

# SELECTION

## BLEVINS FRANKS - APPLICATION FORM FOR EXISTING PENSION SCHEMES

This form should only be used by Malta Pension Trustee customers of Blevins Franks Wealth Management Limited (BFWML).

### IMPORTANT NOTES

Please ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

This application can be used for existing pension schemes wishing to hold a Selection bond. These will include:

- › Occupational Schemes - including Small Self Administered Schemes (SSAS) and larger occupational schemes.
- › Personal Pension Schemes - including Personal Pension and Self Invested Personal Pension (SIPP) schemes.

### BEFORE YOU BEGIN

Before completing this application form ensure you have read the current **Selection Product Guide**, your **Personal Illustration**, the **Important Information for Maltese Resident Trustees document**, applicable disclosure documents and our **Guide to Charges**. Your financial adviser will also be able to provide you with any relevant supporting literature in relation to your individual circumstances. The Policy Conditions and Policy Schedule detail the terms and conditions of the contract. Copies of all items are available from us, on request.

### HOW TO COMPLETE THIS FORM

If you are completing a hard copy of this 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. **Please do not use correction fluid.**

**SIGNATURE** This symbol highlights the signature sections within this form which need to be signed (where applicable) by the applicants and/or the financial adviser.

### ELIGIBILITY

This application can also be used for certain overseas schemes, but only where the trustees are resident in the Isle of Man or the Channel Islands or Malta. These schemes may, or may not, have Qualifying Recognised Overseas Pension Scheme (QROPS) status.

### OVERDRAWN DEALING ACCOUNT

In order to avoid an overdrawn balance occurring within the bond's Dealing Account, you should consider whether you wish to leave a cash balance to cover the bond charges, any advice charges or regular withdrawals of capital to you. You should also consider what amount of cash will be required to cover these events over a period of time e.g. 6 or 12 months.

### IDENTIFICATION REQUIREMENTS

Under anti-money laundering regulations, we are required to verify the identity and address of certain parties in the scheme. We are also required to obtain the full names, nationality, dates of birth and address of all parties associated with the application (for example, member(s) and if a life assurance contract is chosen, life assured persons).

## A WEALTH *of* DIFFERENCE

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

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost PanEurope dac is regulated by the Central Bank of Ireland (No 311420). Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

UPE PR 00175 | 07/22

### IMPORTANT INFORMATION ABOUT THIS CONTRACT

It is important to check that the bond can be taken out under any taxation, exchange control or insurance legislation to which the applicant may be subject.

When you submit this application ensure you provide us with all residency and citizenship information by completing the separate **Tax Information Exchange Pack for Entities** available from our website [www.utmostinternational.com](http://www.utmostinternational.com) or your financial adviser on request. You should speak to your financial adviser if you have any questions about FATCA.

The contract could be invalidated by any failure to disclose facts which might influence our assessment of this application. If in any doubt as to whether a fact is relevant it should be disclosed. Any additional information should be detailed in the Notes section at the back of this form, dated and signed by the appropriate number of signatories.

You must advise us, in writing, immediately of any changes of trustees or other parties connected to the contract. We may require evidence to support this.

**The information that we require may change in accordance with amendments to pensions legislation.**

### WHAT TO DO NEXT

Using the checklist on the final page ensure you have completed all of the relevant sections and that you have attached any supporting documents to submit including the separate **Tax Information Exchange Pack for Entities**.

Once completed, arrange for your financial adviser to return this form and any supporting documents directly to Utmost PanEurope dac at the following address: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at [info@utmostwealthsolutions.ie](mailto:info@utmostwealthsolutions.ie)

## SECTION 1 – TO BE COMPLETED BY ALL APPLICANTS IN ALL CASES

### A CONTRACT DETAILS (all schemes)

1 Which contract type would you like?

☐

Life Assurance

☐

Capital Redemption

(Section I on page 13 **does not** need completing if Capital Redemption is chosen)

It is important that you complete this section. If you do not complete this in full, we will be unable to process your application and this will result in a delay in investing your premium.

2 Provide a copy of the Personal Illustration that you have been given or enter your Personal Illustration reference number here

















3 Welcome team ticket reference







If the Welcome team produced a Personal Illustration for you, a Welcome team ticket reference can be found at the top of page one.

4 Which currency should the bond be held in?

☐

Sterling

☐

US Dollar

☐

Euro

Once your bond is established you cannot change the bond currency.

The Personal Illustration provided to you should match the investment details mentioned in this application. If there have been any changes in the investment details between the date of that illustration and the submission of this application, please ask your financial adviser for an updated illustration.

### B POLITICALLY EXPOSED PERSONS

Under our current anti-money laundering obligations we are required to identify any 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.

Provide details in the box below of any persons that could be considered to be a PEP (as defined above) in relation to this application. Non-completion confirms that there are no associated Politically Exposed Persons:

|  |
|--|
|  |
|  |
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|  |

Refer to our separate document entitled '**Politically Exposed Persons**' which is available from your financial adviser who can obtain this on our website, [www.utmostinternational.com](http://www.utmostinternational.com). This includes a list of those parties considered to be close relatives.

C SCHEME DETAILS

MANDATORY

- 1 What type of scheme is applying? ☐ Personal pension scheme including SIPPs  
☐ Occupational pension schemes including SSAS  
☐ Other  
If other please explain
- 2 Are the trustees for this scheme in the UK or overseas? ☐ UK ☐ Overseas
- 3 If the scheme trustees are overseas, has this scheme received (or applied for) QROPS status? ☐ Yes ☐ No
- 4 Scheme was created on
- 5 What is the HMRC pension tax reference number?
- 6 Scheme name
- 7 Name and address of the scheme provider  
  
  
  
Postcode
- 8 Correspondence address for the scheme (in full)  
  
  
  
Postcode
- 9 What is the name and address of the sponsoring employer? (Occupational Schemes only)  
  
  
  
Postcode
- 10 What is the trade of the sponsoring employer? (Occupational Schemes only)
- 11 State the current scheme value (all schemes) ☐ Pound Sterling ☐ US Dollar ☐ Euro
- 12 Current number of members in the scheme (Occupational Schemes only)

If the scheme trustees are overseas (not UK) ensure questions 14 and 15 on the next page are also completed.

For any 'group schemes' we only require the value of the specific arrangement(s) in question, not the value of the whole group scheme.



**13** State each individual member's pension benefits held within the scheme as a percentage of the total value in question 11, and the number of years held. (Occupational Schemes only)

If the occupational scheme is not a SSAS and has many members it may not be possible to fill out this section. For such cases you should supply details of the current scheme members and their current allocated pension pots. However, dependent on the information given, we may still need to request further documentation.

| Member name | Scheme benefits held as a monetary amount | Years held |
|-------------|---|------------|
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |

Provide details of the scheme benefits, per member, as they stand on the date of application for this bond.

**14** Did the monies in the scheme that are being used for this investment all derive from UK pension transfers? ☐ Yes ☐ No (if 'No', please proceed to Question 15)

If the scheme has QROPS status please answer Question 14 and, if applicable, Question 15. For schemes without QROPS status please answer Question 15 only.

**15** Provide source of wealth details in the box below. For example, if contributions were made whilst the member was overseas.

We may request additional information in such cases.

## PROVIDE DETAILS OF THE SCHEME'S BANK/BUILDING SOCIETY ACCOUNT

**16** Account name

**17** Account number

**18** Bank sort code  -  -

**19** Building Society roll number (if applicable)

**20** Bank BIC/Swift code (required for all banks outside the UK)

**21** IBAN (required for all bank accounts in the EU)

**22** Bank/Building Society name

**23** Address

Postcode  -

**24** Telephone number (including international dialling code)

**25** How long has the account been held?  Years

**D CORPORATE TRUSTEE DETAILS**


Only complete this section if there is a corporate trustee connected to the pension scheme. If there is not a corporate trustee for your scheme please go straight to Section E to continue this application.

|          |  |  |
|----------|--|--|
| <b>1</b> | Corporate trustee name   | <input type="text"/>   |
| <b>2</b> | Company Registration number  | <input type="text"/>   |
| <b>3</b> | Registered address<br>(PO Boxes and 'care of' addresses are not acceptable)                              | <input type="text"/><br><input type="text"/><br><input type="text"/>   |
|          | Postcode   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <b>4</b> | Is the corporate trustee also the scheme administrator?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>5</b> | Is this corporate trustee already known to Utmost PanEurope dac?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>6</b> | Is the corporate trustee quoted on a recognised stock exchange?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>7</b> | If yes, which one?   | <input type="text"/>   |
| <b>8</b> | Is the corporate trustee in the process of being dissolved, struck off, wound up or terminated?          | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>9</b> | Is the corporate trustee authorised by the Financial Conduct Authority/ Prudential Regulatory Authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

If the answer to question 9 is 'No', you will also need to complete Section H.

**AUTHORISED SIGNATORIES**

- › Any additional individual trustees who are not members will need to complete Section F, Additional trustees (non member) details
- › Enclose a certified copy of an authorised signatory list\* ☐ Attached
- › For public registered companies please enclose a certified copy of the Board Resolution appointing the authorised signatories\* ☐ Attached
- › Confirm the minimum number of authorised signatories required to sign the contract and provide instructions.   
(number)

\*These can be certified by the financial adviser 

The minimum number of authorised signatories will be required to sign the Declaration in Section P.

**E** SCHEME MEMBERS DETAILS (complete in all cases)

Provide the details of all underlying members for the scheme. Questions 13-20 specifically cover source of wealth and occupational details of each member and as this is a regulatory requirement must be completed before we can accept an application.

Any additional trustees that ARE NOT members should complete Section F. We are required to verify the identity and address of any scheme members who are also trustees.

It is likely that the pension trustees will wish to get these sections completed by members, as scheme trustees may not necessarily hold this information. Therefore, to assist with the completion of this application, we have created a standalone member data collection page on pages 30-31 of this application which you can tear out, photocopy and send to each member individually for them to complete. Complete the questions below for Member 1 and use the pull out on pages 30-31 for any other members.

**Important note** - The scheme name must appear on any copy and all scheme signatories who are completing this application must sign any additional sheets. Once the members have completed their details and returned this form to you, attach these securely to this application.

Member 1 of 

|    |  |   |
|----|--|---|
| 1  | Title (Mr, Mrs, Miss or Other)   | <input type="text"/>  |
| 2  | Surname  | <input type="text"/>  |
| 3  | Maiden name or any previous names (if applicable)                                      | <input type="text"/>  |
| 4  | Forenames (in full)  | <input type="text"/>  |
| 5  | Permanent residential address<br>(PO Boxes and 'care of' addresses are not acceptable) | <input type="text"/>  |
|    | Postcode   | <input type="text"/>  |
| 6  | State the jurisdiction in which you are tax resident                                   | <input type="text"/>  |
| 7  | Nationality  | <input type="text"/>  |
| 8  | Date of birth  | <input type="text"/>  |
| 9  | Country of birth   | <input type="text"/>  |
| 10 | Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 11 | Is this member also a trustee?   | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
|    | If yes, are they required to sign on behalf of the scheme?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| 12 | Is this member also the scheme administrator?  | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| 13 | Occupation and name of employer  | <input type="text"/>  |
| 14 | If retired, previous occupation and name of last employer                              | <input type="text"/>  |

This question must be completed.



**15** If the member has more than one occupation provide more details

|  |
|--|
|  |
|  |
|  |

**16** Current total annual income (including salary and investment income)

|                          |                    |                          |                     |
|--------------------------|--------------------|--------------------------|---------------------|
| <input type="checkbox"/> | up to £20,000      | <input type="checkbox"/> | £50,001 to £100,000 |
| <input type="checkbox"/> | £20,001 to £50,000 | <input type="checkbox"/> | £100,001+           |

If retired provide details of last salary before retirement.



**17** Average income in the last 10 years, or if retired, provide the year of retirement and the average income in the 10 years prior to retirement. (including salary and investment income)

|  |
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**18** Is the member still contributing to the scheme this application relates to?

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

If 'Yes', go to question 19. If 'No', go to section F.

**19** Are the member's contributions over 50% of their current salary? (excluding any employer contributions if applicable)

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

**20** If the answers to 18 and 19 are yes, how is the member funding the contributions and maintaining their lifestyle? (i.e. inheritance, spousal income etc.)

|  |
|--|
|  |
|  |
|  |
|  |

**F** ADDITIONAL TRUSTEES (NON MEMBER) DETAILS

|  | Additional Trustee 1  | Additional Trustee 2  |
|--|---|---|
| 1 Title (Mr, Mrs, Miss or Other)   | <input type="text"/>  | <input type="text"/>  |
| 2 Surname  | <input type="text"/>  | <input type="text"/>  |
| 3 Maiden name or any previous names (if applicable)  | <input type="text"/>  | <input type="text"/>  |
| 4 Forenames (in full)  | <input type="text"/>  | <input type="text"/>  |
| 5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If the person is an individual acting on behalf of a company (e.g. a law firm), enter their own residential address here. Provide the company address in the Notes section at the back of this application form) | <input type="text"/>  | <input type="text"/>  |
| Postcode   | <input type="text"/>  | <input type="text"/>  |
| 6 Nationality  | <input type="text"/>  | <input type="text"/>  |
| 7 Date of birth  | <input type="text"/>  | <input type="text"/>  |
| 8 Country of birth   | <input type="text"/>  | <input type="text"/>  |
| 9 Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 10 Is this individual also the scheme administrator?   | <input type="checkbox"/> Yes <input type="checkbox"/> No      | <input type="checkbox"/> Yes <input type="checkbox"/> No      |

|  | Additional Trustee 3  | Additional Trustee 4  |
|--|---|---|
| 1 Title (Mr, Mrs, Miss or Other)   | <input type="text"/>  | <input type="text"/>  |
| 2 Surname  | <input type="text"/>  | <input type="text"/>  |
| 3 Maiden name or any previous names (if applicable)  | <input type="text"/>  | <input type="text"/>  |
| 4 Forenames (in full)  | <input type="text"/>  | <input type="text"/>  |
| 5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If the person is an individual acting on behalf of a company (e.g. a law firm), enter their own residential address here. Provide the company address in the Notes section at the back of this application form) | <input type="text"/>  | <input type="text"/>  |
| Postcode   | <input type="text"/>  | <input type="text"/>  |
| 6 Nationality  | <input type="text"/>  | <input type="text"/>  |
| 7 Date of birth  | <input type="text"/>  | <input type="text"/>  |
| 8 Country of birth   | <input type="text"/>  | <input type="text"/>  |
| 9 Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 10 Is this individual also the scheme administrator?   | <input type="checkbox"/> Yes <input type="checkbox"/> No      | <input type="checkbox"/> Yes <input type="checkbox"/> No      |

**G** SCHEME ADMINISTRATOR DETAILS

Is the scheme administrator also the corporate trustee, member, or any of the other additional trustees already known to Utmost PanEurope dac or previously named in this application? ☐ Yes ☐ No

If **'Yes'**, provide name and proceed to Section I

|  |
|--|
|  |
|  |
|  |

If **'No'**, complete the table below with the details of the scheme administrator.

|   |  |  |
|---|--|--|
| 1 | Scheme administrator's name  | <input type="text"/>                                     |
| 2 | Full address<br>(registered address if a company)  | <input type="text"/>                                     |
|   |  | <input type="text"/>                                     |
|   |  | <input type="text"/>                                     |
|   | Postcode   | <input type="text"/>                                     |
| 3 | Company registration number<br>(where applicable)  | <input type="text"/>                                     |
| 4 | Is the administrator quoted on a recognised stock exchange?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | If yes, which one?   | <input type="text"/>                                     |
| 6 | Is the administrator in the process of being dissolved, struck off, wound up or terminated?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | Is the company authorised by the Financial Conduct Authority/ Prudential Regulatory Authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to question 7 is 'No', then further details required and you must complete Section H with full details.

**H** ADDITIONAL ADMINISTRATOR/CORPORATE TRUSTEE DETAILS

**DETAILS OF DIRECTORS**

These pages must be completed if the administrator/corporate trustee is neither known by Utmost PanEurope dac, nor regulated by the Financial Conduct Authority/Prudential Regulatory Authority.

List below all the current directors of the company (photocopy this page if necessary). The scheme name must appear on any copies and all scheme signatories who are completing this application must sign any additional sheet.

| Full name | Date of birth (dd/mm/yyyy) | Home postcode |
|-----------|----------------------------|---------------|
| 1         | d d m m y y y y            | -             |
| 2         | d d m m y y y y            | -             |
| 3         | d d m m y y y y            | -             |
| 4         | d d m m y y y y            | -             |
| 5         | d d m m y y y y            | -             |
| 6         | d d m m y y y y            | -             |

From the list above, supply the details of two directors, including at least one executive director, and provide suitable verification of identity and residential address.

|  | Executive Director  | Director  |
|--|---|---|
| 1 Title (Mr, Mrs, Miss or Other)   |   |   |
| 2 Surname  |   |   |
| 3 Maiden name or any previous names (if applicable)  |   |   |
| 4 Forenames (in full)  |   |   |
| 5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If the person is an individual acting on behalf of a company (e.g. a law firm), enter their own residential address here. Provide the company address in the Notes section at the back of this application form) |   |   |
| Postcode   |   |   |
| 6 Position/Job title   |   |   |
| 7 Nationality  |   |   |
| 8 Date of birth  | d d m m y y y y   | d d m m y y y y   |
| 9 Country of birth   |   |   |
| 10 Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |

## DETAILS OF SHAREHOLDERS

Do any of the shareholders hold 25% or more of the issued share capital at the date of this application?

☐

Yes

☐

No

If 'Yes', provide details below

| Name | % share | Date of birth (if individual) | Home postcode (if individual) |
|------|---------|-------------------------------|-------------------------------|
| 1    |         | d d m m y y y y               | -                             |
| 2    |         | d d m m y y y y               | -                             |
| 3    |         | d d m m y y y y               | -                             |
| 4    |         | d d m m y y y y               | -                             |
| 5    |         | d d m m y y y y               | -                             |
| 6    |         | d d m m y y y y               | -                             |
| 7    |         | d d m m y y y y               | -                             |
| 8    |         | d d m m y y y y               | -                             |
| 9    |         | d d m m y y y y               | -                             |
| 10   |         | d d m m y y y y               | -                             |

The verification of identity of the above shareholders will be required in line with those of individuals, trustee or corporate applicants (as applicable). Full details of these requirements are available from us, or on our website

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

Where there is a corporate shareholder, complete a further corporate application form providing all the relevant details. If any of the shares are held within a Trust complete a Trust application ensuring the declaration sections are also completed.

- › Attach a certified copy of the Certificate of Incorporation\*
- › Attach a certified copy of the latest annual report and accounts\*
- › Evidence of the registered address.

☐

Attached

☐

Attached

☐

Attached

\*These can be  
certified by the  
financial adviser.





**I** LIFE ASSURED DETAILS (NOT REQUIRED IF YOU ARE APPLYING ON A CAPITAL REDEMPTION BASIS)

|  | Life Assured 1  | Life Assured 2  |
|--|---|---|
| 1 Title (Mr, Mrs, Miss or Other)   | <input type="text"/>  | <input type="text"/>  |
| 2 Surname  | <input type="text"/>  | <input type="text"/>  |
| 3 Maiden name<br>or any previous names   | <input type="text"/>  | <input type="text"/>  |
| 4 Forenames (in full)  | <input type="text"/>  | <input type="text"/>  |
| 5 Permanent<br>residential address<br>(PO Boxes and 'care of'<br>addresses are not acceptable) | <input type="text"/>  | <input type="text"/>  |
| Postcode   | <input type="text"/>  | <input type="text"/>  |
| 6 Nationality  | <input type="text"/>  | <input type="text"/>  |
| 7 Date of birth  | <input type="text"/>  | <input type="text"/>  |
| 8 Country of birth   | <input type="text"/>  | <input type="text"/>  |
| 9 Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 10 What is the life assured's<br>relationship to the<br>member(s)?                             | <input type="text"/>  | <input type="text"/>  |

If there are more than two lives assured (up to a maximum of six), photocopy this section, complete all the details for the life/lives assured and attach it securely to this form.

We hereby confirm and provide our consent to be lives assured for this policy and we also consent to the level of sum assured provided by this policy.

We hereby declare that our consent is irrevocable.

|                  | Life Assured 1       | Life Assured 2       |
|------------------|----------------------|----------------------|
| <b>SIGNATURE</b> | <input type="text"/> | <input type="text"/> |
| Print full name  | <input type="text"/> | <input type="text"/> |
| Date             | <input type="text"/> | <input type="text"/> |

**SIGNATURE**

**J** INVESTMENT AMOUNT (Please complete in all cases)**MANDATORY**

## 1. NUMBER OF SEGMENTS

Indicate the number of required segments here. If you do not specify the number of segments, the bond will automatically default to the maximum available for the investment amount.

Each segment must have a minimum investment of £500 in each. The maximum number of segments is 9,999.



## 2. TOTAL INVESTMENT

Currency of the Premium

☐

Pound Sterling

☐

US Dollar

☐

Euro

Amount

The minimum premium is £50,000, US\$100,000 or €75,000.



The premium must be paid to Utmost PanEurope dac in the same currency that you wish to establish the bond.

**The payer of the premium in all cases should be the scheme trustees and the payments must come from the scheme accounts. Third party payments under pension applications cannot be accepted.**

If you exercise your right to cancel your investment, no interest will be paid on the premium.

Due to current low interest rates Utmost PanEurope dac does not pay credit interest on premiums received prior to bond issue. Units in your selected fund(s) will be purchased on the next dealing day after your bond is issued.

**Important note: the bond will not start until we have received all outstanding requirements, including cleared funds.**

Please make payment by Telegraphic Transfer (international payment). Our bank details are below, please ensure that the payment is sent DIRECT to Utmost PanEurope's bank account.

Please note that your bank may charge you for this service.



## 3. OUR BANK DETAILS

## FOR PAYMENTS SENT IN GBP

**Address** Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland  
**Swift code** CITIIE2X  
**Sort code** 99-00-51  
**IBAN** IE22CITI99005127954790  
**Account number** 27954790  
**Account name** Utmost PanEurope dac Premium GBP

## FOR PAYMENTS SENT IN EUR

**Address** Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland  
**Swift code** CITIIE2X  
**IBAN** IE44CITI99005127954782  
**Account number** 27954782  
**Account name** Utmost PanEurope dac Premium EUR

## FOR PAYMENTS SENT IN USD

**Address** Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland  
**Swift code** CITIIE2X  
**IBAN** IE32CITI99005127954804  
**Account number** 27954804  
**Account name** Utmost PanEurope dac Premium USD

**Clearly reference your policy number on the bank payment.**

**We can only accept payments from the scheme bank account you provided in Section C.**

## MANDATORY

You may only choose one investment option for your bond. Therefore please ensure you only complete those sections applicable to your investment selection.

|                           | L1 & L2 | L3 | L4 | M | M1 | M2 | M3 | M4 |
|---------------------------|---------|----|----|---|----|----|----|----|
| Funds and Deposits        | ✓       | ✓  | ✓  |   |    |    |    |    |
| External Manager          |         | ✓  |    | ✓ | ✓  |    | ✓  |    |
| Platform/Platform Adviser |         | ✓  |    | ✓ |    | ✓  | ✓  | ✓  |

The letters referenced correspond to the relevant sections of this form you will need to complete in the noted circumstance.

Utmost PanEurope dac is not responsible for any reduction in the value of investments arising directly or indirectly from the Applicants' (Policyholders') investment decisions or those of a properly nominated third party (such as, but not limited to, an External Manager or Platform adviser).

## OPTIONAL

## L1 FUND SELECTION

[illegible]

Certain funds require completion of the **Investor Declaration Form** which is available from your financial adviser on request.

Any missing information will result in a delay in investment. Requests to link the value of the bond to any fund in which we have not previously traded will firstly need to go through our Asset Onboarding process. Investment cannot be made until this process is complete.

Where relevant we will purchase accumulation units unless otherwise instructed. If income units are selected, the fund manager will be requested to pay all income as cash which will be credited to the Dealing Account.

**Total 100%**

Refer to our website [www.utmostinternational.com](http://www.utmostinternational.com) for details of the funds available and the relevant SEDOL or ISIN codes.

Ensure that the full fund name, and fund references are provided.

## L2 CASH DEPOSITS

| Bank/Building Society | Full name of deposit account | % |  |  |
|-----------------------|------------------------------|---|--|--|
|                       |                              |   |  |  |
|                       |                              |   |  |  |

If you choose to invest in cash deposits and funds the combined total should equal 100%. For example, 30% cash deposits & 70% funds. Please note rates are not guaranteed.

## L3 DEALING ACCOUNT

**Cash to be retained in Dealing Account to cover charges and withdrawals.**

If you do not specify an amount to be left in the Dealing Account the investment amount calculated will be net of any initial charges.

This amount will cover charges and withdrawals, and will be retained net of any initial policy charges.

## L4 NOMINATION OF FUNDS TO COVER OVERDRAWN DEALING ACCOUNT

All transactions (including charges and withdrawals) will go through the Dealing Account and it may become overdrawn. In these circumstances, we will sell sufficient funds to clear the negative debit balance.

**Indicate in the box below which funds you would like us to sell in these circumstances.**

| Full fund name | % |  |  |
|----------------|---|--|--|
|                |   |  |  |
|                |   |  |  |
|                |   |  |  |
|                |   |  |  |
|                |   |  |  |

If no funds are selected, then from within the portfolio, we will automatically sell units from the highest value fund that is liquid at the time of sale. If an EMC has been selected we may set up a regular payment from the externally managed account. You cannot specify a deposit account.

If more than one fund is selected, each fund sale will be subject to the prevailing dealing fees.

**M** NOMINATION OF EXTERNAL MANAGER AND/OR CUSTODIAN (EMC) **OPTIONAL**

## WHAT BASIS WILL THE NOMINATION BE MADE ON?

1. A Discretionary basis ☐ 2. An Advisory basis ☐

This basis cannot be changed without prior written authority from Utmost PanEurope dac. Should you require more information about each basis, speak to your financial adviser who will be able to answer any questions you may have.

If you are nominating an **External Manager**, complete sections M, M1 and M3. If you are nominating a **Platform and Platform Adviser**, complete section M, M2, M3 and M4.

## M1 EXTERNAL MANAGER DETAILS

|   |  |   |
|---|--|---|
| 1 | Name of the nominated firm                                     | <input type="text"/><br><input type="text"/>  |
| 2 | Address  | <input type="text"/><br><input type="text"/><br><input type="text"/>  |
|   | Postcode   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
| 3 | Contact name   | <input type="text"/>  |
| 4 | Telephone number<br>(including international<br>dialling code) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 5 | Facsimile number<br>(including international<br>dialling code) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      |
| 6 | Email address  | <input type="text"/>  |

This nomination is made in line with the terms agreed between Utmost PanEurope dac and the EMC and is subject to change.


## M2 PLATFORM AND PLATFORM ADVISER DETAILS

If you will be appointing a Platform Discretionary Fund Manager (Platform DM) you must appoint them via the Platform and not on this form.

|   |   |             |
|---|---|-------------|
| 1 | Name of the nominated Platform                              | <div></div> |
| 2 | Name of the nominated Platform Adviser Firm                 | <div></div> |
| 3 | Address   | <div></div> |
|   | Postcode  | <div></div> |
| 4 | Contact name  | <div></div> |
| 5 | Telephone number<br>(including international dialling code) | <div></div> |
| 6 | Facsimile number<br>(including international dialling code) | <div></div> |
| 7 | Email address   | <div></div> |

Platform DM refers to a Discretionary Fund Manager that holds an agreement with your nominated Platform.

Details only required for the Platform Adviser, NOT the Platform.

 The nominated Platform Adviser must now sign Section M4.

## M3 APPLICANT (POLICYHOLDER) INVESTMENT TERMS DECLARATION

Throughout this declaration the word 'Applicants' refers to those applying for the bond who will also be the 'Policyholders' once the bond is established.

**The Applicants request and agree** that the EMC specified in section M is appointed in accordance with the Applicants' wishes set out in that section, to advise and/or manage the External Account (the Account) to which the performance of the Applicants' bond is linked. The EMC, Utmost PanEurope dac or the Applicants may terminate this appointment at any time by giving written notice to all other parties.

**The Applicants are aware** this appointment will be based on terms agreed between the EMC and Utmost PanEurope dac. Some of the most important terms have been set out below.

**The Applicants understand and agree** that where applicable:

- › The Applicants' adviser has explained Utmost PanEurope dac's charges associated with this nomination
- › Utmost PanEurope dac will recover any necessary money from the Account to cover Utmost PanEurope dac's fees and expenses, as detailed in the Policy Schedule, Policy Conditions and fund rules
- › Utmost PanEurope dac shall not be responsible for any loss or liability to the Account (a) resulting from this appointment, or (b) from services rendered or procured by the EMC to Utmost PanEurope dac
- › There are risks associated with the appointment of an EMC, where the EMC is responsible for the selection and/or safekeeping of the assets linked to the bond
- › Utmost PanEurope dac is, and must remain, the beneficial owner of all assets linked to the bond. Further to this, Utmost PanEurope dac has the right to place trading instructions directly with the EMC at any time without requiring the Applicants' approval. This may affect the value of the bond. Where there are conflicting instructions, Utmost PanEurope dac's instructions override the Applicants' or the EMC's instructions

If you do not understand any part of this declaration, speak to your financial adviser or your EMC as appropriate.

## M3 APPLICANT (POLICYHOLDER) INVESTMENT TERMS DECLARATION (CONTINUED)

- › The Applicants have no legal right to the investments held by the EMC. Apart from agreeing or rejecting recommendations given to the Applicants where an advisory basis has been selected, the Applicants may not give any direct instructions to the EMC regarding the investments, including instructions relating to the selection of assets, or with respect to withdrawals or surrenders. Further the Applicants may not give any legal charge, pledge or lien over the Account, nor may the Applicants instruct the EMC to give any guarantee, indemnity or counter-indemnity in favour of any person or company
- › Utmost PanEurope dac extends a Limited Power of Authority (LPOA) on the Applicants' behalf which enables the Applicants to agree certain charges (not linked to advice), investment strategy and risk profile. The Applicants and the Applicants' financial adviser can also obtain valuation statements directly from the EMC. If the Applicants are nominating a Platform and Platform Adviser, the Applicants are also given limited powers to agree the appointment of a Platform DM that holds agreements with the Platform and Platform Adviser. Utmost PanEurope dac retains the right to decline any such appointment
- › The EMC will be responsible for ensuring compliance with the objectives and risk information provided by the Applicants to the EMC via the separate Investment Mandate document
- › The range of assets available is restricted in line with Utmost PanEurope dac's Investment Parameters. If assets other than the restricted range are linked to the bond, it could be deemed highly personalised and may be subject to penal taxation. Utmost PanEurope dac is not responsible for monitoring the bond's assets or for any costs resulting from a breach of these restrictions
- › Utmost PanEurope dac's ability to sell, reinvest or pay cash in a timely manner can be restricted by certain types of assets the Applicants' EMC can hold. Utmost PanEurope dac reserves the right to delay settlement or reinvest at its discretion.

**The Applicants agree and understand** that the EMC:

- › May take charges for services other than advice, including those for transactions and/or custody services provided, as detailed under the standard charges section of their terms and conditions or as agreed separately with the Applicants. The EMC will deduct such charges for transactions and/or custody services directly from the Account
- › Is authorised by Utmost PanEurope dac to take the agreed fees from the Account and make any separate investment management service payments on its behalf.

**The Applicants promise** to be responsible for reimbursing Utmost PanEurope dac for any costs, losses and/or expenses incurred by Utmost PanEurope dac as a result of any legal claims, complaints or proceedings brought by any party in respect of loss arising from the services and performance of the EMC, including those described above.

**The Applicants confirm** that the above statements have been explained to the Applicants by the financial adviser and that the Applicants understand and agree to them.

## Applicant(s) signature(s)

|                  | Authorised Signatory 1     | Authorised Signatory 2     |
|------------------|----------------------------|----------------------------|
| <b>SIGNATURE</b> | <div></div>                | <div></div>                |
| Print full name  | <div></div>                | <div></div>                |
| Date             | <div>d d m m y y y y</div> | <div>d d m m y y y y</div> |

## SIGNATURE

Please ensure that authorised signatories sign here where appointing an EMC. This is required in addition to signing P - Applicant Declaration.

If there are more than two authorised signatories photocopy this page and after signing, attach securely to this form.

## M4 PLATFORM ADVISER DECLARATION



This declaration should be signed by the Platform Adviser nominated within this application, to confirm acceptance of the appointment and to confirm understanding and agreement to the terms and responsibilities set out below.

Indicate which of the following regulatory authorisations are currently held by the Platform Adviser:

|   |   |   |
|---|---|---|
| 1. FCA permission <b>Managing Investments</b> (article 37)                                |   | <input type="checkbox"/>                                  |
| 2. FCA permission <b>Advising on Investments</b> (article 53)                             |   | <input type="checkbox"/>                                  |
| 3. FCA permission <b>Arranging safeguarding and administration of assets</b> (article 40) |   | <input type="checkbox"/>                                  |
| 4. Isle of Man FSA regulated  | Class 2   | <input type="checkbox"/> Class 3 <input type="checkbox"/> |
| 5. Jersey FSC regulated   | Class B <input type="checkbox"/> Class C <input type="checkbox"/> | Class D <input type="checkbox"/>                          |
| 6. Guernsey FSC regulated Category 1 and 2 Restricted Activities held to                  | Advise on investments <input type="checkbox"/>                    | Act as discretionary manager <input type="checkbox"/>     |

1. I, the undersigned, being an authorised signatory of the Platform Adviser, **agree on behalf of the Platform Adviser** to manage and/or advise on (as applicable) Utmost PanEurope dac's Account with the Platform named in section **M2** on the basis stated in section **M**.
2. I **agree and understand** that this appointment will be on terms agreed between the Platform and Utmost PanEurope dac, and that my/our operation of the Account is subject to these terms specified in this document which, among other things, shall include the following terms to which I undertake to fully adhere to through the signing of this document:
  - › By way of this appointment, the Platform Adviser is being authorised to buy and sell assets within the Platform Account on behalf of Utmost PanEurope dac. Unless written authorisation stating otherwise is provided by Utmost PanEurope dac, all investments must be in accordance with the Investment Parameters provided to the Platform Adviser by Utmost PanEurope dac. Utmost PanEurope dac is not responsible for monitoring the assets held within the Account, or for any costs resulting from a breach of these restrictions. Utmost PanEurope dac reserves the right to update the Investment Parameters from time to time
  - › Utmost PanEurope dac at all times reserves the right to refuse individual assets for investment and to override instructions given by the Platform Adviser in relation to investment or any other function of the Account. Utmost PanEurope dac may at any time at its sole discretion give instructions directly to the Platform without notice and without requiring the Platform Adviser's approval. In the event that instructions given by Utmost PanEurope dac conflict with instructions given by the Platform Adviser, Utmost PanEurope dac's instructions shall have priority
  - › The Account is legally owned by Utmost PanEurope dac, and Utmost PanEurope dac is the sole beneficial owner of all assets within the Account. Neither the Platform Adviser nor the Policyholder have any claim or ownership over the Account or the assets within. The Platform Adviser is being appointed by Utmost PanEurope dac upon the Account to instruct trades directly with the Platform on a restricted basis
  - › Changes to the basis of this appointment, between discretionary, advisory or otherwise, may only be made with Utmost PanEurope dac's prior written authority
  - › The Platform Adviser may accept instructions from the Policyholder to appoint one of a restricted list of Discretionary Fund Managers who have a direct agreement with the Platform (Platform DM). Written evidence of the instruction and/or agreement must be retained and made available to Utmost PanEurope dac on request. The Platform Adviser will retain its responsibility for adherence to the Investment Parameters even where an additional Platform DM is selected
  - › The Account will not be more than 100% invested (i.e. no overdrawn positions shall be created), nor any other commitments made beyond the amount of the cash available in the Account without Utmost PanEurope dac's prior written authority
  - › Where charges for general advice or investment advice are agreed the Platform Adviser **is not permitted to take such charges from the Account** unless Utmost PanEurope dac has given prior written consent
  - › The Platform Adviser is not permitted to arrange any transfers of cash or investments into or out of the Account, except where cash is to be returned to the Utmost PanEurope dac bond to a bank account designated in writing by Utmost PanEurope dac, or as a part of supporting regular trading or settlement activity



#### M4 PLATFORM ADVISER DECLARATION (CONTINUED)

- › Manufacturing costs relating to trading transactions, custody fees and discretionary fund management costs can be charged to the Account as a fund expense
  - › Where the conditions of this appointment conflict with the Platform Adviser's standard terms and conditions applicable to its operation of the Account, these conditions will prevail.
- 3. I agree and understand** that by accepting this appointment, the Platform Adviser will be appointed as an Investment Adviser to manage the Utmost PanEurope dac bond's linked assets which include the management of the Policyholder's Utmost PanEurope dac Dealing Account. It is the Platform Adviser's responsibility to ensure that there is sufficient cash in the Dealing Account to cover the cost of any charges or withdrawals. Debit interest will be charged on any negative balance.
- 4. I agree and understand** that the Platform Adviser is solely responsible for ensuring that it acts within the limits of the authority set out in this appointment and the terms agreed with the Platform.

**By signing below the Platform Adviser confirms that:**

- › It has the necessary authorities under the legislation and regulations in its regulatory jurisdiction to act in the capacity of this nomination and will remain authorised and comply with the rules of the appropriate regulatory bodies whilst acting in this capacity. The Platform Adviser shall notify Utmost PanEurope dac of any changes to its regulatory authorisation, including any disciplinary action taken against it, relevant to this nomination. The Platform Adviser confirms it is willing and able to select and/or hold assets in the Account in accordance with the investment strategy and/or objectives agreed with the Policyholder where applicable
- › It accepts full responsibility and legal liability for loss, damages or expenses which it or any other party may suffer or incur, directly or indirectly, as a result of acting outside the limits of this authority and promised to reimburse Utmost PanEurope dac for any costs, claims, damages or liabilities incurred by Utmost PanEurope dac as a result of acting in its appointed capacity
- › It promises not to make or bring any formal or informal legal claims, complaints or proceedings against Utmost PanEurope dac in respect of its activities under this limited investment authority.

#### Signature on behalf of the nominated Platform Adviser

|   |   |                         |   |   |   |   |   |   |   |  |
|---|---|-------------------------|---|---|---|---|---|---|---|--|
| <p><b>SIGNATURE</b><br/>Authorised<br/>signature on<br/>behalf of the<br/>nominated firm</p> <p>Print full name</p> <p>Date</p> | <p><b>Platform Adviser</b></p> <div style="border: 1px solid black; height: 60px; width: 280px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; width: 280px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 30px; width: 280px;"></div>   | <p><b>SIGNATURE</b></p> |   |   |   |   |   |   |   |  |
|   | <table border="1" style="border-collapse: collapse; text-align: center; width: 280px;"> <tr> <td style="width: 25px;">d</td> <td style="width: 25px;">d</td> <td style="width: 25px;">m</td> <td style="width: 25px;">m</td> <td style="width: 25px;">y</td> <td style="width: 25px;">y</td> <td style="width: 25px;">y</td> <td style="width: 25px;">y</td> </tr> </table> | d                       | d | m | m | y | y | y | y |  |
| d   | d   | m                       | m | y | y | y | y |   |   |  |

**N** REGULAR WITHDRAWALS (optional)


Complete this section if regular withdrawals are to be set up from the start of your bond.

Regular withdrawals will be taken equally across all policy segments.

Minimum £200 per payment (or currency equivalent). Payments will only be made in the currency of the bond.

If a regular withdrawal would take the bond to a surrender value lower than the minimum value required to be kept in the bond withdrawals will stop.

|   |                       |   |                                      |                                   |   |   |   |   |   |   |   |   |
|---|-----------------------|---|--------------------------------------|-----------------------------------|---|---|---|---|---|---|---|---|
| 1 | Amount of withdrawal  | of premium per annum  | or                                   | per payment                       |   |   |   |   |   |   |   |   |
|   |                       | <input type="text"/> %  |                                      | <input type="text"/>              |   |   |   |   |   |   |   |   |
| 2 | Frequency of payments | <input type="checkbox"/> Quarterly  | <input type="checkbox"/> Half-yearly | <input type="checkbox"/> Annually |   |   |   |   |   |   |   |   |
| 3 | Payment to start      | <table border="1" style="display: inline-table; border-collapse: collapse;"> <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 |   |   |   |   |   |

The earliest the first withdrawal can be taken is 30 days after the bond has been issued. 

Payment method will be BACS transfer for sterling payments to UK clearing banks only or Telegraphic Transfer for other currencies or banks outside the UK. A charge will be levied by our bankers for any Telegraphic Transfer payments which will be deducted from the value of the bond.

**Payments will only be sent to the scheme bank account provided in Section C on page 5.**

If you have opted for an end date on your client personal Illustration, note that this is for illustrative purposes only. When you wish for withdrawals to stop, we will require an instruction at that point to us.

**O** PRIVACY NOTICE

Our Privacy Notice explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy on our website [www.utmostinternational.com/privacy-statements](http://www.utmostinternational.com/privacy-statements) or you can contact our Customer Service Team on 0845 602 9281 and request a copy.

**P** DECLARATION

**This is our standard client declaration upon which we intend to rely. For your own benefit and protection you should read these terms and the data protection notes section of this form carefully before signing below.**

**Please make sure that all relevant persons, including the scheme trustees and any members, have read the Product Guide, Guide to Charges, Personal Illustrations, the Important Information for Maltese Resident Trustees document, any applicable disclosure documents and Key Features Documents. All of these should have been provided to each member as they contain important information about the bond the scheme is about to invest in.**

**If you, or any member, do not understand any part of this declaration, the Data Protection notes or the product literature listed above, please ask the appointed financial adviser to explain it to you or the member before signing below.**

**In this declaration, "we", "us" and "our" mean the scheme trustees and "the Company" means Utmost PanEurope dac.**

**We apply** for Selection to be issued to us in accordance with the Policy Conditions and Policy Schedule.

**We hereby confirm** that neither the scheme trustee nor any of the members have relied on any statement made by their financial adviser which is not supported in the literature.

**We confirm and declare** that the members have been advised to obtain appropriate professional advice in respect of the applicable taxation requirements, effects and legislation. If the scheme is applying as an occupation scheme they have taken the necessary advice to make this application.

## ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

## Source of Funds – Policyholder Statement of Truth

**We truthfully confirm** that:

- i) all funds invested in the bond applied for have been or will be properly declared to the relevant tax authorities in the jurisdiction of our tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and
- ii) none of the funds invested derive, directly or indirectly, from illegal activities or sources and/or tax evasion.

**Potential Consequences of Misleading the Company - We fully acknowledge and agree** that if the Company discovers that we misled the Company in respect of any part of the statements confirmed above, that the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the contractual ability to:

- i) terminate the bond immediately and, regardless of the actual date of bond termination, impose the maximum encashment and any other relevant charges which may be imposed on us under the bond as if the bond had been encashed immediately after issue. Such charges shall be applied to the extent that they cover any costs, expenses or losses caused by the Company being misled, without limiting the Company's ability to seek additional recompense from us in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at the Company's discretion concerning us and/or the bond; and
- iii) if considered appropriate after consultation with government authorities and/or legal counsel, either
  - a) subject to satisfying the Company's further reasonable requirements, refund our premium(s) and other amounts paid to the Company to the date of such termination less applicable encashment and other charges in accordance with clause (i) above (the 'Refund Amount'), or
  - b) if legally required to do so by competent government authorities, freeze or pay over to relevant government authorities all or a portion of the Refund Amount or take such other actions as competent government authorities may legally require.

**Consent to disclose information to Tax and other Government Authorities**

**We have been advised** that Utmost Group plc and the Company have a longstanding policy of co-operating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities.

**We consent and agree** that in cases where the Company suspects that the funds invested in the bond are wholly or partly derived from illegal activities/sources and/or tax evasion, then the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the ability to disclose to our home country tax and/or other government authorities our identity and any relevant information considered necessary or appropriate, at the Company's discretion, concerning the bond.

**We understand and agree** that the Company's obligations under the policy, including the payment of benefits, will be suspended either in whole or in part, to the extent that performance of any policy obligation may expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

**Further consents and confirmations**

**We hereby confirm** that all the information that we have provided, whether handwritten or otherwise, in this application form is complete and accurate to the best of our knowledge and belief. We agree that this information, together with all other questionnaires, statements, reports or other information completed or given by us in our name, shall form the basis of the contract with the Company.

**We confirm that** we have read and understood the Product Guide, Personal Illustration, Guide to Charges, the Important Information for Maltese Resident Trustees document, any applicable disclosure documents and Key Features Documents.

**We understand also** that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to the Company by us or on our behalf was misleading or incomplete, then this might invalidate our contract and adversely affect our right to the payment of policy benefits. We understand the requirement to provide accurate and relevant information in our dealings with the Company is continuous and binding upon us or any subsequent holder of the policy.

**We understand** that no contract shall be issued in respect of this application and the Company shall be under no obligation in respect of this application until the first premium has been received by the Company and the Company has expressly confirmed in writing that it accepts the application.

**We accept** that selection of investments is our responsibility (or, where appropriate, that of our Investment Adviser or any nominated EMC) and the Company makes no representations or guarantees in relation to the future performance of any assets linked to the bond and accordingly has no legal responsibility in respect of future performance of such linked assets.

**We understand** that the Company and us have a free choice about the law that can apply to any contract relating to this application. The Company proposes to choose the laws of Malta and by completing this application form we agree that the laws of Malta shall apply and that the Courts of Malta shall be the sole forum to consider disputes in relation to any contract arising from this application.

**We agree** that any decision to alter the Courts of Malta jurisdiction shall be at the discretion of the Company such discretion being exercised reasonably.

**We agree** that a copy of our agreement given in this Declaration will have the validity of the original. We understand that our financial adviser is acting as our agent and not an agent of the Company.

**We confirm** that the Scheme has the power to enter into the contract applied for.

**We confirm** that, to the best of our knowledge and belief, the members are not subject to any legislation which would make such an investment unlawful.

**SCHEME SIGNATORIES**

|                  | Signatory 1   | Signatory 2   |
|------------------|---|---|
| <b>SIGNATURE</b> | <div></div>   | <div></div>   |
| Print full name  | <div></div>   | <div></div>   |
| Date             | <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> | <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> |

**SIGNATURE**

If there are more than two signatories, please photocopy this page and after signing the additional copies attach it securely to the form.

## Q IDENTIFICATION REQUIREMENTS

THIS SECTION SHOULD BE COMPLETED BY THE FINANCIAL ADVISER. PLEASE COMPLETE IN ALL CASES

Under anti-money laundering regulations we are required to verify the identity and address of all individuals related to a contract (e.g. joint applicants, trustees, Power of Attorney). For trustee shareholders, we are required to verify the identity and address for all trustees together with satisfactory evidence of proper appointment of the trustees.

Outlined below are the standard minimum requirements. However we may, in some circumstances, require additional information.

**Individual trustee(s) and director(s)** - We require **one document** from **Part 1** together with **one document** from **Part 2**. If an individual does not hold either of the documents listed in **Part 1** then, under certain circumstances, we may be able to accept **two documents** from **Part 2**, showing verifiable reference numbers. Please also note that if no documentation is supplied from **Part 1**, we need a reason why this is not available.

**Trust** - for identification of the Trust see **Part 3**. All documentation in this section must be supplied.

**Corporate trustee** - for verification of the corporate trustee see **Part 4**. All documentation in this section must be supplied.

Tick in the boxes below to indicate the identification you have supplied for each party to the policy.

## PART 1 - PERSONAL IDENTITY

|   | Executive<br>Director    | Director                 | Trustee 1                | Trustee 2                | *                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Valid passport                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 National ID card<br>(with photograph)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 A current driving<br>licence<br>(with photograph) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you cannot supply an item from **Part 1**, tell us why in the box below.

|  |
|--|
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This information is required to satisfy anti-money laundering regulations for the applicants and the trustees.

Provide one document from Part 1 PLUS one document from Part 2. Alternatively, use two documents from Part 2 and confirm why no ID from Part 1 can be provided. Please always provide originals or certified copies.

PART 2 - VERIFICATION OF ADDRESS

|  | Executive<br>Director    | Director                 | Trustee 1                | Trustee 2                | *                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 A recent utility bill, rates or council tax bill<br>The document must be the most recent available and date no more than 6 months old, and must also be certified. (Mobile phone bills are not acceptable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 A recent mortgage statement, giving the residential address  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 A current driving licence  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 A state pension, benefit or other government produced document showing benefit entitlement   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 A recent tax assessment document   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 An account statement from the bank or bank credit card which is dated no more than 6 months old and certified (Store cards are not acceptable)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Proof of ownership or rental of the residential address  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\*Complete for any other party to the application for which identification has been provided. Continue on a separate sheet of paper should there be more individuals to be identified than the space provided.

If there are other parties to the application not quoted on the form, have you enclosed a list of copy evidence submitted and can you confirm that you have seen the originals of such evidence?

☐ Yes

Where relevant, tick this box.



(Ensure that any separate list quotes the name of the applicants and is signed by the certifier)

The following declaration must be fully completed in all cases, this method of certification is required for Utmost PanEurope dac regulatory purposes.

I confirm that

- a) I have had sight of the original documents and all documents enclosed herewith are true copies of the original and are hereby certified accordingly. ☐ Yes
- b) The information in Section Q was obtained by me in relation to the policyholder. ☐ Yes
- c) Where I have an existing relationship, the policyholders' account/relationship has been conducted satisfactorily. ☐ Yes
- d) I am not aware of any reason why this application should be refused. ☐ Yes
- e) I am unaware of any activities undertaken by these policyholders which lead me to suspect that they are involved in any form of criminal activity and/or money laundering. ☐ Yes
- f) I shall inform you immediately if I suspect such activity. ☐ Yes

### PART 3 - SCHEME VERIFICATION

#### SUPPLY ALL OF THE FOLLOWING DOCUMENTS

- The Pension Agreement and any Supplementary Deeds showing the proper appointment of the trustees and classes of beneficiaries ☐
- An authorised signatory list (where applicable) ☐
- A completed **Tax Information Exchange Pack for Entities** ☐

### PART 4 - ADDITIONAL VERIFICATION

#### THE FOLLOWING DOCUMENTS WILL BE REQUIRED IF SECTION H WAS COMPLETED.

| SCHEME TRUSTEE  |                          | SCHEME ADMINISTRATOR  |                          |
|---|--------------------------|---|--------------------------|
| A Certificate of Incorporation  | <input type="checkbox"/> | A Certificate of Incorporation  | <input type="checkbox"/> |
| Evidence of the registered address  | <input type="checkbox"/> | Evidence of the registered address  | <input type="checkbox"/> |
| Board resolution appointing authorised signatories, and signatory list (for public registered companies only) | <input type="checkbox"/> | Board resolution appointing authorised signatories, and signatory list (for public registered companies only) | <input type="checkbox"/> |

**If there are other parties to the application not quoted on the form, have you enclosed a list of copy evidence submitted and can you confirm that you have seen the originals of such evidence?** ☐ Yes

(Ensure that any separate list quotes the name of the applicants and is signed by the certifier)

The following declaration must be fully completed in all cases, this method of certification is required for Utmost PanEurope dac regulatory purposes.

**I confirm that I have had sight of the original documents and all documents enclosed are true copies of the originals.** ☐ Yes

**R** INTRODUCER'S DETAILS (Complete in all cases)

1 How and when were you introduced to the trustees/ members?

2 Who was the advice given to? ☐ Trustees ☐ the member (for personal pensions and SIPP cases)

If the advice was given to the member, did that member approach the trustees to request this application ☐ Yes ☐ No

3 Which country was the advice leading to this application given in?

4 Which country was this application signed in?

5 The basis on which the advice was offered is (UK advisers only) ☐ Independent ☐ Restricted

6 Name of regulatory body

7 Regulatory body membership number

8 Certifier and authorised signatory

9 Print full name

10 Date

11 Financial adviser company name and address (company stamp)

12 Provide the name of your Utmost sales consultant (if known)

Provide full details of your authorisation and where applicable, FCA number.

**SIGNATURE**

If no company stamp is available, write in the company address.

**We will not be able to start the policy until Sections Q and R have been completed and identification provided.**



**S** STANDALONE MEMBERS FORM

Member  of

- 1 Title (Mr, Mrs, Miss or Other)
- 2 Surname
- 3 Maiden name or any previous names (if applicable)
- 4 Forenames (in full)
- 5 Permanent residential address  
(PO Boxes and 'care of' addresses are not acceptable)
- Postcode
- 6 State the jurisdiction in which you are tax resident
- 7 Nationality
- 8 Date of birth
- 9 Country of birth
- 10 Gender ☐ Male ☐ Female
- 11 Is this member also a trustee? ☐ Yes ☐ No  
If yes, are they required to sign on behalf of the scheme? ☐ Yes ☐ No
- 12 Is this member also the scheme administrator? ☐ Yes ☐ No
- 13 Occupation and name of employer
- 14 If retired, previous occupation and name of last employer
- 15 If the member has more than one occupation please provide more details
- 16 Current total annual income (including salary and investment income)
- 17 Average income in the last 10 years, or if retired, provide the year of retirement and the average income in the 10 years prior to retirement. (including salary and investment income) ☐ up to £20,000 ☐ £50,001 to £100,000 ☐ £20,001 to £50,000 ☐ £100,001+

This question must be completed.



If retired provide details of last salary before retirement.



**18** Is the member still contributing to the scheme this application relates to?

Yes

No

If 'Yes', go to question 19. If 'No', go to the final page.

**19** Are the member's contributions over 50% of their current salary?  
(excluding any employer contributions if applicable)

Yes

No

**20** If the answers to 18 and 19 are yes, how is the member funding the contributions and maintaining their lifestyle? (i.e. inheritance, spousal income etc.)

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## NOTES

## CHECKLIST

We want to process your application as quickly as possible, to help us do this on completion of this form we will need the following:

- › The separate **Tax Information Exchange Pack for Entities** with all relevant sections completed and signed ☐
- › Certified copies of the identification and address verification documents, where applicable ☐
- › Certified copy of Trust Deeds and any Supplementary Deeds ☐
- › Corporate trustee verification documents, where applicable ☐
- › If you are also appointing an Investment Adviser, ensure you enclose a fully completed and signed **Nomination of Investment Adviser Form** available from your financial adviser or us on request ☐
- › If you are sending any additional instructions or documentation, attach them securely to the back of the form. ☐

## WHAT TO DO NEXT

Once completed, arrange for your financial adviser to return this form and any supporting documents to Utmost PanEurope dac at: **Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**