

# EUROPEAN CAPITAL ACCOUNT

utmost<sup>™</sup>  
WEALTH SOLUTIONS

## PREMIUM AMENDMENT

This form can be used to increase or decrease regular premiums, to pay an additional single premium (top-up), to change frequency or to reinstate a policy.

### IMPORTANT INFORMATION

THIS DOCUMENT WAS LAST UPDATED IN SEPTEMBER 2024

**All references to 'Utmost PanEurope' in this application are references to Utmost PanEurope dac.**

Please confirm with your financial adviser that this is the most up-to-date document for your product or servicing needs.

#### 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 you are completing a hard copy of this form, please use blue or black 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.

#### DECLARATION OF RESIDENCE OUTSIDE IRELAND

A Declaration of Residence outside Ireland is required:

- › If you are resident in Guernsey or Gibraltar
- › For Trust cases, where it should be signed by the Settlor of the Trust or the Pensioner Trustee company where appropriate.

Copies are available from our website or from the Utmost PanEurope administration centre.

#### HOW TO SUBMIT THIS FORM

##### Electronic completion

Completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at [IOMnewbusinessheritage@utmostgroup.com](mailto:IOMnewbusinessheritage@utmostgroup.com)

##### Paper completion

Once completed, arrange for your Financial Adviser to return this form and any supporting documents to: Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

#### FINANCIAL ADVICE

Utmost PanEurope only accepts business introduced by financial advisers. The financial adviser acts as an agent for the Applicant and is not an agent of Utmost PanEurope.

**We only sell our products through financial advisers as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser, you need to bear in mind that they are acting as your agent and not as an agent for Utmost PanEurope.**

#### TAXATION INFORMATION

Under Automatic Exchange of Information (AEOI) regulations Utmost PanEurope is required to obtain information about an applicant's tax status. To enable us to comply with these regulations, when submitting this application form you must also submit the **Tax Declaration and Self-Certification for Entity Investors** or **Tax Declaration and Self Certification for individual investors** or **Tax Declaration and Self Certification for Trusts** form. Completion and submission of a self-certification is mandatory and failure to provide one could result in your Portfolio being reported under AEOI by default. If any of the information contained in the self-certification changes please advise Utmost International promptly so we can determine if a new self-certification is required.

| SECTION                                     | PAGE | COMPLETED                |
|---|------|--------------------------|
| A Applicant details                         | 2    | <input type="checkbox"/> |
| B Additional Life assured details           | 3    | <input type="checkbox"/> |
| C Politically Exposed Persons' details      | 4    | <input type="checkbox"/> |
| D Policy and Premium details                | 4    | <input type="checkbox"/> |
| E Investment choice                         | 6    | <input type="checkbox"/> |
| F Employment and Source of funds            | 7    | <input type="checkbox"/> |
| G Automatic withdrawal option               | 13   | <input type="checkbox"/> |
| H Nomination of beneficiaries - optional    | 14   | <input type="checkbox"/> |
| I Delegated switching authority - optional  | 15   | <input type="checkbox"/> |
| J Applicant Declaration                     | 16   | <input type="checkbox"/> |
| K Financial adviser details and declaration | 19   | <input type="checkbox"/> |
| L Payment Details                           | 21   | <input type="checkbox"/> |

**A** APPLICANT DETAILS

Title Mr Mrs Miss Other

Full forename(s)

Surname

Do you have a maiden name, previous name or alias? Yes No

If "Yes" provide the other name(s)

Trust name (if applicable)

**NOTES**

1. If you are applying as a first-named Trustee, please state name of Trust
2. Other Trustees should provide their details on a separate sheet
3. All Trustees must sign the declaration

Country of habitual residence

**Spain:** If you are a Spanish resident we require your tax reference number.

If you are unsure about what information to include below, please contact your financial adviser.

Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities.

Tax identification number

Nationality

Address

Postcode

Telephone number (including country code)

Gender Male Female

E-mail

Date of birth 

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

 (Age must be from 18 to 89 inclusive)

Country of birth

If the Applicant is to be a life assured, please tick this box

If it is not possible for mail to be delivered to your residential address, please provide the alternative post box or similar address below.

Correspondence address (if different from above)

|          |
|----------|
|          |
|          |
|          |
| Postcode |

**B ADDITIONAL LIFE ASSURED DETAILS**

Please note you do not need to complete this section if the applicant is going to be the only life assured. If this is the case, please just tick where indicated in section A. If no other life/lives assured are specified in this section Utmost PanEurope will assume the applicant is the only life assured

|  | <b>First life assured (if any)</b>  | <b>Second life assured</b>                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Title  | Mr    Mrs    Miss   | Mr    Mrs    Miss  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Other <input style="width: 150px; height: 25px;" type="text"/>  | Other <input style="width: 150px; height: 25px;" type="text"/> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Full forename(s)                                   | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Surname  | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Do you have a maiden name, previous name or alias? | Yes    No   | Yes    No  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| If "Yes" provide the other name(s)                 | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Address  | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  | Postcode  | Postcode   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Date of birth                                      | <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px; height: 25px;"><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 | <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px; height: 25px;"><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 |   |   |   |   |   |   |   |   |   |   |   |
| d  | d   | m  | m | y | y | y | y |   |   |   |   |   |   |   |   |   |   |   |
| Country of birth                                   | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Gender   | Male    Female  | Male    Female   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Tax identification number                          | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nationality  | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Country of habitual residence                      | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Relationship to Applicant                          | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**If there are two or more lives assured, the Policy will end on the death of the last of the lives assured.**

Please note that such joint life policies are unusual in many European countries and we recommend that the Applicant confirms the position in the country of their habitual residence.

If more than two lives assured are to be included (subject to a maximum of five), please photocopy this page and attach the details with this application form. Finally, please insert the total number of lives assured in this box.

**C POLITICALLY EXPOSED PERSONS' DETAILS**

We are required to identify 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. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

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

If "Yes", please provide details

**D POLICY AND PREMIUM DETAILS**

**D1 POLICY DETAILS**

Exiting Account Number

Nature and purpose of investment  Succession Planning  Retirement Planning

Other

**D2 PREMIUM DETAILS**

Please complete the section below with your contribution amount(s) and their currency. Please note you cannot change your policy or payment currency. Please refer to your policy terms and conditions for frequencies and minimum amounts.

We may require additional documentary evidence to support your change in contribution instructions before we can process it. Your financial adviser can establish if further documentary evidence is needed by contacting us before sending in this form.

**D2.1 POLICY REINSTATEMENT**

Do you want to reinstate your policy?  Yes  No

If "Yes", What date would you like to reinstate your policy from

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

Would you to us to collect all missed premiums from your payment card?  Yes  No

If "Yes" please note this collection will be in addition to the amount listed in Regular Contributions below.

**D2.2 REGULAR CONTRIBUTIONS**

Current payment frequency  Monthly  Quarterly  Half-yearly  Yearly

Do you want to change the payment frequency?  Yes  No

If "Yes" please confirm the future payment frequency  Monthly  Quarterly  Half-yearly  Yearly

Currency  £  US\$  €

Current regular contribution level  Amount of regular contribution increase

Amount of regular contribution decrease  Total regular contribution following change

### Payment method for regular contributions

Please tick your **current** payment method for regular contributions.

Card Payment  Telegraphic transfer

### D2.3 AUTOMATIC CONTRIBUTION INCREASE OPTION (AVAILABLE ON CARD PAYMENTS ONLY)

Please refer to your Account terms and conditions to see if this option is applicable to your Account.

If you would like your regular contributions to automatically increase on each Account anniversary, please tick the appropriate option below:

5% each Account year

10% each Account year

Please note that this form cannot be used to change your payment frequency. Any increase in premium must be equal or greater than the minimum additional premiums applicable to the product at that time. We will apply the additional contribution(s) to your account following receipt of your payment. If the increased payment is not received within 60 days of receipt of this document, your request will not be processed.

### D2.4 ADDITIONAL LUMP SUM CONTRIBUTIONS (TOP-UP)

(minimum amount relevant to your account, please refer to the terms and conditions)

Currency  £  US\$  €

Additional lump sum contribution amount

Please tick to confirm that you understand that any increase to your regular contribution/additional lump sum amount will be allocated to your Account in accordance with the terms and conditions of your Account.

If you would like to change your current fund selection please contact your financial adviser to obtain the relevant switch form.

### Payment method for additional lump sum contribution

Please tick the method with which you would like to make your lump sum contribution.

Card payment  Telegraphic transfer

**If you have ticked card payment above please complete section D5**

## D3 PAYMENT OPTIONS

You may use any one of the following methods to pay premiums to your European Capital Account. If you wish to make your payments using different methods, please complete **both** relevant sections.

**Please select your preferred payment method.**

|                                 | TELEGRAPHIC TRANSFER | DIRECT DEBIT* (EURO ONLY) | CREDIT CARD |
|---------------------------------|----------------------|---------------------------|-------------|
| Lump sum premium                |                      | Not available             |             |
| Monthly premiums - first        |                      | Not available             |             |
| Monthly premiums - subsequent   | Not available        |                           |             |
| Quarterly premiums - first      |                      | Not available             |             |
| Quarterly premiums - subsequent | Not available        |                           |             |

\* Direct debit is only available as a payment option where the premiums are paid out of a bank account in Spain

**D4 BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM**

- › The premium payment must come from an account held in the name of the applicant(s)
- › Before completing this section, please refer to section D of the guidance notes for information about your payment.
- › If you are making multiple payments, please photocopy this page, attach the details and the reason why multiple payments are being made with this application form and tick here

|   |   |  |   |
|---|---|--|---|
| Payment amount  | <input style="width: 90%;" type="text"/>  | Payment currency   | <input style="width: 95%;" type="text"/>  |
| Bank account holder<br>(name as stated on bank account) | <input style="width: 100%;" type="text"/>   |  |   |
| Bank account number/IBAN                                | <input style="width: 100%; height: 20px;" type="text"/>   |  |   |
| Sort code<br>(if applicable)                            | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | SWIFT or BIC code<br>(if applicable)   | <input style="width: 100%;" type="text"/> |
| ABA number  | <input style="width: 100%;" type="text"/>   | Branch code for non-UK banks   | <input style="width: 100%;" type="text"/> |
| Bank name   | <input style="width: 100%;" type="text"/>   |  |   |
| Bank address  | <input style="width: 100%;" type="text"/>   |  |   |
|   | <input style="width: 100%;" type="text"/>   |  |   |
|   | <input style="width: 100%;" type="text"/>   |  |   |
| Country   | <input style="width: 100%;" type="text"/>   |  |   |
| How long have you held this account?                    | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> years   | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> months |   |

- › Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.
- › Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN).

**D5 CARD PAYMENTS**

**Please read the following carefully and complete all sections.**

I hereby authorise Utmost International to collect my contribution payment in the following currency £ US\$ €

**Please note we do not accept pre-paid credit cards or pre-paid debit cards.**

**A 1% card charge may apply. Please check with your card provider.**

**For international payments, please advise your card company of payments to avoid delays.**

Please collect the contribution from my account stated below

|   |   |           |   |   |      |
|---|---|-----------|---|---|------|
| Card type   | Debit   | Credit    |   |   |      |
|   | Access  | Delta     | Eurocard  | Mastercard  | Visa |
| Contribution amount                               | <input style="width: 100%;" type="text"/>   |           | Initial collection date   | <input style="width: 100%; height: 20px;" type="text"/> |      |
|   |   |           | If blank, initial collection will be processed when we receive your application |   |      |
| Collection  | All regular contributions   |           | Initial regular contributions only  | Lump sum contributions                                  |      |
| Please confirm the frequency for your collection. | Monthly   | Quarterly | Half-yearly   | Yearly  |      |
|   | (Only applicable when adding regular contributions to an existing single premium contract.) |           |   |   |      |



**F** EMPLOYMENT AND SOURCE OF FUNDS

F1 EMPLOYMENT DETAILS

|   |  |  |         |  |           |   |   |   |   |   |   |   |   |
|---|--|--|---------|--|-----------|---|---|---|---|---|---|---|---|
| <b>1</b> Employment status                                      | Employed   | Self Employed                              | Retired | Unemployed                                 | Homemaker |   |   |   |   |   |   |   |   |
| Date of retirement or unemployment or became homemaker          | <table border="1" style="width: 100%; text-align: center;"> <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 |   |   |   |   |   |   |
| <b>2</b> Occupation   | <input style="width: 100%;" type="text"/>  |  |         |  |           |   |   |   |   |   |   |   |   |
| <b>3</b> Last year's annual income/ salary                      | Currency   | <input style="width: 150px;" type="text"/> | Amount  | <input style="width: 150px;" type="text"/> |           |   |   |   |   |   |   |   |   |
| <b>4</b> Do you receive income other than from your occupation? | Yes  | No   |         |  |           |   |   |   |   |   |   |   |   |
| If "Yes" please provide details including amount and source     | <input style="width: 100%;" type="text"/>  |  |         |  |           |   |   |   |   |   |   |   |   |
| <b>5</b> Employer/business name                                 | <input style="width: 100%;" type="text"/>  |  |         |  |           |   |   |   |   |   |   |   |   |
| <b>6</b> Employer/business Address                              | <input style="width: 100%;" type="text"/>  |  |         |  |           |   |   |   |   |   |   |   |   |
|   | <input style="width: 100%;" type="text"/>  |  |         | <input style="width: 100%;" type="text"/>  |           |   |   |   |   |   |   |   |   |
|   | Postcode   |  |         | Country                                    |           |   |   |   |   |   |   |   |   |



Include previous occupation where you are retired, unemployed or a homemaker.  
Income details are required for Know Your Client and AML requirements and failure to complete will result in a delay in processing the application.

F2 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost International 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 its origin.

**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 application.**

**1. Savings from employment income (including salary, bonus and fees)**

|   |   |  |   |  |   |
|---|---|--|---|--|---|
| Total amount received                           | Currency  | <input style="width: 100px;" type="text"/> | Amount  | <input style="width: 150px;" type="text"/> |   |
| Number of years income accumulated              | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>   | years                                      |   |  |   |
| Institution holding the funds                   | <input style="width: 100%;" type="text"/>   |  |   |  |   |
| Name of account where earned income accumulated | <input style="width: 100%;" type="text"/>   |  |   |  |   |
| Account number                                  | <input style="width: 100%;" type="text"/>   |  |   |  |   |
| Sort code                                       | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | -  | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | -  | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |
| Length of time funds have been in this account  | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>   | years                                      | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>   | months                                     |   |

Main occupation during the accumulation period (e.g. Director)

Industry/Business sector

Main employer's name

Employer's address   
  
Postcode  Country

Date employment commenced

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 compensation was awarded

Total amount received  
Currency  Amount

Date received

---

## 3. Competition win

Name of competition organiser

Description of competition

Country competition was held in

Total amount won  
Currency  Amount

Date of win

**4. Gift**

Full name of person who gave the gift

Date of birth

Nationality

Address

Postcode  Country

Relationship to applicant

Reason for gift

Description of gift

Total amount received Currency  Amount

Date received

Details of the activity that generated the amount received

Country gift was accumulated in

**5. Inheritance**

Deceased's full name

Relationship to applicant

Date of death

Details of the inheritance  
Tell us about the assets forming the inheritance (eg. cash, property, shares etc.)

Amount received Currency  Amount

Date received

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

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 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

### 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 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       | 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<br>For example: owner, partner or shareholder                     |          |         |        |
| Date connection with the company began   | d        | d       | m      |
|  | m        | y       | y      |
|  | y        | y       | y      |
| Average year dividend/income from the company over the previous three years                        |          |         |        |
| Date of sale   | d        | d       | m      |
|  | m        | y       | 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<br>(including postcode 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                         |          |         |        |
| Address of new residence                                       |          |         |        |
|  |          |         |        |
|  | Postcode | Country |        |
| Date of sale   | d        | d       | m      |
|  | m        | y       | y      |
|  | y        | y       | y      |
|  | y        |         |        |
| Total sale amount  | Currency |         | Amount |
|  |          |         |        |
| Net amount applicant 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            |          |  |        |
| Country in which the activity occurred               |          |  |        |
| Date received  |          |  | years  |
|  |          |  | months |
| Proceeds received from the activity                  | Currency |  | Amount |
|  |          |  |        |



**SIGNATURE**

**Applicant**

Date

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

**NOTES**

- Should you wish to avoid delays at claim stage, we recommend you supply evidence of identity on the named beneficiaries.  
If so, please ensure a Know Your Client (KYC) form (available from your financial adviser) is completed for each.
  - If a beneficiary dies before the Applicant then either the nomination will lapse or their share will pass to any remaining beneficiaries.
  - 'Spouse' means the spouse to whom you are married or in a civil partnership (where applicable\*) with (and not separated from) at the time the death benefit is payable.
  - We recommend that you obtain legal advice before making any nomination.
- \* as defined by the Civil Partnership Act 2004.

**I DELEGATED SWITCHING AUTHORITY - OPTIONAL**

**DETAILS OF FUND ADVISER**

|                           |                               |
|---------------------------|-------------------------------|
| Full name of Fund Adviser | <input type="text"/>          |
|                           | <input type="text"/>          |
| Address                   | <input type="text"/>          |
|                           | <input type="text"/>          |
|                           | <input type="text"/>          |
|                           | Postcode <input type="text"/> |

I confirm that:

- I authorise the Fund Adviser to exercise the options contained in the Policy Terms to allocate premiums to a particular Fund and to switch and redirect Funds.
- I agree that the exercise of such options shall be at the discretion of the Fund Adviser.
- Utmost PanEurope will not be responsible for any of the consequences arising as a result of the Fund Adviser's exercise or failure to exercise such options, or not having, or losing, any necessary authorisation.
- I understand that Utmost PanEurope will act exclusively upon the instructions of the Fund Adviser unless and until I have revoked these powers by written notice received by Utmost PanEurope at its Office.
- I understand that if the Fund Adviser wishes to instruct Utmost PanEurope by electronic means then you will require additional terms of business which may vary the time at which transactions are deemed to be carried out for the purpose of the Policy Terms.

I acknowledge that Utmost PanEurope is in no way responsible for the acts or omissions of the Fund Adviser.

This appointment shall continue until I give Utmost PanEurope written notice of its cancellation in accordance with the Policy Terms.

CONFIRMATION

**SIGNATURE** **Applicant**

Date

ACCEPTANCE OF APPOINTMENT

I, the authorised signatory for the Fund Adviser named above, confirm that the Fund Adviser:

1. Has the appropriate Terms of Business with the Applicant
2. Has the necessary regulatory permission to carry out this activity
3. Will be responsible to the Applicant for investment decisions in relation to the proposed Policy.

Name of the Fund Adviser firm

**SIGNATURE** **Applicant**

Name of signatory

Position

Date

**J** APPLICANT DECLARATIONS

J1 PERSONAL DATA STATEMENT

I understand that Utmost Services Limited, Utmost International Business Services Limited, Utmost Services Ireland Limited, Utmost Administration Limited, Utmost International Isle of Man Limited, Utmost International Trustee Solutions Limited and / or Utmost PanEurope dac (Utmost International) will process personal information about me and any other party whose personal information I have provided.

The type of personal information processed about me will depend on the purpose for which it has been collected and will include:

- › my contact details
- › information to verify my identity
- › information about my family, lifestyle, health and finances
- › my payment details.

The processing of my personal information may take place in a number of jurisdictions and may be shared with other parties within or outside the Utmost group of companies for the general purpose of establishing, maintaining and servicing an insurance policy. The sharing of my personal data may be used for any or all of the following purposes, to:

- › check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;
- › allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- › enable an appointed financial adviser or fund adviser to assist in the provision of services to the policyholder;
- › compile statistical analysis or market research, where information is not specific to the individual;

- › comply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standards;
- › enable an appointed discretionary asset manager or custodian to meet their legal or regulatory requirements, where that discretionary asset manager or custodian providing services in relation to a policy requests the personal data of an individual linked to an application, and where we are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

Where my personal information is shared with a third party for the provision of services relating to my policy, my personal information will only be used for the purposes for which it was collected. In some circumstances this may involve a transfer of my personal information to a third party outside the European Economic Area (EEA). Whenever my personal information is shared it will be subject to the same levels of security and protection that Utmost International would apply.

I may ask Utmost International to:

- › provide a copy of personal information held about me and an explanation of how this data is processed;
- › update or correct my personal information;
- › delete information about me (where it is no longer necessary in relation to the purpose for which it was originally collected);
- › restrict processing of my personal information where appropriate. I may also object to Utmost International processing my data but understand that this may have consequences in Utmost International being able to continue servicing my policy.

I have been made aware that a full explanation of how Utmost International collects, uses and shares my personal information can be found at [www.utmostinternational.com/privacy-statements/](http://www.utmostinternational.com/privacy-statements/)

If I have any questions about data privacy I can address these to:

**For Utmost PanEurope dac:** The Data Protection Officer, Utmost PanEurope dac, Navan Business Park, Athlumney, Co Meath, C15 CCW8, Ireland.

Or email: [dataprotection@utmost.ie](mailto:dataprotection@utmost.ie)

**For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited:** The Data Protection Officer, Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

Or email: [IOM.DPO@Utmostinternational.com](mailto:IOM.DPO@Utmostinternational.com)

If I have a complaint about the processing of my personal information and Utmost International is unable to provide a satisfactory response I may contact the appropriate regulator:

**For Utmost PanEurope dac:** The Ireland Data Protection Commissioner, Canal House, Station Road, Portllington, R32 AP23 Co. Laois, Ireland.

**For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited:** The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, British Isles, IM1 1ET.

As the Isle of Man is not part of the United Kingdom, our Appointed Representative in the United Kingdom is an establishment of Utmost Services Limited based at Saddlers House, 5th Floor, 44 Gutter Lane, London, EC2V 6BR.

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to Utmost International either in this application or within accompanying documentation.

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## J2 IMPORTANT INFORMATION

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Please read the declaration on the next page carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the European Capital Account. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that Utmost PanEurope can assess its possible significance. If you become aware of such a fact while Utmost PanEurope is considering your application, you should notify Utmost PanEurope immediately.

**J3 DECLARATION - BY APPLICANT**

This application must be completed by the Applicant unless the financial adviser was requested to complete it, in which case do you confirm that you asked your financial adviser to complete this application and confirm all the answers are correct?

1. I confirm that I have requested and received all pre-contract disclosure documents and the Policy Terms in the English language.
2. I request the amount shown in section D, less any premium tax or stamp duty, be applied as a Premium or Premiums for a Policy or Policies to be issued in my name.
3. I declare that to the best of my knowledge and belief the statements made in this application, and any related documents, are true and complete and I have not concealed any material fact.
4. I authorise and request Utmost PanEurope to effect the transaction detailed in Section F and confirm that such payments will discharge Utmost PanEurope from all liabilities and claims arising from those regular withdrawals.
5. I confirm that I am not resident of the United States of America. If I become resident in the United States of America, I understand that Utmost PanEurope may not be able to accept any further contributions until after I cease to be a resident of the United States of America.
6. I understand that Utmost PanEurope accepts no responsibility for the consequences of sending documentation to the correspondence address entered in this application form, or to an address notified subsequently, and that Utmost PanEurope reserves the right to send correspondence to my residential address where regulations prevent it from being sent to a third party.
7. When resident in Spain, I confirm that I will restrict Deposit fund holdings to less than 40% of the policy value to maintain the tax status of my policy. I also confirm that I have received a copy of the Spanish fund list endorsement.
8. I confirm that I have received a copy of and had the opportunity of reading each of the following items before completing this application:
  - i. **European Capital Account Policy Terms**
  - ii. **European Capital Account client brochure**
  - iii. **European Capital Account illustration**
  - iv. **Tax and other important information.**

**For individual investors.** I declare:

9. The premium detailed in this application and any other premium tendered in respect of this application are derived solely from the source of funding provided and have, where required, been declared to the relevant tax authority in my country of residence for taxation.
10. The application for an Utmost PanEurope policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes I am obliged to pay.

**Trustee applicants**

I confirm that an investment into an Utmost PanEurope European Capital Account is within the investment powers available to the trustee(s) under the trust.

**Applicant/first named Trustee**

**SIGNATURE**

Date

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

**TRUSTEES SIGNATURES**

**SIGNATURE**

**Trustee**

Date

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

**Trustee**

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

**SIGNATURE** **Trustee**

Date

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

DECLARATION BY EACH LIFE ASSURED (OTHER THAN THE APPLICANT)

|                  |  |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
|------------------|--|--|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|
| <b>SIGNATURE</b> | <b>Life assured</b>  | <b>Life assured</b>  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
|                  | <div style="border: 1px solid black; height: 50px;"></div>   | <div style="border: 1px solid black; height: 50px;"></div> |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
| Date             | <table border="1" style="border-collapse: collapse; text-align: center;"><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 | <table border="1" style="border-collapse: collapse; text-align: center;"><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 |   |   |  |   |   |   |   |   |   |   |   |  |
| d                | d  | m  | m | y | y | y | y |   |   |  |   |   |   |   |   |   |   |   |  |
| <b>SIGNATURE</b> | <b>Life assured</b>  | <b>Life assured</b>  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
|                  | <div style="border: 1px solid black; height: 50px;"></div>   | <div style="border: 1px solid black; height: 50px;"></div> |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
| Date             | <table border="1" style="border-collapse: collapse; text-align: center;"><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 | <table border="1" style="border-collapse: collapse; text-align: center;"><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 |   |   |  |   |   |   |   |   |   |   |   |  |
| d                | d  | m  | m | y | y | y | y |   |   |  |   |   |   |   |   |   |   |   |  |
| <b>SIGNATURE</b> | <b>Life assured</b>  |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
|                  | <div style="border: 1px solid black; height: 50px;"></div>   |  |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
| Date             | <table border="1" style="border-collapse: collapse; text-align: center;"><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 |   |   |  |   |   |   |   |   |   |   |   |  |

**K FINANCIAL ADVISER DETAILS AND DECLARATION**

K1 FINANCIAL ADVISER DETAILS

|                               |  |   |  |  |  |  |  |  |  |  |  |  |
|-------------------------------|--|---|--|--|--|--|--|--|--|--|--|--|
| Financial adviser             | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |   |  |  |  |  |  |  |  |  |  |  |
|                               |  |   |  |  |  |  |  |  |  |  |  |  |
| Account number                | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |   |  |  |  |  |  |  |  |  |  |  |
|                               |  |   |  |  |  |  |  |  |  |  |  |  |
| Policy number allocated       | <table border="1" style="border-collapse: collapse; text-align: center;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |   |  |  |  |  |  |  |  |  |  |  |
|                               |  |   |  |  |  |  |  |  |  |  |  |  |
| Introducing financial adviser | <div style="border: 1px solid black; height: 20px;"></div>   |   |  |  |  |  |  |  |  |  |  |  |
| Contact                       | <div style="border: 1px solid black; height: 20px;"></div>   |   |  |  |  |  |  |  |  |  |  |  |
| Company name                  | <div style="border: 1px solid black; height: 20px;"></div>   |   |  |  |  |  |  |  |  |  |  |  |
| Address                       | <div style="border: 1px solid black; height: 50px;"></div>   |   |  |  |  |  |  |  |  |  |  |  |
| Telephone number              | <div style="border: 1px solid black; height: 20px;"></div>   |   |  |  |  |  |  |  |  |  |  |  |
| Fax number                    | <div style="border: 1px solid black; height: 20px;"></div>   |   |  |  |  |  |  |  |  |  |  |  |
| E-mail                        | <div style="border: 1px solid black; height: 20px;"></div>   |   |  |  |  |  |  |  |  |  |  |  |
| Regulatory body name          | <div style="border: 1px solid black; width: 200px; height: 20px;"></div>   | Registration number with regulatory body <div style="border: 1px solid black; width: 200px; height: 20px;"></div> |  |  |  |  |  |  |  |  |  |  |

**PART 1 - WHO HAS MET THE CLIENT**

Please complete one of the following:

- I have met the client(s) in person
- I have met the client(s) face-to-face via secure live video stream
- I have not met the client(s) face-to-face

**PART 2 - HOW HAS THE CUSTOMER DUE DILIGENCE (CDD) BEEN OBTAINED**

Please confirm which items of CDD have been provided and how they were obtained by ticking the relevant boxes:

Please note 'who has met the client face to face' also includes via live video stream.

|   | OBTAINED BY THE ADVISER WHO HAS MET THE CLIENT FACE TO FACE | OBTAINED VIA A THIRD PARTY WHO HAS MET THE CLIENT FACE TO FACE | PROVIDED DIRECT TO UTMOST BY THE CLIENT |
|---|---|--|---|
| <input type="checkbox"/> Valid identity document(s)         |   |  |   |
| <input type="checkbox"/> Valid proof of residential address |   |  |   |

**PART 3 - THIRD PARTY DETAILS**

If you have confirmed in either Part 1 that you have not met your client face to face or in Part 2 that CDD has been obtained via a third party who has met the client face to face, please provide the following details:

|   | THIRD PARTY DETAILS 1 | THIRD PARTY DETAILS 2 |
|---|-----------------------|-----------------------|
| <b>Name of individual(s) that obtained the CDD or met the client face to face</b> |                       |                       |
| <b>Date of Birth</b>  |                       |                       |
| <b>Residential Address</b>  |                       |                       |
| <b>Registered Company Name</b>  |                       |                       |
| <b>Registered Company Address</b>   |                       |                       |

**Where there is more than two third parties involved in obtaining CDD, please contact your Utmost International Sales Consultant for further guidance.**

**PART 4 - FINANCIAL ADVISER DECLARATION**

I declare that:

- › I have taken reasonable steps to ensure that the funding is legitimate and in line with the client's circumstances.
- › To the best of my knowledge, all the information provided with this form and application is true and complete and that I will provide further information if required.
- › I have not made any changes to the application form after the client has signed it
- › I have verified the contents of the original documents where copies have been enclosed and that they are true copies of the original.

By providing certification for Customer Due Diligence documents where these have been viewed and verified via secure live video stream, you confirm:

1. That the client held their ID beside their face to confirm the document as a true likeness.
2. The other elements of the Customer Due Diligence (CDD) were held up by the clients so I could verify they were a true likeness to those in my possession.
3. 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 International upon request.

I confirm that I gave advice concerning this investment to the applicant(s) in (name of country)

on

|   |   |   |   |   |   |   |   |
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| d | d | m | m | y | y | y | y |
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**Regulatory body authorisation number** (if applicable)

**Regulator name**

**Utmost International financial adviser account number**

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

**SIGNATURE**

**Financial adviser**

Full name of financial adviser

Date

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

Financial adviser stamp

**L PAYMENT DETAILS**

**BANK DETAILS**

| STERLING PAYMENTS              |  |                                    |  |
|--------------------------------|--|------------------------------------|--|
| From UK banks (CHAPS payments) |  | From non-UK banks (SWIFT payments) |  |
| Sort Code:                     | 55-91-00   | SWIFT code:                        | RBOSIMD2XXX  |
| Bank:                          | Isle of Man Bank, East Region,<br>2 Athol Street, Douglas, Isle of Man | Sort code:                         | 55-91-00   |
| Beneficiary:                   | Utmost International Isle of Man Limited                               | Bank:                              | Isle of Man Bank, East Region,<br>2 Athol Street, Douglas, Isle of Man |
| IBAN:                          | GB89NWBK55910010934022   | Beneficiary:                       | Utmost International Isle of Man Limited                               |
| BACS payment account number:   | 10934022   | IBAN:                              | GB89NWBK55910010934022   |

**OTHER CURRENCY PAYMENTS (SWIFT PAYMENTS)**

Payments should be made to Utmost International Isle of Man Limited's accounts held with National Westminster Bank, London.

|              |                                   |
|--------------|-----------------------------------|
| SWIFT code:  | NWBKGB2LXXX                       |
| Bank:        | National Westminster Bank, London |
| IBAN:        | (select as applicable, see below) |
| 1. US dollar | BAN - GB69NWBK60730167505139      |
| 2. Euro      | IBAN - GB11NWBK60720257005028     |

**IMPORTANT**

Please make sure that the applicant name and/or policy number is/are quoted in the payment field.

**Banking details** (Tick boxes as applicable)

|                   |  |                         |                                   |
|-------------------|--|-------------------------|-----------------------------------|
| Sterling payments |  | Euro/US dollar payments |                                   |
| SWIFT/BIC code:   | NWBKGB2LXXX                            | SWIFT code:             | NWBKGB2LXXX                       |
| Bank:             | National Westminster Bank, Southampton | Bank:                   | National Westminster Bank, London |
| Sort code:        | 56-00-68                               | Beneficiary:            | Utmost PanEurope dac              |
| Beneficiary:      | Utmost PanEurope dac                   | IBAN No:                | Euro GB76 NWBK 6072 0240 5014 42  |
| IBAN No:          | GB84 NWBK 5600 6837 5196 46            | US dollar               | GB48 NWBK 6073 0140 5013 96       |

**Please charge the amount of the payment, together with any bank and agent bank's charges to my Account.**

Bank account holder (name as stated on bank account)

Bank account number/IBAN

SWIFT or BIC code (SWIFT code needed for bank accounts outside Europe; BIC code needed for European accounts with an IBAN)  Sort code (where applicable)  -  -

Payment reference (policy number if known or name)

Personal address of Bank Account Owner(s)

**SIGNATURE**

Bank Account Owner(s)

Date

RESET

**A WEALTH *of* DIFFERENCE**