

ADDITIONAL PREMIUM FORM

MALTA

Policy Number

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

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

All capitalised terms shall have the meaning ascribed to such terms in the clause "Definitions" in the General Conditions of the Policy.

INDIVIDUAL POLICYHOLDER(S)

Policyholder 1

Mr

Mrs

Other

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Please, select as appropriate:

I have already provided the information regarding my tax country and my Tax Identification Number ("TIN") and I confirm that this information is still correct and valid

or

I certify that I am resident for tax purposes only in the following countries:

COUNTRIES OF TAX RESIDENCE	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	THIS COUNTRY DOES NOT ISSUE A TIN OR EQUIVALENT
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Policyholder 2

Mr Mrs Other

Surname(s) First name(s)

Address
 Street/N°

City/County Postcode

Country

Please, select as appropriate:

I have already provided the information regarding my tax country and my Tax Identification Number ("TIN") and I confirm that this information is still correct and valid

or

I certify that I am resident for tax purposes only in the following countries:

COUNTRIES OF TAX RESIDENCE	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	THIS COUNTRY DOES NOT ISSUE A TIN OR EQUIVALENT
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Policyholder 3

Mr Mrs Other

Surname(s) First name(s)

Address
 Street/N°

City/County Postcode

Country

Please, select as appropriate:

I have already provided the information regarding my tax country and my Tax Identification Number ("TIN") and I confirm that this information is still correct and valid

or

I certify that I am resident for tax purposes only in the following countries:

COUNTRIES OF TAX RESIDENCE	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	THIS COUNTRY DOES NOT ISSUE A TIN OR EQUIVALENT
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Policyholder 4

Mr Mrs Other

Surname(s) First name(s)

Address
Street/N°

City/County Postcode

Country

Please, select as appropriate:

I have already provided the information regarding my tax country and my Tax Identification Number ("TIN") and I confirm that this information is still correct and valid

or

I certify that I am resident for tax purposes only in the following countries:

COUNTRIES OF TAX RESIDENCE	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	THIS COUNTRY DOES NOT ISSUE A TIN OR EQUIVALENT
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

TRUSTEE POLICYHOLDER

Name of corporate trustee (if applicable):

Name of Trust:

Settlor

Surname(s) First name(s)

Address

Street/N°

City/County Postcode

Country

The trustees have the necessary powers to make the proposed investment. I will advise immediately of any change of trustees and I understand that appropriate proof of identity will be required.

Trustee 1

Surname(s) First name(s)

Trustee 2

Surname(s) First name(s)

Trustee 3

Surname(s) First name(s)

Trustee 4

Surname(s) First name(s)

CORPORATE POLICYHOLDER

Name of company

Registered office address

Street/N°

City/County Postcode

Country

Director(s)

Director 1

Surname(s) First name(s)

Director 2

Surname(s) First name(s)

Director 3

Surname(s) First name(s)

Director 4

Surname(s) First name(s)

Please provide a new AEOI Self-Certification Form for entities and their legal representatives in case of any change in the provided information in this form.

The Policyholder hereby requests to pay an additional Premium into the Policy:

Amount Currency

CHARGES APPLICABLE TO THE ADDITIONAL PREMIUM

INITIAL CHARGES

INITIAL CHARGES

On Premium %

OR GBP (or the equivalent in the Policy currency, to be levied on the Premium)

INITIAL CHARGES TO THE INSURER

Initial Charge %

OR

GBP

(or the equivalent in the Policy currency)

The annual and other charges and expenses remain applicable to the Policy.

Other Instructions (forex exchange)

INFORMATION NOTICE ON THE RISKS OF INVESTING IN SPECIALISED INVESTMENTS

The Policyholder agrees that the Underlying Assets of the Policy may include:

- › **Alternative funds** such as real estate funds, hedge funds* and funds of hedge funds/real estate funds;
- › Investment products linked to **cryptocurrencies**;
- › **Derivatives** (including currency forward rate transactions) which are not used for hedging purposes; or
- › **Structured products** linked to hedge funds, derivatives, unquoted equities, unquoted bonds and private equity funds; together referred to as "**Specialised Investments**".

* Hedge funds as defined in CAA Circular Letter 15/3 is an alternative investment fund within the meaning of Directive 2011/61/EU which is not a fund of funds.

The Policyholder acknowledges and accepts that:

- › Specialised Investments may carry higher risks than direct investments (like listed equities);
- › Specialised Investments may be domiciled in jurisdictions that have a relatively weak supervisory, legal or regulatory environment, which may offer less security than that which applies to investments domiciled in highly regulated jurisdictions such as the Grand Duchy of Luxembourg;
- › There is no guarantee that the objectives and foreseen performance of Specialised Investments will be met;
- › The investment performance of Specialised Investments may vary substantially over time. Higher volatility could result in substantial, or even total, loss of the value of the Specialised Investments;
- › Specialised Investments may be of limited liquidity;
- › The valuation prices published, or price estimates, for Specialised Investments may substantially differ from the value that could be realised if the investment is sold.

Additional risks of Investment products linked to **cryptocurrencies**:

- › Cryptocurrencies are decentralised and are not backed or regulated by a central authority. As a result, there may be a greater risk of fraud (without having the same legal recourse);
- › Cryptocurrencies constitute highly risky and speculative investments with potentially large variations in value;
- › Cryptocurrencies can be complex and opaque. They can be affected by enhanced market, credit and transparency risks.

The Insurer accepts no liability for the investment performance of Specialised Investments.

Specialised Investments are not suitable for a Policyholder who:

- › cannot bear or weather substantial capital losses;
- › is not prepared to accept significant fluctuations in the Policy Value;
- › may need to access the proceeds from the Policy quickly;
- › does not have a long-term investment horizon;
- › does not already have a diversified portfolio.

Specialised Investments could result in limited liquidity. This may result in any costs incurred by the Insurer in realising those assets being deducted from the Policy or from the Life Assurance Benefit, where applicable.

A specific indemnity letter exists for Non-Traditional Assets such as: (i) bonds/debts listed on an unregulated market, (ii) unlisted bonds/debt issued by an unlisted issuer, (iii) unlisted shares, (iv) private equity funds or any other type of investment funds with limited liquidity of less than 6 months, or (v) assets with restricted transferability. The Insurer's corporate investment rule is to not accept distressed or suspended assets. Prior approval of the Insurer, as well as a signed specific indemnity letter, is required before investing in Non-Traditional Assets.

CAA investment limits resulting from the asset classification and the Policyholder categorisation must always be respected. As such any direct investments in commodities or cryptocurrencies are not permitted.

To be signed only if the Policyholder accepts investments in Specialised Investments.

Policyholder 1

SIGNATURE

Date

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

Place

Policyholder 2

SIGNATURE

Date

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

Place

Policyholder 3

SIGNATURE

Date

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

Place

Policyholder 4

SIGNATURE

Date

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

Place

Trustee 1

SIGNATURE

Date

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

Place

Trustee 2

SIGNATURE

Date

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

Place

Trustee 3

SIGNATURE

Date

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

Place

Trustee 4

SIGNATURE

Date

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

Place

Director 1

SIGNATURE

Date

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

Place

Director 2

SIGNATURE

Date

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

Place

Director 3

SIGNATURE

Date

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

Place

Director 4

SIGNATURE

Date

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

Place

Is the Policyholder/EBO an insider in relation to any quoted assets invested or to be invested in the Policy?

 No Yes

If yes, please provide details
(the function, company concerned etc.)

* Insider refers to a person who possesses inside information as a result of being a member of administrative, management or supervisory body of the quoted company, having a holding in the capital of the quoted company, having access to information through the exercise of employment, profession or duties at a quoted company such as Director, legal or financial adviser or employee; a person who possesses inside information as a result of other circumstances where that person knows or ought to know that it is inside information (e.g. friend, family member, etc.).

DECLARATIONS

Hereby the Policyholder declares and understands that:

- › The Insurer may accept or reject the additional Premium request at its own discretion.
- › The fee structure as defined in the Application Form, the Policy Schedule, the General Conditions and, if applicable, the endorsements and annexes to the Policy will apply to the payment of the additional Premium.
- › This additional Premium form is in addition to and should be read in conjunction with the terms of the Policy and, if applicable, the endorsements and annexes to the Policy.

- › To the extent that he would have deemed it necessary, he took advice and obtained independent advice in this regard.
- › In case an Enhanced Death Cover has been agreed, any increase in the level of risk for the Insurer following the additional Premium will be subject to the Insurer's acceptance. Based upon the results from the medical examinations and/or the result of the medical questionnaires of the youngest Life Assured, the Insurer can refuse or accept the increase of the risk or may apply other rates for the mortality charges, as stipulated in the General Conditions of the Policy. Any additional Premiums paid after the youngest Life Assured has reached the age of 85 will not be considered in the calculation of the amount of the Enhanced Death Cover.

The Policy may not confer the same benefits if the Policyholder moves to another country. It is the responsibility of the Policyholder to inform the Insurer immediately of any change of residence.

TAX COMPLIANCE CERTIFICATION

The Policyholder, the Economic Beneficial Owner and, where appropriate, the person who is the real payer of Premiums for any Policy he has subscribed with the Insurer, comply with all applicable tax obligations (the "Tax Obligations") with regard to each Policy subscribed with the Insurer.

The Policyholder, and where appropriate the real payer of the Premium, will comply with all Tax Obligations related to the existence of, and transactions on the Policy, including the reporting of the Policy and reportable revenues to the relevant tax authorities if required. He also certifies that any assets transferred into the Policy comply with all Tax Obligations, including those applicable in his country(ies) of tax residence and, where different to the Policyholder, of the real payer(s) of Premiums to the Policy. He shall provide the Insurer with any documentation reasonably requested at any time by the Insurer in order to evidence full compliance of the assets transferred to the Policy with all Tax Obligations.

The Policyholder discharges the Insurer from any liability and will indemnify the Insurer for any consequences resulting from the failure on his part to comply with any Tax Obligations. He will inform the Insurer immediately of any changes that may affect the validity of this declaration.

The Policyholder agrees that the Insurer may (directly or indirectly) collect and process data with regard to the tax compliance of the Policy.

The Policyholder acknowledges that the Insurer does not provide legal or tax advice, and confirms that he will refer any questions with regard to his Tax Obligations to his legal or tax advisers.

The Policyholder agrees that the Insurer may disclose this certification to third parties, including, without limitation, the Custodian Bank or any Luxembourg or foreign authority, body or court, if such disclosure is required by virtue of the subscription to, or the existence of, the Policy.

INFORMATION DISCLOSURE AGREEMENT

The Insurer is bound by Luxembourg law to keep confidential all information it receives in the course of its professional activity. The Insurer cannot fully discharge its obligations in connection with the Policy without disclosing Information to certain third parties.

The information to be transferred or made available to third parties (the "Recipients or Recipient") as listed above and below in relation to the Policyholder, the Beneficiary, the Life Assured, their respective Beneficial Owners and representatives or directors, includes in particular for individuals surname, first name, address, date and place of birth and nationality, and for legal entities corporate name, registered office, legal form, registration number for legal entities, the aforementioned data on individuals for the Beneficial Owner(s) and its representative(s) or directors. The Confidential Information to be transferred or made available includes also for any person their contact details such as phone numbers, address and e-mail addresses as well as financial data, usage data in relation to the Insurer's services or any other data that could be collected by the Insurer in order to comply with its legal and regulatory obligations (all such data being referred to as the "Confidential Information").

The Policyholder therefore authorises the Insurer to communicate the Confidential Information to the Recipients and to execute any document that may be necessary to the execution of the Policy.

The Policyholder specifically accepts and consents to the disclosure of the Confidential Information to the following Recipients:

- (a) Custodian bank, investment manager, tax representative, adviser, intermediary, aggregator, insurance distributor or third party acting in connection with the Policy (and any of their officers, agents or employees), any Beneficiary or Life Assured, all of which may be appointed from time to time on the Policy and confirmed in writing by the Insurer to the Policyholder or any service provider.

Name and address of the aggregator:

- (b) Register or authority acting in accordance with its powers, whether local or central, national or foreign, judicial, administrative, fiscal, surveillance, governmental or regulatory (an "Authority") acting in the context of their powers and missions, in particular (but without limitation) in case of inspections, requests for information and audits performed by them.
- (c) Any entity belonging to the same group as the Insurer whether located in, but not limited to, the EEA, United Kingdom, Isle of Man or Guernsey.
- (d) Any other entity not belonging to the same group which is providing or may provide services in the future to the Insurer. The list of these entities is available on the following website: www.utmostgroup.com/IDA-Outsourcing. The Policyholder acknowledges that this list may evolve and therefore undertakes to regularly consult the aforementioned website to have an up-to-date view on all Recipients.
- (e) In the context of the outsourcing arrangements, the Insurer uses a variety of service providers (some belonging to its group and some being third party service providers) to help the Insurer to provide its services in an efficient and qualitative manner. The use of such service providers requires that the Insurer transfers or makes available some Confidential Information to them. The Policyholder agrees to such outsourcing arrangements and instructs the Insurer to transfer or make accessible Confidential Information (as further defined above) to a number of service providers regarding notably but not limited to, technical (including IT), operational, payment processing, internal control, customer due diligence (including background or Policy checks), fraud prevention, risk assessment, product development, maintenance and debugging, advertising, processing of insurance claims, customer support and other services.

The Confidential Information may be transferred to the United Kingdom, Ireland, Isle of Man or Guernsey. Such Confidential Information transfers will take place throughout the term of the business relationship between the Parties as well as for an additional period as permitted by law after the end of the business relationship.

Notwithstanding the above circumstances, the Insurer may be brought, notably in order to enhance the quality of the services provided to the Policyholder or to ensure such services are provided in line with the best industry standards, to exchange Confidential Information with other third-party service providers outside of the context of an outsourcing or a sub-outsourcing.

Such a disclosure of Confidential Information is made in the Policyholder's interest as it will enable the Insurer to provide high-quality services including by enabling the Policyholder to benefit from a faster and more seamless onboarding experience, more efficient administration of the Policy, more performing reporting tools and ultimately a higher quality of services. The Confidential Information will be disclosed to the parent company of the Insurer or any subsidiary or associated company, either existing or to be created, among others, for example, to Utmost Patrimoine SAS, Utmost Wealth Advisers Limited, Utmost Patrimonio Iberia S.L., Utmost Wealth Portugal, Unipessoal LDA, Utmost Services Limited, Utmost Services Ireland Limited, Utmost PanEurope dac, Utmost International Isle of Man Limited and Utmost International Group Holdings Limited in this context. The Confidential Information may also be disclosed to DEGRE di Ugo de Grenet & C. sas, with registered office in Italy. Such Confidential Information transfers will take place throughout the term of the business relationship between the parties as well as for an additional period as permitted by law after the end of the business relationship.

The Policyholder specifically accepts and consents to the above disclosure.

A Recipient may communicate Confidential Information to its group entities in the discharge of its obligations in connection with the Policy. It may also do so in connection with a group restructuring, portfolio transfer or transfer of services or activities, in which case the Insurer is authorised to deal with the entity acquiring the portfolio, service or activity.

The Policyholder warrants that any communication of the personal data of a third party has been authorised by that third party.

The Policyholder acknowledges and expressly consents that the Confidential Information may be transferred to and stored in cloud-based systems operated by third party services providers, which may be located outside of Luxembourg or the European Economic Area (EEA). The Policyholder understands that such cloud environments may not be under the direct control of the Insurer, and data protection standards in those locations may differ from those in Luxembourg or the EEA.

Where the Confidential Information is transferred to countries that do not ensure an equivalent level of data protection as provided under the General Data Protection Regulation (GDPR), the Insurer will comply with Chapter V of the GDPR to ensure that the level of data protection afforded to personal data does not diminish when it is transferred internationally.

This agreement will survive the death of, or commencement of insolvency proceedings against, the Policyholder. If the Policyholder, the Insurer or a Recipient is the subject of an acquisition, merger, conversion or consolidation into or by another corporate entity, the resulting entity will be the legal and/or contractual successor of such party. The Insurer or Policyholder may terminate this agreement without notice within 30 days of being informed of such an event.

This agreement is governed by and construed in accordance with Luxembourg law and the courts of Luxembourg will have exclusive competence over any dispute relating to it.

By signing below, the Policyholder confirms the above requests and acknowledges that they have read, understood, and agreed to all declarations. Specifically, the Policyholder gives express approval for the Tax Compliance Certification, and the Information Disclosure Agreement.

Policyholder 1

SIGNATURE

Date

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

Place

Policyholder 2

SIGNATURE

Date

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

Place

Policyholder 3

SIGNATURE

Date

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

Place

Policyholder 4

SIGNATURE

Date

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

Place

Trustee 1

SIGNATURE

Date

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

Place

Trustee 2

SIGNATURE

Date

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

Place

Trustee 3

SIGNATURE

Date

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

Place

Trustee 4

SIGNATURE

Date

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

Place

Director 1

SIGNATURE

Date

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

Place

Director 2

SIGNATURE

Date

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

Place

Director 3

SIGNATURE

Date

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

Place

Director 4

SIGNATURE

Date

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

Place

INTERMEDIARY DECLARATION

The Intermediary confirms that he has personally identified the Policyholder, whose details are faithfully reported in the relevant fields, and that their signatures have been made in his presence.

Before introducing the transaction to the Insurer, the Intermediary declares that he checked the Investment Profile of the Policyholder, performed a suitability/adequacy assessment and provided the Insurer the required information and/or their completed forms in case of any change.

The Intermediary has informed the Policyholder of the possibility of requesting the information sheet setting out the Custodian Bank charges.

Intermediary

SIGNATURE

Date

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

Place

The documents required for an additional Premium payment are as follows:

- › the original of this form signed by all the Policyholders or a digital form electronically signed by all Policyholders;
- › where applicable, a certified copy of a valid ID for each of the Policyholders or the Policyholder's trustees or legal representatives (if the Policyholder is a trust or a legal entity);
- › if not indicated on the ID, a certificate/proof of residence of the Policyholder(s);
- › in case of direct distribution (internal insurance agent): the document "Update for in-force business" duly completed and signed. In particular, among other sections, it is mandatory to complete the "Know Your Customer" section;
- › in case of an Intermediary: the "Know your Client Questionnaire" duly completed and signed.

Optional documents:

- › In case of any change in the provided information in this form: a new AEoI Self-Certification Form for entities and their legal representatives;
- › if the Policy follows a Fund Selection investment model, please attach a Dealing Request Form to indicate how the additional Premium should be allocated.

A WEALTH *of* DIFFERENCE

www.utmostgroup.com

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