

# PRIVATE CLIENT PORTFOLIO

## UNITED KINGDOM

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Luxembourg S.A.

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

Policy Number

### DISCRETIONARY MANAGEMENT FORM

#### REQUEST TO APPOINT A DISCRETIONARY INVESTMENT MANAGER

I/We,

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Surname(s)	<input type="text"/>	First name(s)	<input type="text"/>
Address	<input type="text"/>		
Street/N°	<input type="text"/>		
City/County	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		

(the Policyholder(s)) hereby request that Utmost Luxembourg S.A. appoint the following as discretionary Investment Manager of my/our life assurance policy.

Policy Number	<input type="text" value="(to be completed by Utmost Luxembourg S.A.)"/>		
Name of Investment Manager	<input type="text"/>		
Contact person	<input type="text"/>		
Address	<input type="text"/>		
Street/N°	<input type="text"/>		
City/County	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		

**Where a Policyholder is changing the model of investment from Fund Selection to Discretionary Management by appointing the discretionary Investment Manager, the change of investment model applies to the entire Policy portfolio.**

I/We expressly acknowledge that, in appointing the Investment Manager, Utmost Luxembourg S.A. is released from any liability for the performance of the Portfolio and is not liable for any act, default or omission of an Investment Manager appointed at my/our request. Any information concerning the Underlying Assets of the Policy will be available from Utmost Luxembourg S.A.. The Portfolio will be valued quarterly and I/we authorise Utmost Luxembourg S.A. to debit the Portfolio with an amount of \_\_\_\_\_ % per annum of the Portfolio Value at each valuation date.

I understand that an amount equivalent to the above deduction will be paid by Utmost Luxembourg S.A. to the Investment Manager.

I/We further understand that Utmost Luxembourg S.A. reserves the right to replace the Investment Manager at any time.

I/We will indemnify Utmost Luxembourg S.A. from and against any loss, costs, liability, claim or damages which Utmost Luxembourg S.A. may suffer as a result of an Investment Manager appointed at my/our request acting on my/our behalf in relation to the Policy.

The Portfolio will be managed according to the following broad investment strategy. The day-to-day management of the Underlying Assets will be left to the discretion of the Investment Manager.

PLEASE COMPLETE THE INVESTMENT STRATEGY	ASSET ALLOCATION (%)	
	MINIMUM	MAXIMUM
Cash/Money Market instruments		
Equities and equity-type investments		
Bonds and bond-type investments		
Alternative Investments*		

Market fluctuations may cause the composition of the Portfolio to move beyond the minimum and maximum asset allocation percentages shown above. It is the responsibility of the Investment Manager to ensure that asset allocations are otherwise respected and to correct all deviations as soon as is reasonably practicable.

When added together the figures in the column entitled 'Maximum' must equal at least 125%.

\* The "Information notice on the risks of investing in Specialised Investments" section of this the Application Form must be signed prior to investment in these type of assets.

**Investment Strategy**

**Policyholder/Trustee/Legal Representative 1**

**SIGNATURE**

Date

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

Place

**Policyholder/Trustee/Legal Representative 2**

**SIGNATURE**

Date

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

Place

**Policyholder/Trustee/Legal Representative 3**

**SIGNATURE**

Date

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

Place

**Policyholder/Trustee/Legal Representative 4**

**SIGNATURE**

Date

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

Place

**Policyholder 1**

**SIGNATURE**

Date

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

Place

**Policyholder 2**

**SIGNATURE**

Date

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

Place

**Policyholder 3**

**SIGNATURE**

Date

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

Place

**Policyholder 4**

**SIGNATURE**

Date

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

Place

To be signed by the Policyholder(s) who expressly accepts to invest in this category of assets.

A WEALTH *of* DIFFERENCE

[www.utmostinternational.com](http://www.utmostinternational.com)

Utmost Luxembourg S.A. is registered with R.C.S. under number B37604 and regulated by the Commissariat aux Assurances (CAA)  
Registered office address: 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg  
Utmost Wealth Solutions is registered in Luxembourg as a business name of Utmost Luxembourg S.A.