedicated Internal Fund is valued on a quarterly basis and that any remuneration due to the Asset Manager is deducted from the assets comprising the Investment Portfolio and that remuneration due to the Advisor shall be paid directly by Utmost PanEurope, by deducting the relevant amounts due, including the applicable VAT at the tax rate applicable from time to time, from the asset comprising the Investment Portfolio.
- › Acknowledge that the Units' valuation is done net of the charges/commissions paid by Utmost PanEurope to the Asset Manager or Advisor.
- › Acknowledge and confirm that I am aware that I cannot suggest or give instructions regarding the implementation of the Investment Strategies, nor regarding the investments within the Investment Portfolio to the Asset Manager, Utmost PanEurope and/or the Advisor, as applicable.

K4 MANAGEMENT FEES AND ADVISORY FEES

I, the undersigned Policyholder, by signing this Application Form, do hereby:

- › Acknowledge and accept that the Dedicated Internal Fund value will be assessed at the end of every quarter and that, where the Discretionary Investment Management Option is selected and an Asset Manager is appointed, an **annual management charge** will be due to the Asset Manager(s) and that it shall be equal to a percentage of the value of the total assets comprising the portion of the Investment Portfolio managed according to the Investment Strategy selected, as specifically indicated in the table included in section I3 above.
- › Acknowledge and accept that Utmost PanEurope may pay, if applicable, an **annual performance charge** to the Asset Manager(s) depending on the Investment Strategy selected, as indicated in the table included in section I3 above, and that it shall be equal to a percentage of the over performance of the value of the total assets comprising the portion of the Investment Portfolio managed according to the Investment Strategy compared to the agreed Benchmark, as specifically indicated in the Investment Strategy factsheet made available to me together with the Application Form.
- › Acknowledge and accept that, where applicable, an **exit fee** depending on the Investment Strategy selected and as indicated in the table included in section I3 above, may be due to the Asset Manager(s) and deducted from the disinvestment value of the total assets comprising the portion/s of the Investment Portfolio managed according to the corresponding Investment Strategies selected under the conditions referred to in Art. 26.3 of the Terms and Conditions.
- › Acknowledge and accept that, where the External Advisor Investment Management Option is selected and an Advisor is appointed in respect of the Dedicated Internal Fund, an **Advisor charge** is due to the Advisor and it shall be equal to a percentage of the value of the assets comprising the portion/s of the Investment Portfolio managed by Utmost PanEurope according to the Investment Strategy selected availing of the investment advisory services provided by the Advisor, including VAT, at the tax applicable from time to time as indicated in the table included in section I3 above.

Signature of Policyholder 1

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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Signature of Policyholder 2 (if any)

SIGNATURE

Print full name

Date

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K5 SOURCE OF FUNDS

I, the undersigned Policyholder or Ultimate Beneficial Owner/Settlor, as appropriate, do hereby declare that:

- › The information I provided with this Application Form on the source of wealth and source of funds under section H above is true, correct and complete; and
- › That the wealth used to pay the Premium arises from legitimate sources.

Signature of Policyholder 1 or Beneficial Owner/Settlor

SIGNATURE

Print full name

Date

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Signature of Policyholder 2 (if any) or Beneficial Owner/Settlor 2 (if any)

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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K6 GENERAL DECLARATIONS

I, the undersigned Policyholder do hereby confirm that I have read and understood the following statements and, by signing the boxes below, I do hereby confirm under my own responsibility:

- › That I am aware that, through this Application Form, I am submitting a proposal to write a Policy with the features and characteristics described in this Application Form, which I understand will be regulated by the Policy Terms and Conditions.
- › That this Application Form was completed and signed in Italy and that I have my habitual residence and my tax residence in Italy.
- › That I am not domiciled nor ordinarily resident for tax purposes in Ireland. I undertake to immediately inform Utmost PanEurope of any changes in my country of tax residence during the life of the Policy.
- › That I am aware and I understand that my signature on this Application Form does not, by itself, give effect to the Policy.
- › That I understand and accept that Utmost PanEurope has the right to decline this Application Form.
- › That I understand and agree that the Policy will come into force as soon as Utmost PanEurope starts to invest the Initial Premium paid by me into the Investment Portfolio within the Dedicated Internal Fund. I acknowledge that my Insurance Intermediary will receive copies of all the Policy contractual documentation. I also understand and agree Utmost PanEurope reserves the right to communicate directly with me at its discretion.
- › That I have been informed of my right to submit a complain, as well as of Utmost PanEurope's and the competent authority's complaint procedure, to which complaints should be addressed as set out under art. 35 ("Complaints procedure") of the Terms and Conditions.
- › That I have been informed of, and that I understand that, I have the **right to revoke the proposal** included in this Application Form as long as the Policy is not concluded as set out under art. 13 ("Revocation of the Application Form"), as well as the **right to cancel the Policy** (cooling off period) pursuant to art 14 ("Right to cancel the Policy (cooling off period)") of the Terms and Conditions.
- › That I acknowledge that Utmost PanEurope reserves the right to defer the payment of Death Benefits or Surrenders under the Policy or even to pay Benefits or Surrenders in kind where exceptional circumstances occur, as specified in the Terms and Conditions.
- › That I understand that payment of the Death Benefits to the Beneficiary/ies - as appointed in this Application Form or through a subsequent communication addressed to Utmost PanEurope - will be a full and final discharge for Utmost PanEurope of its obligations under the Policy and I understand that, where the Beneficiaries have been appointed in a generic way, Utmost PanEurope may have difficulties in identifying them upon occurrence of the Relevant Death.

- › That I am aware that the Policy will be subject to the applicable AML (Anti-Money Laundering) Legislation as defined in the Glossary to the Terms and Conditions; that Utmost PanEurope is defined as a 'Designated Person' under such legislation and is therefore required to apply measures aimed at the prevention of money laundering and terrorist financing in the Republic of Ireland. As such, I acknowledge that I will be required to provide identification and verification of my identity, address, source of wealth and source of funds. I understand that Utmost PanEurope reserves the right not to issue the Policy until such time when it has received, and is satisfied with, all the information and documentation required under the AML Legislation.
- › That I am aware that the Insurance Intermediary is a 'Designated Person' or a body corresponding to a designated person within the meaning of the AML Legislation and therefore it must comply with the customer due diligence obligations and with the Italian AML provisions and regulatory requirements.
- › That the wealth used to pay the Premium arises from legitimate sources, and that I am not engaged in any money laundering activities, as defined under the applicable AML Legislation.
- › That I will notify Utmost PanEurope immediately where any of the information included in this Application Form, or any of the declarations or representations made in this Application Form, have changed.
- › That I will provide Utmost PanEurope with any further information or documentation as it may reasonably be required.
- › That I undertake to provide true and complete information when answering to any questions asked by Utmost PanEurope. Moreover, I confirm I will rectify and correct any errors or deficiencies that I may discover in the information that I have provided to Utmost PanEurope without undue delay.

In addition, with regards to the collection of personal data through this Application Form, I, the undersigned Policyholder, hereby do confirm under my own responsibility:

- › That I have received, read and fully understood the Data Protection section of the Terms and Conditions and Utmost PanEurope's Privacy Notice available at <https://utmostinternational.com/privacy-statements/>.
- › That I acknowledge that the information I have provided as part of this Application Form and/or any Additional Premium request will be used by Utmost PanEurope for the purposes of assessing this application, investigating and preventing fraud, and if this application is accepted, it will also be used for underwriting, administration, claims handling, customer service, business analysis, and to comply with legal and regulatory obligations (including, but not limited to, legal obligations under the company laws and AML Legislation).
- › That I understand and consent to telephone calls with Utmost PanEurope being recorded for the purposes of quality control or for the purposes of confirming data.
- › That I warrant and confirm that prior to my provision of information to Utmost PanEurope in respect of any other person related to this Application Form, the said individual has been informed of the use of this information and that I have been authorised by that individual to provide such information to Utmost PanEurope.
- › That I understand I have rights in relation to my personal data as described in the Privacy Notice; in particular I understand I have the right to obtain access to, and request correction of, any personal information concerning me held by Utmost PanEurope. I understand that I also have the right to object, on request and free of charge, to the processing of my personal information held by Utmost PanEurope on compelling legitimate grounds relating to my particular situation. Requests for such access or objection or any other requests in relation to data protection can be made to Utmost PanEurope's Data Protection Officer in Ireland by contacting dataprotection@utmost.ie.

Signature of Policyholder 1

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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Signature of Policyholder 2 (if any)

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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**K7 CONSENT TO CONCLUSION OF THE POLICY
(TO BE COMPLETED ONLY WHERE THE LIFE ASSURED AND THE POLICYHOLDER ARE
DIFFERENT PEOPLE)**

Pursuant to art. 1919 of Italian Civil Code, where the Life Assured is different from Policyholder, the Life Assured is required to explicitly consent to the conclusion of the Policy by signing this Application Form.

I, the undersigned Life Assured, by signing this Application Form, do hereby confirm under my own responsibility that I consent to the subscription of this Policy and I do confirm that all the information and answers I have provided in this Application Form are true and correct, and that no circumstances underlying the statements I have made in this document have been concealed, omitted or altered, and I do hereby take full responsibility for the answers and declarations made, even if filled in/made by others on my behalf.

Signature of Life Assured 1

SIGNATURE

Print full name

Date

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

Signature of Life Assured 2 (if any)

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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Signature of Life Assured 3 (if any)

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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Signature of Life Assured 4 (if any)

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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K8 HEALTH QUESTIONNAIRE

(TO BE SIGNED AND COMPLETED BY THE LIFE ASSURED IN ALL CASES)

Collecting and processing your personal data is required to process your application. You have the right to object to the collection and processing of your personal data, if you choose that right Utmost PanEurope may not be able to continue with your application.

1 Approval to be a Life Assured

I, the undersigned Life Assured, do hereby declare that I agree to be a Life Assured for this Policy and I declare that, to the best of my knowledge and belief, the statements regarding my person and my health are true, accurate and complete, being responsible of any damage that could be caused due to the breach of this obligation. I do hereby declare that I have not concealed, omitted or altered any significant circumstance or information about my present and past state of health or my lifestyle and I undertake to disclose all facts material to the assessment by Utmost PanEurope of this Health Questionnaire. I am aware that such facts are those which an insurer would regard as likely to influence the assessment of the risk associated with this proposal and the acceptance of the Application Form. I am aware that any wrong or incomplete information and/or untrue, inexact statements may jeopardize the right to the Death Benefit, and I acknowledge that, if in doubt as to the relevance of any particular information, I should disclose it as failure to do so could result in the application being rejected or terminated at a later date.

2 Additional Health/Medical Information

I, the undersigned Life Assured, do hereby understand and acknowledge that Utmost PanEurope reserves the right to decide, upon the approval of the Application Form and/or the Additional Premium payment request, to ask for more information on my health/medical history. I also acknowledge that I may be requested to attend a/further medical exam/s to certify my actual state of health. I do understand that Utmost PanEurope will treat all health/medical information confidentially and will only use it for the purposes of this Policy as it sees fit.

3 Authorisation for Disclosure of Medical Information/Records

I, the undersigned Life Assured, do hereby authorise Utmost PanEurope to question all doctors, hospitals and other medical institutions where I have or will receive treatment, as well as insurers, about my status of health. This only applies for the period prior to the acceptance of this Application Form and for the next three years after my application has been accepted.

Utmost PanEurope may also question the doctors that will have ascertained the reason for my death and the doctors that will have treated me in the last year prior to my death about the reasons for my death or illnesses that resulted in my death. I therefore exempt and release all those questioned persons/entities from their professional secrecy obligations on such information, reports or documents for the reasons set out in this paragraph.

By ticking the box I do not consent to Utmost PanEurope contacting doctors, hospitals and other medical institutions where I have or will receive treatment.

Please note that if you tick this box, Utmost PanEurope may not be able to continue processing this Application Form.

4 Acknowledgement and approval of Data Protection and Data Processing/Saving

I do hereby confirm that I have received, read and fully understood the Data Protection section of the Terms and Conditions as well as Utmost PanEurope "Privacy Notice" available on Utmost PanEurope's website (**Privacy Statements - Utmost International**). I do acknowledge that the information which I have provided as part of this Application Form and/or any Additional Premium request will be used by Utmost PanEurope for the purposes of assessing it, for investigating and preventing fraud, and if accepted, will also be used for underwriting, administration, claims handling, customer service, business analysis, and to comply with legal and regulatory obligations (including, but not limited to, legal obligations under the Company Laws and Anti-Money Laundering Legislation). I also warrant and confirm that prior to my provision of information to Utmost PanEurope in respect of any other person related to this Application Form, the said individual has been informed of the use of this information and that I have been authorised by that individual to provide such information to Utmost PanEurope; **quality control or for the purposes of confirming data.**

By signing the declarations and consents, I do explicitly consent to the collection, use and disclosure of my personal information (including sensitive data provided in relation to health and medical information) as described in Utmost PanEurope Privacy Notice.

I understand that I have the right to obtain access to, and request correction of, any personal information concerning me held by Utmost PanEurope. I understand that I also have the right to object, on request and free of charge, to the processing of my personal information held by Utmost PanEurope on compelling legitimate grounds relating to my particular situation. Requests for such access or objection or any other requests in relation to data protection can be made to Utmost PanEurope's Data Protection Officer in Ireland by contacting dataprotection@utmost.ie.

Data Protection – Sensitive data

By ticking the box, I do explicitly consent to the collection, use and disclosure of my personal sensitive information provided in the Health Questionnaire, any claim forms or any other correspondence with Utmost PanEurope.

Data Protection – Transfer outside of the European Economic Area (EEA)

I do acknowledge, where transfers of my personal data are required to countries outside of the European Economic Area (EEA) and not included in the EU Commission’s approved countries list, that Utmost PanEurope will take reasonable measures as outlined in Utmost PanEurope’s Privacy Notice to ensure an equivalent level of data protection.

Confirmation of Life Assured

I herewith assure that, to be the best of my knowledge and belief, the information provided by me regarding my person and my health is true, accurate and complete. I do hereby confirm the Declarations set out at paragraphs 1 - 4 above, I agree that Utmost PanEurope may store and process my data in accordance with the Irish Data Protection rules.

Signature of Life Assured 1

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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(in case of legal representative, include name and relationship)

Signature of Life Assured 2 (if any)

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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(in case of legal representative, include name and relationship)

Signature of Life Assured 3 (if any)

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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(in case of legal representative, include name and relationship)

Signature of Life Assured 4 (if any)

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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(in case of legal representative, include name and relationship)

**K9 SEPARATE APPROVAL OF SPECIFIC TERMS OF THE CONTRACT
(TO BE SIGNED BY BOTH THE POLICYHOLDER AND THE LIFE ASSURED, IF DIFFERENT PEOPLE)**

The following provisions of the Terms and Conditions require express approval pursuant to article 1341 of the Italian Civil Code.

I, the undersigned Policyholder and

I, the undersigned Life Assured, if different from the former, do hereby explicitly approve the following clauses of the Policy Terms and Conditions:

- Art. 9 Declarations of the Policyholder and Life Assured
- Art. 10. Conclusion of the Contract
- Art. 11. Effective Date of Insurance
- Art. 12. Policy Duration
- Art. 13. Revocation of the Application Form
- Art. 14. Right to cancel the Policy (cooling off period)
- Art. 18 Investment Risks
- Art. 21 Death Benefit
- Art. 22 Surrender of the Policy
- Art. 23. Payment of Benefits and surrenders
- Art. 25 Amendments to the Policy
- Art. 26. Fees, Charges and Commissions
- Art. 32 Validity

Signature of Policyholder 1

SIGNATURE

Print full name

Date

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

Signature of Policyholder 2 (if any)

SIGNATURE

Print full name

Date

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

If the Life Assured is different from the Policyholder according to art. 1919 of the Italian Civil Code:

Signature of Life Assured 1

SIGNATURE

Print full name

Date

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

Signature of Life Assured 2 (if any)

SIGNATURE

Print full name

Date

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

Signature of Life Assured 3 (if any)

SIGNATURE

Print full name

Date

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

Signature of Life Assured 4 (if any)

SIGNATURE

Print full name

Date

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

K10 FIDUCIARY COMPANIES' FINAL DECLARATIONS AND STATEMENTS
(TO BE COMPLETED WHERE THE POLICYHOLDER IS A FIDUCIARY)

I, the undersigned Fiduciary Company, do hereby expressly declare, without any reservation, and under my full responsibility that:

- › I am acting on the Beneficial Owner's (*fiduciante*) behalf.
- › The Beneficial Owner is an individual, that he/she is not a person of unsound mind or affected by any mental impairment nor incapable of managing their own affairs.
- › I have provided the Beneficial Owner with all the necessary pre-contractual/contractual information on Private Wealth Portfolio Italy Policy as well as with the documentation I received from the Intermediary, in order to properly inform them in advance of receiving the mandate to write the Policy on their behalf.

Fiduciary Company's signature- legal representative

SIGNATURE

Print full name

Date

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

L INTERMEDIARY'S DETAILS AND DECLARATIONS

MANDATORY

L1 INTERMEDIARY DETAILS AND HOW YOU MET THE POLICYHOLDER

Note: The Intermediary to complete this section.

- 1 Full name of the Intermediary's representative
- 2 Company name
- 3 Telephone number
- 4 Email / PEC email address
- 5 Registered office address

Postcode	Country
- 6 Duly authorised for the pursuit of life insurance business in
- 7 How and when were you introduced to the Policyholder?
- 8 Please confirm how you met the Policyholder

I have met the Policyholder in person

I have met the Policyholder face-to-face via secure live video stream

I have not met the Policyholder
- 9 Is the Policyholder acting as a nominee for someone else?

Yes	No
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- › That I have correctly complied with all AML obligations in accordance with all applicable laws and regulations.
- › That, based on the outcome of the customer due diligence checks as provided under the applicable laws (including AML provisions), I am not aware of any information that could trigger a suspicion that the wealth used in order to pay the Premium arises and/or results from money laundering activities or from any illegitimate sources and that I am not aware of any information in that regard which should be reported to Utmost PanEurope.

With regard to Anti-Money Laundering/ CTF legislation

I, the undersigned Intermediary, do hereby declare and confirm:

- › That I am a “Designated Person” or a body corresponding to a designated person within the meaning of the Anti-Money Laundering Legislation, that I complied with all Customer Due Diligence (CDD) requirements in respect of the Policyholder or Beneficial Owner, if different, as well as with the statutory duty to comply with all the Italian AML/CTF provisions and, therefore, I confirm that all information provided by the Policyholder or the Beneficial Owner, if different, in this Application Form is to the best of my knowledge and belief, true, correct and complete.

Name and surname of the Intermediary who is meeting the Policyholder

Registered in Section of the RUI registration number

or in the list attached to the RUI under number

--

Home Country

--

Employee and/or collaborator of⁷

--

Registered in Section of the RUI registration number

--

or in the list attached to the RUI under number

--

Home Country

--

If the Intermediary appointed by Utmost PanEurope is different from the person indicated above, please also provide the following details

Name and surname of the Intermediary appointed by Utmost PanEurope

Registered in Section of the RUI registration number

--

or in the list attached to the RUI under number

--

Home Country

--

⁷ Please provide the name of the individual or the entity of which the insurance Intermediary is an employee or collaborator, if applicable.

SIGNATURE

Name and surname of the Intermediary who met the Policyholder

Print full name

Date

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

SIGNATURE

Name and surname of the intermediary appointed by Utmost PanEurope

Print full name

Date

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

Intermediary Representative
company name and address
(company stamp if possible)

RESET

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac is registered in Ireland, registered number 311420. Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEurope dac is regulated by the Central Bank of Ireland as a Life Insurance Undertaking.

Utmost PanEurope dac is authorised to conduct life insurance business in Italy on a freedom to provide services basis and is duly registered for this purpose with Istituto per la Vigilanza sulle Assicurazioni ("IVASS") under number 00509, Elenco II.

UPE PR 00197 | 01/26