PRIVATE WEALTH PORTFOLIO UK

ADDITIONAL PREMIUM FORM

INTRODUCTION

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

Use this form to request investment of an additional Premium in your existing Private Wealth Portfolio UK product.

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 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. **Do not use correction fluid**.

IMPORTANT INFORMATION

INTERPRETATION

In this form any reference to words in the singular shall include words in the plural and vice versa. References to "I", "me", "my", "you" or "your" mean you, the Policyholder (including individuals acting on behalf of a trust or corporate). All references to "we", "us", "our", "Utmost", in this form refer to Utmost PanEurope dac ("Utmost PanEurope"). Throughout this form the term "Policyholder" refers jointly and severally to the persons applying for this additional Premium on an existing Policy.

Capitalised terms not defined in this document have the meanings given to them in your **Private Wealth Portfolio UK Assurance Policy Terms and Conditions** (including amendments).

INCOMPLETE INFORMATION

Please ensure that you complete all required sections and provide all necessary supporting documentation. Failure to do so may result in a delay in your request being processed.

SUBMITTING COMPLETED FORMS

You can email digitally signed and/or scanned forms and supporting evidence, to us at: **CCSFrontOffice@utmost.ie**
Alternatively, post paper forms and supporting evidence to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, County Meath C15 CCW8, Ireland**.

REQUIREMENTS TO COMPLETE AN INTERNAL TRUST REGISTER FORM AND REGISTER ON IRISH CENTRAL REGISTER OF BENEFICIAL OWNERSHIP OF TRUSTS "CRBOT". POLICIES IN TRUST ONLY.

Unless your trust is administered in an EU state other than Ireland (the trust is administered in an EU state if the trustees are resident in the EU and the trust is managed there) you will need to complete the separate **Internal Trust Register Form** and send this in with this application form.

Further, unless your trust is administered in another EU state[1] (outside of Ireland), or has been registered in another EU state[1] (outside of Ireland) due to having a separate business relationship there, you will also need to register the trust on the Irish central register the CRBOT.

[1] Please note that administration of the trust in the UK and/or registration on the UK's central register (or exemption from registration under the UK's central register) is irrelevant for these purposes following the UK's departure from the EU.

A POLICY AND POLICYHOLDER DETAILS — MANDATORY

Individual Policyholders including individuals acting in the capacity of a Trustee must complete Subsection A2. Corporate Policyholders including Corporate Trustees must complete Subsection A3.

A1 ADDITIONAL INVESTMENT

1 Existing Policy number

2 Nature and purpose of additional investment

Question 1, you can find this in your Policy documentation.

A2 INDIVIDUAL POLICYHOLDERS

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

	Policyholder 1	Policyholder 2 (if any)
1 Title (Mr Mrs, Ms, etc.)		
2 First Name(s)		
3 Surname		
4 Do you have a previous name or alias?	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", provide the other name(s)		
5 Date of birth	d d m m y y y y	d d m m y y y y
6 Place of birth		
7 List all nationalities/ citizenships held		

UPE WS 05212 | 12/25

8 Permanent residential address

Postcode / Country	Postcode / Country

9 Is the correspondence address the same as the permanent residential address? ☐ Yes ☐ No

If "No", please provide the correspondence address

Postcode / Country

10 Contact telephone number

11 Email address

Question 9, We accept no responsibility for the consequences of sending documentation to this correspondence address, or an address notified subsequently. Utmost PanEurope reserves the right to send correspondence to the residential address where regulations prevent it from being sent to any other address.

All individual Applicants will need to read and sign Section F.

A3 CORPORATE POLICYHOLDERS

Only to be completed if there is a Corporate Policyholder, including Corporate Trustee.

1 Entity type ☐ Private company ☐ Public company ☐ Other

2 Corporate name

3 Contact person

4 Company registration number

5 Date of incorporation d d m m y y y y

6 Country of registration

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

8 Principal place of business

9 State the jurisdiction in which the company is liable for tax

10 Tax registration number

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

Postcode / Country

12 Correspondence address

Postcode / Country

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.

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

14 Telephone number (international format)

15 Corporate email address

16 Corporate website address

17 Please state the company's main business/activity

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

19 Is the company in the process of being dissolved, struck off, wound up or terminated?

☐ Yes ☐ No

20 Is the company quoted on a recognised stock exchange?

☐ Yes ☐ No

If "Yes" which one?

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

22 List all the current directors of the company. If there are any further directors, please photocopy this section, attach the details with this additional Premium 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
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y

CHANGE OF DIRECTORS AND/OR SHAREHOLDERS

To be completed only if there have been changes to the director or shareholder details that we have not been informed of. If there are more then two individuals, please photocopy this section, attach the details with this additional Premium Form and tick here. ☐

You will need to provide suitable verification of their identity and residential address.

1 Role e.g. Director or Shareholder		
2 Percentage share (if applicable)		
3 Title (Mr, Mrs, Ms, etc.)		
4 First Name(s)		
5 Surname(s)		
6 Do you have a maiden name, a previous name or alias?	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", provide the other name(s)		
7 Date of birth	d d m m y y y y	d d m m y y y y
8 Place of birth		
9 List all nationalities/ citizenships held		
10 Country of tax residence		
11 Tax Identification number ("TIN")		
12 Other tax reference number (s)		
13 Permanent residential address	Postcode / Country	Postcode / Country

A4 TRUST DETAILS (IF APPLICABLE)

1 The Trust was created on — d d m m y y y y

2 Name of the Trust

3 Correspondence address for Trustees — Postcode / Country

Question 3, 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 address recorded in the Trust Deed where regulations prevent it being sent to any other address.

The Trustees must inform Utmost PanEurope, in writing, immediately of any change of Trustee and understand that appropriate evidence of identity will be required.

CHANGE OF TRUSTEES

To be completed only if there have been changes to the trustee's details that we have not been informed of. If there are more then two individuals, please photocopy this section, attach the details with this additional Premium Form and tick here. ☐

You will need to provide suitable verification of their identity and residential address.

1 Role e.g. retiring trustee, additional trustee, new trustee, etc.		
2 Percentage share (if applicable)		
3 Title (Mr, Mrs, Ms, etc.)		
4 First Name(s)		
5 Surname(s)		
6 Do you have a maiden name, a previous name or alias?	☐ Yes ☐ No	☐ Yes ☐ No
If "Yes", provide the other name(s)		
7 Date of birth	d d m m y y y y	d d m m y y y y
8 Place of birth		
9 List all nationalities/ citizenships held		
10 Country of tax residence		
11 Tax Identification number ("TIN")		
12 Other tax reference number (s)		
13 Permanent residential address	Postcode / Country	Postcode / Country

A6 TAX CLASSIFICATION OF POLICYHOLDERS

Utmost PanEurope is required by Irish law to ask the Policyholder for tax related information to comply with our obligations under relevant tax information exchange agreements, including Foreign Account Tax Compliance Act ("FATCA") and the Common Reporting Standard ("CRS") regulations.

› If you are acting as an individual complete our **Tax Declaration and Self-Certification for Individual Investors**.

› If you are acting on behalf of a Trust as an Individual complete our **Tax Declaration and Self-Certification for Trusts**.

› If you are acting on behalf of an entity including a corporate trustee complete our **Tax Declaration and Self Certification for Entity Investors**.

If you have any questions, on how to complete these forms we recommend that you speak to your tax or legal adviser.

B POLITICALLY EXPOSED PERSONS DETAILS — MANDATORY

We are required to identify persons associated with this form who may be classified as a Politically Exposed Person ("PEP"). PEP is a term used to describe someone who is currently or has previously been, entrusted with prominent public functions or responsibilities. For example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary or the Military, a senior employee of a state-owned corporation, or a board member of a Central Bank. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

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

If "Yes", provide details:

C PREMIUM DETAILS — MANDATORY

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

Please remember to enclose a copy of receipt of your electronic bank transfer payment or your asset transfer form (your Intermediary can provide you with the necessary details) with this form.

C1 ADDITIONAL PREMIUM

1 Premium currency ☐ EUR ☐ USD ☐ GBP ☐ CHF

Amount paid ("additional Premium") ______ (minimum £50,000 or Currency Equivalent Value)

Please note that the additional Premium will be allocated in accordance with your existing Investment Strategy in the same proportion as your previous Premium payments. If you want your additional Premium allocation to be changed, please complete the **Change of Discretionary Investment Strategy Form**.

C2 ADDITIONAL PREMIUM PAID BY ELECTRONIC BANK TRANSFER

1 Electronic Bank Transfer amount Currency ______ Amount ______

Please check your **Private Wealth Portfolio UK Assurance Terms and Conditions** to ensure that your additional Premium amount meets the minimum requirements.

Please note that a charge may apply on an additional Premium payment.

C3 ACCOUNT DETAILS WHERE FUNDS ARE BEING REMITTED FROM

If you are making multiple payments from different bank accounts, please photocopy this section, attach the details with this Additional Premium Form and tick here. ☐

The additional Premium payment must come from an account held in the name of the Policyholder(s). If additional Premium is received from an account other than the one specified here, this may cause a delay in processing.

1 Bank account name

2 Bank account number/IBAN[2]

3 Bank sort code[3] ☐☐ - ☐☐ - ☐☐

4 SWIFT or BIC code[4]

5 Bank name

6 Bank address

Postcode Country

7 Country

8 How long have you held this account? ☐☐ years

9 Are there any other parties indirectly involved with this payment of an additional Premium e.g. lender? ☐ Yes ☐ No

If "Yes", please provide the following details:

Name

Relationship to Policyholder

Reason for involvement

C4 ADDITIONAL PREMIUM PAID BY ASSET TRANSFER

Payment by transfer of assets is only accepted at the discretion of Utmost PanEurope. The additional Premium applied to your Policy will depend on the value of the assets as of the date of transfer into the Policy.

1 If the Premium is being paid by transfer of assets, please confirm the name of the financial institution used to purchase the assets:

Specify details of the investments/assets you wish to transfer.

[2] IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC).

[3] A sort code is used in the UK in conjunction with a bank account number.

[4] A SWIFT code is used outside Europe in conjunction with a bank account number. A BIC code is used in Europe in conjunction with an IBAN.

FULL REGISTERED NAME OF ASSETS[6]	IDENTIFICATION CODE (SEDOL OR ISIN)	NUMBER OF SHARES/TRANSFER AMOUNT	CURRENCY	ESTIMATE OF CURRENT MARKET VALUE[5]
			Total estimate:	

C5 FACILITATED ADVISER CHARGE

I have agreed to pay a facilitated advisory charge of ☐ (please include currency) or ☐ % of the additional Premium to the Adviser and I have been made aware that this charge might have an effect on my personal tax circumstances. I instruct Utmost PanEurope to pay this fee on an:

☐ Initial basis to be deducted:

Before the additional Premium is invested in the Policies ☐

After the additional Premium has been invested in the Policies ☐

or

☐ On-going basis to be deducted: Quarterly ☐ Half-yearly ☐ Annually ☐

Commencing: m m y y

Please note that this is an annual amount, which will be adjusted according to the frequency of payment selected above and paid to your Adviser over the course of each year.

If your policy is in trust then some of these options may not be available depending on the type of trust used and who the advice was given to in respect of the top up, i.e. the settlor or the trustees.

D EMPLOYMENT AND SOURCE OF FUNDS — MANDATORY

D1 EMPLOYMENT

	Policyholder 1	Policyholder 2 (if any)
1 Employment status	☐ Employed ☐ Self-employed ☐ Retired ☐ Unemployed ☐ Homemaker	☐ Employed ☐ Self-employed ☐ Retired ☐ Unemployed ☐ Homemaker
2 Date of Retirement, Unemployment, or becoming a Homemaker	d d m m y y y y	d d m m y y y y

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.

[5] If there are more assets to be specified, please ask for additional pages to fill in the information.

[6] The value of the additional Premium will be the value of the assets transferred the next Business Day after the final transfer. In order to determine or calculate such a value we will apply the same rules specified in the **Private Wealth Portfolio UK Assurance Terms and Conditions** to calculate the Investment Value.

3 Occupation

4 Last year's annual income/salary

Currency | Currency

Amount | Amount

5 Do you receive income other than from your occupation

Yes No | Yes No

If "Yes", provide details including the amount and source

6 Employer/Business name

7 Employer's/Business address

Postcode Country | Postcode Country

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 form.

D2 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost PanEurope dac 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 their origin.

Please note we may require additional evidence if the Source of Funds identified here is the same source used at the inception of the Policy, or for any previous additional Premium and the combined investments exceed the amount previously evidenced.

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 form.

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 additional Premium will not be invested 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 d d m m y y y y

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 d d m m y y y y

3. Competition win

Name of competition organiser

Description of competition

Country where competition was held

Total amount won Currency Amount

Date of win d d m m y y y y

☐ **4. Gift**

Full name of person who gave the gift

Date of birth: d d m m y y y y

Nationality

Address

Postcode | Country

Relationship to Policyholder

Reason for gift

Description of gift

Total amount received — Currency — Amount

Date received: d d m m y y y y

Details of the activity that generated the amount received

Country gift was accumulated in

☐ **5. Inheritance**

Deceased's full name

Relationship to Policyholder

Date of death: d d m m y y y y

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

Amount received — Currency — Amount

Date received: d d m m y y y y

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 — d d m m y y y y

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

Address of policy provider

Postcode | Country

Policyholder's full name

Length of time policy held — years — months

Amount of the original investment

Details of the activity that generated the original investment

Reason for policy claim or replacement policy (if applicable)

Total amount received — Currency | Amount

Surrender penalty (if applicable)

Date received — d d m m y y y y

☐ **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.)	
Name of the company that held it	
Registered address of company	Postcode / Country
Account name	
Length of time asset portfolio or investment held	years months
Amount of the original investment	
Details of the activity that generated the original investment	
Date of sale	d d m m y y y y
Net amount received	Currency / Amount

☐ **9. Company sale or sale of interest in company**

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

☐ **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)

Postcode | Country

Length of time property owned: years / months

Source of funds for the original property purchase

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 / Amount

Address of new residence

Postcode | Country

Date of sale: d d m m y y y y

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: d d m m y y y y

Proceeds received from the activity: Currency / Amount

E DECLARATIONS — MANDATORY

E1 HOW WE PROCESS YOUR PERSONAL DATA

Utmost PanEurope uses the information the Policyholder provides, about the Policyholder and other people, to provide its products and services. In order to support its products and services, Utmost PanEurope transfers information between different entities within its immediate operating group and to appointed data processors but does not transfer information to other parties, unless required to do so by law or regulation. Utmost PanEurope does not carry out marketing using the information or transfer, or sell, the Policyholder's personal information to others for marketing purposes. More details about how Utmost PanEurope uses the Policyholder's information, the Policyholder's rights over this information and how the Policyholder can exercise their rights can be found on our website at **utmostinternational.com/privacy-statements/**

The Policyholder acknowledges that:

Utmost PanEurope will store, process or pass on the Policyholder's data whether or not the additional Premium is accepted. Utmost PanEurope will, in the event of the death of the Policyholder or Life Assured (as applicable), obtain necessary evidence as to the cause and circumstances relating to the Policyholder's or Life Assured's death should it wish to do so.

E2 PLANHOLDER DECLARATION

My signature below is confirmation that:

› the information provided in this form is true, correct and complete; and

› the wealth used to pay the additional Premium is from legitimate sources.

	Signature of the first Policyholder	Signature of the second Policyholder (if any)
SIGNATURE		
Date	d d m m y y y y	d d m m y y y y
Name(s) (printed in BLOCK CAPITALS)		

UPE WS 05212 | 12/25

F 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**.

PART 1 PERSONAL IDENTIFICATION

1 Who is being identified?				
2 Valid passport	☐	☐	☐	☐
3 National ID card (with photograph)	☐	☐	☐	☐
4 A current driving licence[7] (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				
Document reference number				
Document issuing entity[8]				
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.

[7] Where the driving licence does not confirm nationality additional proof of nationality will be requested.
[8] To include entity name and country where the document was issued.

PART 2 VERIFICATION OF RESIDENTIAL ADDRESS

1 Whose address is being verified?				
2 A recent[9] utility bill dated and certified within the last six months	☐	☐	☐	☐
3 A recent[9] 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 recent[9] tax assessment document	☐	☐	☐	☐
7 A recent[9] rates or council tax bill	☐	☐	☐	☐
8 A recent[9] account statement from bank or credit card showing at least one transaction	☐	☐	☐	☐
Whose address is being identified				
Reference number				
Issuing entity				

[9] 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 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) ☐

G INTERMEDIARY'S DETAILS AND DECLARATIONS — MANDATORY

G1 INTERMEDIARY DETAILS AND HOW YOU MET THE POLICYHOLDER

Note: The Intermediary to complete this section.

1 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.

2 Is the Policyholder acting as a nominee for someone else? ☐ Yes ☐ No

If "Yes" give details

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

4 Name of your regulatory body

5 Regulatory body membership number

6 Name of your usual Utmost PanEurope's Sales Manager

G2 INTERMEDIARY'S DECLARATION

I declare that:

› I have taken reasonable steps to ensure that the funding is legitimate and in line with the Policyholder's circumstances.

› To the best of my knowledge, all the information provided with this form, is true and complete and I will provide further information if required.

› I have not made any changes to this form after the client has signed it.

› I have had sight of the original documents used to identify the Policyholders.

› Where I have obtained the Customer Due Diligence ("CDD") documents listed in Identification Section, I certify that they are true copies of the originals which I have sighted and the photograph represents a good likeness of the client(s) who I have met.

› By providing certification for CDD documents where these have been viewed and verified via secure live video stream, I confirm:

- That the client held their ID beside their face to confirm the document as a true likeness.
- The other elements of the CDD were held up by the clients so I could verify they were a true likeness to those in my possession.
- That I obtained evidence by retaining a recording of the video meeting or by taking a picture of my client with their CDD for record keeping purposes and to validate my certification. I will provide this to Utmost PanEurope upon request.

› I declare that all the answers provided to me by the Policyholder(s) are declared in the additional Premium Form. I have not withheld any other information which may influence the acceptance of this additional Premium Form by Utmost PanEurope.

Intermediary

SIGNATURE

Intermediary signs here

Print full name

Date d d m m y y y y

Intermediary's company name and address (company stamp if possible)

RESET

UPE WS 05212 | 12/25