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IMPORTANT FACTS STATEMENT AND APPLICANT'S DECLARATIONS INVESTMENT-LINKED ASSURANCE SCHEME ("ILAS") POLICY

IFS-AD

Utmost International Isle of Man Limited

Name of the ILAS Policy: **Executive Wealthbuilder Account**

This form is for **top-up** use only. Please complete Part I (Important Facts Statement) **and** Part II (Applicant's Declaration).

PART I - IMPORTANT FACTS STATEMENT

You should carefully consider the information in this statement and the product documents (including the Principal Brochure, Product Key Facts Statement, etc.). **If you do not understand any of the following paragraphs or do not agree to any particular paragraph or what your licensed insurance intermediary has told you is different from what you have read or understood from this statement, please do not sign the confirmation and do not purchase the ILAS policy.**

You may request the Chinese version of this statement from your licensed insurance intermediary.

閣下可向銷售的持牌保險中介人索取本文件的中文版本。

SOME IMPORTANT FACTS YOU SHOULD KNOW

- (1) **Statement of Purpose:** Please set out your reasons/considerations for making the additional investment. The licensed insurance intermediary is required to take due account of the reasons/considerations set out by you, together with other relevant information, in assessing whether a particular ILAS policy is suitable for you. (*Customer must set out your own reasons/considerations.*)
- (2) **Cooling-off period:** You have the right to cancel the additional premium and get back your original investment of the additional premium (subject to market value adjustment) within **the Isle of Man cooling-off period**. For details of how you can exercise this right, please refer to the application form.
- (3) **No ownership of assets and no guarantee for investment returns:** You do not have any rights to or ownership over any of the underlying funds of this ILAS policy. Your recourse is against Utmost International Isle of Man Limited ("Utmost International") only. You are subject to the credit risk of Utmost International. Investment returns are not guaranteed.
- (4) **Fees and charges:** Some fees/charges will be deducted from the contributions you pay and/ or your ILAS policy value, and will reduce the amount available for investment. Accordingly, **the return on your ILAS policy as a whole may be considerably lower than the return of the underlying funds you select**. For details, please refer to the product documents of this ILAS policy.
- (5) **Switching of investment:** If you switch (change) your investment choices, you may be subject to a switching charge (currently waived) and your risks may be increased or decreased.

(6) **Risk of early termination:** Your ILAS policy may be surrendered early automatically, and you could lose all your contributions paid and benefits accrued if any condition of automatic early surrender is triggered. This may happen if your policy has very low or negative value (e.g. poor investment performance), etc. For details, please refer to the product documents of this ILAS policy.

(7) **Licensed insurance intermediaries' remuneration:** If you take up this ILAS policy, the licensed insurance broker firm will on average receive remuneration of \$6.0 per \$100 of the premium that you pay.

The remuneration is an average figure calculated on the assumption that you will pay all the premiums throughout the entire premium payment period. It covers all payments to the licensed insurance broker firm directly attributable to the sale of this policy (including upfront and future commissions, bonuses and other incentives).

You are entitled to make inquiry with your licensed insurance broker if you wish to know more about the remuneration that he/she/they may receive in respect of this policy.

I ("customer") confirm that I have read and understood and agree to be bound by paragraphs above.

Customer 1's name

Customer 1's signature

d	d	m	m	y	y	y	y
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Date

Customer 2's name
(if applicable)

Customer 2's signature
(if applicable)

d	d	m	m	y	y	y	y
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Date (if applicable)

Licensed Insurance
Intermediary's name

Licensed Insurance
Intermediary's signature

d	d	m	m	y	y	y	y
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Date

PART II – APPLICANT’S DECLARATIONS

Please complete both sections I and II, and submit together with the Financial Needs Analysis and Risk Profile Questionnaire.

However, where a previous Financial Needs Analysis and Risk Profile Questionnaire have been performed within 12 months from the date of signing and provided there are no substantial changes in the customer’s circumstances and the conditions stated below are satisfied, please further complete this box and ensure **sections I and II** are also completed.

I confirm that Financial Needs Analysis and Risk Profile Questionnaire have been performed within 12 months. I further declare that there are no material changes in my circumstances.

Customer 1’s name

Customer 1’s signature

d	d	m	m	y	y	y	y
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Date

Customer 2’s name
(if applicable)

Customer 2’s signature
(if applicable)

d	d	m	m	y	y	y	y
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Date (if applicable)

I confirm that the certified true copies of the previous Financial Needs Analysis and Risk Profile Questionnaire were filed with Utmost International. I further confirm that box A was selected by the customer in the Applicant’s Declarations last submitted and there are no mismatch (i.e. needs, risks, affordability etc.) identified in respect of the customer.

Licensed Insurance
Intermediary’s name

Licensed Insurance
Intermediary’s signature

d	d	m	m	y	y	y	y
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Date

SECTION I: DISCLOSURE DECLARATION

I ("customer") confirm that the licensed insurance broker intermediary,

(insert name and licence number of the relevant licensed insurance intermediary), has conducted a Financial Needs Analysis and Risk Profile Questionnaire for me.

Customer 1’s name

Customer 1’s signature

d	d	m	m	y	y	y	y
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Date

Customer 2’s name
(if applicable)

Customer 2’s signature
(if applicable)

d	d	m	m	y	y	y	y
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Date (if applicable)

Licensed Insurance
Intermediary’s name

Licensed Insurance
Intermediary’s signature

d	d	m	m	y	y	y	y
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Date

SECTION II: SUITABILITY DECLARATION

I ("customer") understand and agree that (tick one only):

A the features and risk level of the ILAS policy and my selected mix of underlying investment choices are suitable for me based on my disclosed current needs and risk profile, etc. as indicated in the Financial Needs Analysis and Risk Profile Questionnaire. These needs have been assessed by the licensed insurance broker, and not by the Insurance Company.

OR

B despite the fact that the features and/or risk level of the ILAS policy and/or my selected mix of underlying investment choices may not be suitable for me based on my disclosed current needs and risk profile, etc. as indicated in the Financial Needs Analysis and Risk Profile Questionnaire, I confirm that it is my intention and desire to proceed with my application(s) as explained below:

<i>(If Box B is ticked, customer must complete explanation in this box.)</i>

I acknowledge I should not purchase this ILAS policy and/or the selected mix of underlying investment choices unless I understand these and their suitability has been explained to me and that the final decision is mine.

I understand that the authorised Insurance Company-

- (a) **does not provide/accept any responsibility for the financial advice given by my appointed insurance broker who acts on my behalf and independently of the Insurance Company; and**
- (b) **will retain copy(ies) of the completed Financial Needs Analysis and Risk Profile Questionnaire for verification purpose.**

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Customer 1's name

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Customer 1's signature

d	d	m	m	y	y	y	y
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Date

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Customer 2's name
(if applicable)

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Customer 2's signature
(if applicable)

d	d	m	m	y	y	y	y
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Date (if applicable)

Declaration by Licensed Insurance Intermediary

I,

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 (print name of Intermediary and license number), confirm that I have fully explained the contents of the Important Facts Statement and Applicant's Declarations to the customer in a language of the customer's choice.

This box for additional completion by the intermediary **if Box B** is ticked or any mismatch exists: (the intermediary is required to explain the mismatch to the customer and why the product is still recommended to the customer despite the mismatch)

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Please sign in all circumstances:

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Licensed Insurance
Intermediary's name

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Licensed Insurance
Intermediary's signature

d	d	m	m	y	y	y	y
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Date

Notes:

1. In this Statement & Declarations, "I" refers to customer. The singular shall include the plural; the word "I" shall include "we"; and the word "my" shall include "our". For joint customers, all customers must sign all sections.
2. The customer(s) are required to inform the licensed insurance intermediary or us (the authorized insurance company) if there is any material change of information provided in these Declarations before the policy is issued.

Important note: The product(s) named in this document and to which this document relates is accurate as at December 2021 and is subject to change. To ensure applicability with respect to a product and, if applicable, a related policy, before taking any action, please liaise with your adviser and/or contact us directly.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

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Tel: +852 3552 5888 Fax: +852 3552 5889. Authorised by the Insurance Authority of Hong Kong to carry on long-term business.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C.

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Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

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