

FAMILY LEGACY BOND

utmost™

APPLICATION FORM

Utmost is the brand name used by a number of Utmost companies. This item has been issued by Utmost International Isle of Man Limited.

This product is only available to customers of NFU Mutual Select Investments Limited (MSIL)

For help completing this form, refer to our [Guide for Family Legacy Bond Applicants](#).

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

IMPORTANT INFORMATION

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.**

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.

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at: newbusiness@utmostwealth.com. Please note however, that we are required to obtain the original Trust Deed with wet signatures via post.

If Utmost International Trustee Solutions is being appointed as trustee, the appointment section cannot be digitally signed and must be signed and witnessed with wet ink signatures.

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 on your behalf and not on behalf of Utmost International Isle of Man Limited. You are responsible for their actions or omissions.

Where Utmost International Trustee Solutions is to be appointed as trustee please complete section N.

Where Utmost International Trustee Solutions is not appointed as trustee this form should be used with the relevant Family Legacy Bond Trust Deeds. Please note the trust deed must accompany the application form when returning it to us.

Please also complete and return a separate [Tax Declaration and Self-Certification for Trusts](#) for each of the trustees and absolute beneficiaries (if applicable).

Please be aware that the trust may be required to be registered by the trustee on the UK trust registration portal. A link to the UK registration website is here: www.gov.uk/guidance/register-your-clients-trust

	PAGE	SECTION	REQUIREMENT	COMPLETED
Applicant and Policy details	2	A Applicant details	Mandatory	<input type="checkbox"/>
	4	B Medical Details	Mandatory	<input type="checkbox"/>
	8	C Politically Exposed Persons details	Mandatory	<input type="checkbox"/>
	8	D Policy details	Mandatory	<input type="checkbox"/>
	8	E Premium details	Mandatory	<input type="checkbox"/>
	10	F Regular withdrawals	Mandatory	<input type="checkbox"/>
	11	G Adviser charging	Optional	<input type="checkbox"/>
	11	H Employment and Source of Funds	Mandatory	<input type="checkbox"/>
	17	I Identification requirements	Mandatory	<input type="checkbox"/>
	20	J Financial adviser's details	Mandatory	<input type="checkbox"/>
	21	K Investment options	Mandatory	<input type="checkbox"/>
Declarations	22	L Standard Applicant declaration	Mandatory	<input type="checkbox"/>
Bank and payment details	28	M Bank details and payment methods	Information	
Trustee Appointment	29	N Appointment of Utmost International Trustee Solutions Limited as Trustee	Optional	<input type="checkbox"/>

A APPLICANT DETAILS **MANDATORY**

	Applicant 1	Applicant 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3 First name(s)	<input type="text"/>	<input type="text"/>
4 Surname	<input type="text"/>	<input type="text"/>
5 Do you have a maiden name, previous name or alias?	Yes No	Yes No
If "Yes" provide the other name(s)	<input type="text"/>	<input type="text"/>
6 What is the relationship between the Applicants?	<input type="text"/>	<input type="text"/>
7 Date of birth	<input type="text" value="ddmmYYYY"/>	<input type="text" value="ddmmYYYY"/>
8 Country of birth	<input type="text"/>	<input type="text"/>
9 Nationalities/citizenships held	<input type="text"/>	<input type="text"/>
10 Country of tax residence	<input type="text"/>	<input type="text"/>
11 National Insurance (NI) number	<input type="text"/>	<input type="text"/>
12 US Tax Identification Number (TIN)	<input type="text" value="--- - --- - ----"/>	<input type="text" value="--- - --- - ----"/>

Question 6 - The relationship must be either that of spouse or civil partner.

Only complete question 11 if you are a UK tax resident.

Only complete question 12 if you are a US tax resident.

7 Have you ever been advised to reduce or stop alcohol consumption or smoking on health grounds?
 If "Yes", please provide details

Yes No Yes No

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8 Do you, or do you intend to, take part in any hazardous sport, activity, pastime or event that involves hazard or risk of injury OR do you intend to travel or reside outside the UK for 12 weeks or more per annum?
 If "Yes", please provide details

Yes No Yes No

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9 Have you suffered, or are you suffering, from any major illnesses such as cancer (whether benign or malignant), leukaemia, Hodgkin's disease or lymphoma?
 If "Yes", please provide details

Yes No Yes No

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10 Have you suffered, or are suffering, from heart disease including high blood pressure, angina, heart attack, heart defects, valve disorders or irregular heart beat?
 If "Yes", please provide details

Yes No Yes No

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11 Have you suffered, or are you suffering, from a stroke, "mini stroke", transient ischaemic attack (TIA) or brain haemorrhages?
 If "Yes", please provide details

Yes No Yes No

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12 Have you suffered, or are suffering, from Alzheimer's disease or other forms of dementia, multiple sclerosis, Parkinson's disease, paralysis or paraplegia?
 If "Yes", please provide details

Yes No Yes No

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13 In the last five years have you had any of the following?

a Diabetes, a blood disorder or any hormone disorder
 If "Yes", please provide details

Yes No Yes No

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b Kidney disease, bladder disorder or urinary disorder, prostate disorder (males only)
 If "Yes", please provide details

Yes No Yes No

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c Any mental illness including anxiety, depression, stress for which you have sought medical advice, attempted self-harm or overdose
 If "Yes", please provide details

Yes No Yes No

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d Any liver or intestinal disorder including hepatitis, haemachromatosis, Crohn's disease, ulcerative colitis or diverticulitis
 If "Yes", please provide details

Yes No Yes No

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e Any condition, disease or disorder that you have not mentioned above
 If "Yes", please provide details

Yes No Yes No

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14 Current health

a Do you have any signs or symptoms of ill health, disability or memory loss/dysfunction for which you have not yet consulted a medical practitioner?
 If "Yes", please provide details

Yes No Yes No

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PREMIUM SPLIT AND TRUST DETAILS

You can apply for a Discretionary and Absolute Family Legacy Bond trust using the same application form only if the two contracts are identical in every respect except the investment amount. If the contract terms differ you will need to complete a separate application form for each one.

- › If you are applying for two trusts using one application form, we will issue two separate bonds on the same contract terms (including Adviser Charges).
- › To appoint Utmost International Trustee Solutions Limited to be your trustee, you must complete Section N and sign both Powers of Attorney there. You do not have to complete a separate trust form as this will be created for you using the information in this application. You are strongly advised to consult your own legal advisers and obtain taxation advice before proceeding. Specimen trust documents are available on request, so you can ensure they meet your needs and do not conflict with any arrangements already made.
- › If you do not want to appoint Utmost International Trustee Solutions Limited you will need to complete a separate Family Legacy Bond Absolute Trust and/or an Family Legacy Bond Discretionary Trust. All forms are available from your financial adviser on request.

1 Do you wish to appoint Utmost International Trustee Solutions to be your trustee? Yes No

a. Tick the box opposite to let us know which trust you are applying for. If you are applying for both, you must indicate in question 2 how much of your total investment is to be invested in each.

Family Legacy Bond Absolute Trust	<input type="checkbox"/>
Family Legacy Bond Discretionary Trust	<input type="checkbox"/>

b. If you are applying for both trusts, please tick the box beside the trust which is to start first. The one you select will start at least one business day before the other.

Family Legacy Bond Absolute Trust	<input type="checkbox"/>
Family Legacy Bond Discretionary Trust	<input type="checkbox"/>

If you have answered yes to 1 please ensure you complete Section N.

Tick the box which is appropriate to the type of trust being chosen.

2 If you are applying for two separate trusts on this application, indicate how much of the total premium (after the deduction of any initial Adviser Charge) is to be put into each trust below. The minimum total premium is £100,000 per trust.

Absolute Trust	<input style="width: 480px; height: 20px;" type="text"/>
Discretionary Trust	<input style="width: 480px; height: 20px;" type="text"/>

BANK ACCOUNT DETAILS WHERE FUNDS ARE BEING REMITTED FROM

Account name	<input style="width: 480px; height: 20px;" type="text"/>
Account number	<input style="width: 280px; height: 20px;" type="text"/>
Bank sort code	<input style="width: 150px; height: 20px;" type="text"/>
Building Society roll number (if applicable)	<input style="width: 420px; height: 20px;" type="text"/>
Bank BIC/Swift code (required for all banks outside the UK)	<input style="width: 280px; height: 20px;" type="text"/>
IBAN	<input style="width: 480px; height: 20px;" type="text"/>

If the Premium is received from an account other than the one specified here, this may cause a delay in processing. The Premium must be remitted from an account in the name of the Applicant(s).

Name & address of bank

Postcode

How long has this account been held?

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Years

F REGULAR WITHDRAWALS **MANDATORY**

Please note we will require an original or suitably certified bank statement to prove the receiving bank account is in the Applicant's name. This bank statement must be dated within the last 6 months.

Where the Applicant is a PEP withdrawals will only be paid to the source bank account.

Regular withdrawals will be taken equally across all policy Segments.

Minimum regular withdrawal of £200 per payment. Payments will only be made in the currency of the Bond.

Where Utmost International Trustee Solutions are appointed please speak to the Trustee if you wish to take withdrawals which exceed 5% p.a. (or 4% increasing with RPI) as the Trustee will not generally accept trusteeship of a Bond with such terms without prior consultation.

	Annual percentage of premium	OR	Annual monetary amount								
1 Amount of withdrawal	<input style="width: 80%;" type="text"/> %	OR	<input style="width: 80%;" type="text"/>								
2 Rate of increase in withdrawals (optional)	<input style="width: 100%;" type="text"/>										
3 Frequency of withdrawals	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly										
4 Payment start date	<table border="1" style="display: inline-table; 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> OR <input type="checkbox"/> As soon as possible (30 days after inception)			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				

The annual percentage/monetary amount specified will be divided by the frequency you specify.

For question 2 if increasing in line with RPI please write RPI in the box.

5 Withdrawal receiving account (please tick relevant box)

the account the Premium is remitted from as detailed in Section E or

an alternative account (please provide details overleaf. Not applicable to PEPs)

We require an original or suitably certified bank statement, dated within the last six months, to prove the bank account is in the Applicant's name, where the account is different to the source account.

Payment method will be BACS transfer for Pound Sterling payments to UK clearing banks only or Telegraphic Transfer for payments to banks outside of the UK. A charge will be levied by our bankers for Telegraphic Transfer payments which will be deducted from the value of the Bond.

DETAILS OF THE ALTERNATIVE ACCOUNT THAT WITHDRAWALS WILL BE SENT TO

Account name	<input style="width: 80%;" type="text"/>
Account number	<input style="width: 80%;" type="text"/>
Bank sort code	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
Building Society roll number (if applicable)	<input style="width: 80%;" type="text"/>
Bank BIC/Swift code (required for all banks outside the UK)	<input style="width: 80%;" type="text"/>
IBAN	<input style="width: 80%;" type="text"/>



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.

H2 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost International Isle of Man Limited 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 type="text"/>	Amount	<input type="text"/>					
Number of years income accumulated	<input type="text"/> <input type="text"/>	years							
Institution holding the funds	<input type="text"/>								
Name of account where earned income accumulated	<input type="text"/>								
Account number	<input type="text"/>								
Sort code	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>				
Length of time funds have been in this account	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>	months					
Main occupation during the accumulation period (e.g. Director)	<input type="text"/>								
Industry/Business sector	<input type="text"/>								
Main employer's name	<input type="text"/>								
Employer's address	<input type="text"/>								
	Postcode			Country					
Date employment commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average annual salary over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>					
Average annual bonus over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>					

2. Compensation payment

Name of organisation or individual that paid compensation	<input type="text"/>	
Reason for compensation	<input type="text"/>	
Country compensation was awarded	<input type="text"/>	
Total amount received	Currency <input type="text"/>	Amount <input type="text"/>
Date received	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	

3. Competition win

Name of competition organiser	<input type="text"/>	
Description of competition	<input type="text"/>	
Country competition was held in	<input type="text"/>	
Total amount won	Currency <input type="text"/>	Amount <input type="text"/>
Date of win	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	

4. Gift

Full name of person who gave the gift	<input type="text"/>	
Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Nationality	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	Postcode <input type="text"/>	Country <input type="text"/>
Relationship to applicant	<input type="text"/>	
Reason for gift	<input type="text"/>	
Description of gift	<input type="text"/>	
	<input type="text"/>	
Total amount received	Currency <input type="text"/>	Amount <input type="text"/>
Date received	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Details of the activity that generated the amount received	<input type="text"/>	
Country gift was accumulated in	<input type="text"/>	

5. Inheritance

Deceased's full name

Relationship to applicant

Date of death

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

Details of the inheritance
 Tell us about the assets forming the inheritance (eg. 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
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6. Loan

Name of loan provider

Address of loan provider

Postcode	Country
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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 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

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

Average year dividend/income from the company over the previous three years

Date of sale

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 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

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	<input type="text"/>		
Role in relation to above activities	<input type="text"/>		
Period over which the activities occurred	<input type="text"/>		
Country in which the activity occurred	<input type="text"/>		
Date received	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>
			months
Proceeds received from the activity	Currency	<input type="text"/>	Amount <input type="text"/>

I IDENTIFICATION REQUIREMENTS **MANDATORY**

Note: Financial adviser to complete this section.


Under Isle of Man anti-money laundering regulations we are required to verify the identity and address of all Applicant(s) related to a contract. Refer to our **Anti-Money Laundering and Source of Wealth Requirements** for more information.

Below you will find the standard minimum requirements. In some circumstances we may request additional information.

We require **one suitably certified document** from **Part 1** together with **one suitably certified document** from **Part 2**.

PART 1 PERSONAL IDENTITY

Who is being identified	Applicant 1	Applicant 2	Trustee 1	Trustee 2
1 Valid passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 National ID card (with photograph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence (with photograph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Include details of relevant trustees. Where Trustee is also an Applicant please only complete one section. Where there is more than two Trustees please photocopy Section I and renumber accordingly.

Who is being identified	Applicant 1	Applicant 2	Trustee 1	Trustee 2
Reference Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing Entity ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issue Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

¹ To include country where the document was issued.

Where the person who is being identified 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, valid and issued from a **recognised jurisdiction**.

PART 2 VERIFICATION OF ADDRESS

Whose address is being verified	Applicant 1	Applicant 2	Trustee 1	Trustee 2
1 A recent ² utility bill dated and certified within the last six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 A recent ² mortgage statement, giving the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 A state pension, benefit or other government produced document showing benefit entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 A recent ² tax assessment document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Rates or council tax bill dated and certified within the last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 A recent ² account statement from bank or credit card showing at least one transaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mobile phone bills and store card statements are not acceptable.

Whose address is being verified	Applicant 1	Applicant 2	Trustee 1	Trustee 2
Reference Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing Entity ³	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 3 - HOW HAS THE CUSTOMER DUE DILIGENCE (CDD) BEEN OBTAINED

SECTION 1(A) - PROVISION OF CUSTOMER DUE DILIGENCE "CDD"

To allow us to understand how the CDD provided has been obtained, please select one of the following options:

1. All elements of CDD provided were obtained by me directly from the customer
2. Some elements of CDD provided were obtained by me directly from the customer
3. None of the CDD provided was obtained by me directly from the customer

If option 2 or option 3 have been selected, please complete Section 1(b)

² 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).

³ To include country where the document was issued.

SECTION 1(B) - THIRD PARTIES PROVIDING CDD

Where some or all elements of CDD have been provided by third parties, please complete the following details explaining what those CDD items are and who provided them.

CDD ITEM PROVIDED (E.G. DETAILS OF PASSPORT, BANK STATEMENT OR UTILITY BILL)	FULL NAME OF THE THIRD PARTY PROVIDING THE CDD	RELATIONSHIP OF THE THIRD PARTY TO THE CUSTOMER (E.G. SOLICITOR, ACCOUNTANT)

Where third parties have been named above, please provide their full details in section 3 below.

SECTION 2(A) - CUSTOMER MEETINGS

To allow us to understand who and by what means the customer has been met, please select one of the following options:

- I met the customer in person on
- I met the customer face to face via live video stream on
- I have not met the customer but they have been met in person by a third party
- I have not met the customer but they have been met via live video stream by a third party
- The customer has not been met by any party

If option 3, 4 or 5 have been selected, please complete Section 2(b)

SECTION 2(B) - THIRD PARTIES WHO HAVE MET CUSTOMERS

Where a third party has met the customer, please provide the details of the third party and the circumstances of the meeting.

FULL NAME OF THE THIRD PARTY WHO MET THE CUSTOMER	HOW THE THIRD PARTY MET THE CUSTOMER (I.E. IN PERSON OR VIA LIVE VIDEO STREAM)	DATE THE THIRD PARTY MET THE CUSTOMER	RELATIONSHIP OF THE THIRD PARTY TO THE CUSTOMER (E.G. SOLICITOR, ACCOUNTANT ETC.)
		<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	
		<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	
		<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	

Where third parties have been named above, please provide their full details in section 3 below.

If option 5 in Section 2(a) has been selected, indicating the customer has not been met by any party, please provide an explanation in the box below why the customer has not been met.

SECTION 3 - DETAILS OF THIRD PARTIES

Where third parties have been named in sections 1(b) and/or 2(b), please provide their full details below so we may determine the individual's regulatory status.

Full Name of Individual	<input type="text"/>	
Occupation	<input type="text"/>	
Date of Birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Residential Address	<input type="text"/>	
	<input type="text"/>	
	<table border="1"> <tr> <td>Postcode</td> <td>Country</td> </tr> </table>	Postcode
Postcode	Country	
Registered Company Name	<input type="text"/>	
Registered Company Address	<input type="text"/>	
	<input type="text"/>	
	<table border="1"> <tr> <td>Postcode</td> <td>Country</td> </tr> </table>	Postcode
Postcode	Country	
Associated Professional Body	<input type="text"/>	
Professional Body Membership Reference	<input type="text"/>	

If more than one third party has been named in section 1(b) and/or 2(b), please take a copy of Section 3 and complete the details of the additional third party.

How to certify documents is outlined in the document [Anti-Money Laundering and Source of Wealth Requirement Guide](#).

J FINANCIAL ADVISER'S DETAILS **MANDATORY**

Note: Financial adviser to complete this section.

- How and when were you introduced to the Applicant(s)?
- Are the applicant(s) acting as a nominee for someone else? (If yes, give details)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----
- Which country was the advice leading to this application given in?
- Which country was this application signed in?
- Name of regulatory body
- Regulatory body membership number e.g FCA number

- 7 Name of your usual Utmost Regional Sales Manager
- 8 Please confirm how you would like to receive the policy document for onward transmission to the Applicant(s).
 via post to the address provided
 via email to the address provided


FINANCIAL ADVISER DECLARATION

Print full name

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 had sight of the original documents used to identify the Applicant(s).
- › Where I have obtained the CDD documents in Part 1 and 2 of Section II I certify that they are true copies of the originals which I have sighted and the photograph represents a true likeness of the client(s) who I have met.


Certifier and authorised signatory
SIGNATURE

Financial adviser to sign here. 

Date

Telephone number

Email address

Email and postal address fields must be completed for distribution of policy documentation. 

Financial adviser company name and address (company stamp if possible)

K INVESTMENT OPTIONS **MANDATORY**

For more details on the funds available, see the Family Legacy Bond Fund List & Fund Specific Risks document and speak to your financial adviser.

The Company is not responsible for any reduction in the value of investments arising directly or indirectly from the Policyholders’ investment decisions.

K1 WHO WILL DIRECT INVESTMENT

Utmost International Isle of Man Limited is not responsible for any reduction in the value of investments arising directly or indirectly from Applicant or Policyholder investment decisions.

For more details on the funds available, see the Family Legacy Bond Fund List & Specific Risks document and speak to your financial adviser.

K2 DEALING ACCOUNT

Confirm the amount of cash to be retained in the Dealing Account to cover Charges and withdrawals

This amount will be used to cover Charges and withdrawals and will be retained net of any initial Policy Charges.

Nomination of investments to cover an overdrawn Dealing Account

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

Indicate in the box below which investment(s) you would like us to sell in these circumstances.

Full Fund name	%
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

If no Funds are selected, then from within the portfolio, we will automatically sell Units from the highest value Fund that is liquid at the time of sale.

K3 INITIAL DEALING INSTRUCTION

Indicate the Funds you wish to be purchased. These funds will form the assets underlying the Bond. The combined total should equal 100%.

Fund Name	Fund Reference (ISIN)	%
NFU Mutual Mixed Portfolio Max 100% Shares	GB00B7M06Z34	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NFU Mutual Mixed Portfolio 40-85% Shares	GB00B837VQ69	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NFU Mutual Mixed Portfolio 20-60% Shares	GB00B704WW60	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NFU Mutual UK Equity	GB00B84CF023	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NFU Mutual UK Equity Income	GB00B82F8821	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NFU Mutual International Equity	GB00B89YL834	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NFU Mutual Fixed Interest	GB00B8324733	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

The % column must total 100%. The monetary amount invested into each fund will be based on the remaining value after any initial charges have been taken and the amount specified in K2 has been retained in the Dealing Account.

L STANDARD APPLICANT DECLARATION

MANDATORY

The 'Applicant' refers to the persons applying for this Bond.

It is important that the Applicant reads this section carefully. This application forms the basis of Utmost International Isle of Man Limited's agreement with the Applicant, along with the Policy Conditions.

If the Applicant does not understand any part of this application, the Applicant should ask the financial adviser for further information.

Before signing, the Applicant should also read the Key Features Document, Product Guide, Charges Guide, the Personal Illustration and the Key Information Document where applicable, which explain the key features of and the specific charges applicable to the Family Legacy Bond. They will assist the Applicant to be sure statements made by the financial adviser are not relied upon if they are not supported in the literature. The Applicant's financial adviser will provide these documents and copies are also available from Utmost International Isle of Man Limited.

Utmost International Isle of Man Limited proposes that the laws of the Isle of Man shall apply to any contract relating to this application and that Isle of Man Courts shall be the sole forum to consider disputes in relation to any contract arising from this application. Any decision to alter the Isle of Man Court's jurisdiction shall be at the discretion of Utmost International Isle of Man Limited.

The Applicant may request a copy of the Policy Conditions at any time from Utmost International Isle of Man Limited's Welcome team on +44 (0) 2038 685 300.

The Family Legacy Bond will be issued in accordance with the Policy Conditions and Policy Schedule which will be issued by Utmost International Isle of Man Limited upon acceptance of this application.

The charges laid out in this document should match those shown in the Personal Illustration provided to the Applicant by the financial adviser. Should there be any inconsistencies ask the financial adviser for an updated illustration.

Utmost International Isle of Man Limited will only issue the Applicant's Bond once Utmost International Isle of Man Limited have received all the information and documentation required to satisfy regulatory requirements relating to anti-money laundering and the prevention of tax evasion.

L1 ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of Funds - Statement of Truth

The Applicant truthfully confirms that:

- i. All funds invested in the Bond applied for have been or will be properly declared to the relevant tax authorities in the jurisdiction of the Applicant's tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations.
- ii. None of the funds invested derive, directly or indirectly, from illegal activities or sources and/or tax evasion or conduct which will or may be regarded as such.

Potential Consequences of Misleading Utmost International Isle of Man Limited

The Applicant fully acknowledges and agrees that if Utmost International Isle of Man Limited discovers that the Applicant misled Utmost International Isle of Man Limited in respect of any part of the statements confirmed above, that Utmost International Isle of Man Limited shall, to the fullest extent permitted by applicable law and regulation, without limiting Utmost International Isle of Man Limited's legal remedies or options, have the contractual ability to:

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

Disclosure of information to Tax and other Government Authorities

The Applicant has been advised that Utmost Group plc and Utmost International Isle of Man Limited have a longstanding policy of cooperating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities or conduct that will or may be regarded as such.

In cases where Utmost International Isle of Man Limited suspects that the funds invested in the Bond are wholly or partly derived from illegal activities/sources and/or tax evasion, then Utmost International Isle of Man Limited shall, to the fullest extent permitted by applicable law and regulation, without limiting Utmost International Isle of Man Limited's legal remedies or options, have the ability to disclose to the Applicant's home country tax and/or other government authorities the Applicant's identity and any relevant information considered necessary or appropriate, at Utmost International Isle of Man Limited's discretion, concerning the Bond.

Utmost International Isle of Man Limited's obligations under the policy, including the payment of benefits, will be suspended either in whole or in part, to the extent that performance of any policy obligation may expose Utmost International Isle of Man Limited to any sanction, prohibition or

restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

Confirmations and acknowledgements

The Applicant understands and agrees that this contract is of the utmost good faith and that the information the Applicant supplies in this application form, together with any supporting information completed or given by the Applicant in the Applicant's name, shall form the basis of the contract with Utmost International Isle of Man Limited.

The Applicant agrees that if it subsequently comes to light that any information supplied to Utmost International Isle of Man Limited by the Applicant or on the Applicant's behalf was misleading or incomplete, then this might invalidate the Applicant's contract and adversely affect the Applicant's right to the payment of policy benefits. The Applicant understands the requirement to provide accurate and relevant information in the Applicant's dealings with Utmost International Isle of Man Limited is continuous and binding upon the Applicant or any subsequent holder of the policy.

The Applicant agrees to inform Utmost International Isle of Man Limited immediately should any information within this application change, and understands that the Applicant is obliged to do so.

The Applicant understands that no contract shall be issued in respect of this application and Utmost International Isle of Man Limited shall be under no obligation in respect of this application until the first premium has been received by Utmost International Isle of Man Limited and Utmost International Isle of Man Limited has expressly confirmed in writing that it accepts the application.

The Applicant accepts that:

- › Selection of investments is the Applicant's responsibility
- › Utmost International Isle of Man Limited has no legal responsibility in respect of future performance of such linked assets.

The Applicant confirms that the firm named in Section 'J - Financial adviser's details' will be acting as the Applicant's financial adviser on an ongoing basis and the Applicant agrees that Utmost International Isle of Man Limited is able to disclose all information relating to the Applicant's Bond to this financial adviser. The Applicant understands that if the Applicant decides to change the financial adviser it is the Applicant's responsibility to tell Utmost International Isle of Man Limited in writing of this change.

The Applicant agrees that a copy of the Applicant's agreement given in this Declaration will have the validity of the original. The Applicant understands that the financial adviser is acting as the Applicant's agent and not an agent of Utmost International Isle of Man Limited.

The Applicant confirms and declares that the Applicant is habitually tax resident in the jurisdiction entered in Section C of this application form.

The Applicant understands and agrees that Utmost International Isle of Man Limited will, as appropriate, report the Applicant's policy under the various exchange of information agreements including the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS).

L2 INVESTMENT RELATED PROVISIONS

The Applicant understands and agrees that:

- › Investment involves risk, this risk rests with the Applicant.
- › Utmost International Isle of Man Limited is, and must remain, the beneficial owner of all assets linked to the Bond.
- › The Applicant has no legal right to the investments underlying the Bond.

Adviser Charges

The Applicant authorises Utmost International Isle of Man Limited to pay the Adviser Charge as set out in Section G.

The Applicant understands and accepts that:

- › The Applicant should contact their financial adviser in the first instance to discuss Adviser Charges paid to them.
- › If the application is not proceeded with, the Applicant will be refunded the premium, less any reduction in fund value, less any Adviser Charges; any Adviser Charges that are paid/owed will be the Applicant's responsibility to settle.

L3 PRIVACY STATEMENT

Utmost International Isle of Man Limited uses the information the Applicant provides, about themselves and other people, to provide Utmost International Isle of Man Limited's products and services. In order to support Utmost International Isle of Man Limited's products and services, Utmost International Isle of Man Limited transfers information between different entities within Utmost's immediate operating group and to appointed data processors. Utmost International Isle of Man Limited does not carry out marketing using the information or transfer, or sell, the Applicant's personal information to others for marketing purposes.

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

- › Contact details.
- › Information to verify identity.
- › Information about family, lifestyle, health and finances.
- › Payment details.

The processing of 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 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 to meet tax reporting obligations such as Common Reporting Standard (CRS) and the US Foreign Account Tax Compliance Act (FATCA).
- › 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 Utmost International Isle of Man Limited are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

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

The Applicant may ask Utmost International Isle of Man Limited to:

- › Provide a copy of personal information held about the Applicant and an explanation of how this data is processed.
- › Update or correct personal information.
- › Delete information (where it is no longer necessary in relation to the purpose for which it was originally collected).
- › Restrict processing of personal information where appropriate. The Applicant may also object to Utmost International Isle of Man Limited processing personal data but understand that this may have consequences in relation to Utmost International Isle of Man Limited being able to continue servicing the policy.

Should the Applicant have a complaint about the processing of personal information and Utmost International Isle of Man Limited is unable to provide a satisfactory response they can contact the appropriate regulator:

The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, IM1 1ET

Or email: ask@inforights.im

The Applicant confirms they 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 the Applicant to Utmost International Isle of Man Limited either in this application or within accompanying documentation.

More details about how Utmost International Isle of Man Limited uses the Applicant's information, the Applicant's rights over this information and how the Applicant can exercise those rights can be found in the applicable Privacy Notice. Utmost International Isle of Man Limited publishes their Privacy Notices on Utmost International Isle of Man Limited's website at

www.utmostgroup.com/privacy-statements/ or the Applicant can ring Utmost International Isle of Man Limited on +44 (0) 2038 685 300 and request a copy.

The Applicant acknowledges that:

Utmost International Isle of Man Limited will store, process or pass on the Applicant's data whether or not the Applicant's application is accepted.

Utmost International Isle of Man Limited will in the event of the death of the Applicant obtain such medical or other records from medical practitioners and/or other relevant institutions or authorities regarding the Applicant's medical history or circumstances relating to the Applicant's death should it wish to do so.

L4 ACCESS TO MEDICAL RECORDS

Utmost International Isle of Man Limited may need to get medical reports to support the application. Before Utmost International Isle of Man Limited can ask any doctor that the Applicant has consulted to fill in a report, Utmost International Isle of Man Limited need the Applicant's permission under the Access to Medical Reports Act 1988 and equivalent legislation. The Applicant's rights under the legislation are as follows.

The Applicant does not need to give permission, but if they do not, Utmost International Isle of Man Limited may not be able to go ahead with the application. This does not prevent the Applicant from applying to other companies for insurance.

The Applicant can ask to see a report before the doctor returns it to us. If this is the case, Utmost International Isle of Man Limited will tell the doctor to keep the report for 21 days so that the Applicant can arrange to see it. If the Applicant has not made arrangements to see the report within this time, the Applicant's doctor will send the report to us.

If the Applicant chooses not to see the report at this stage, the Applicant may ask the doctor for a copy within six months of it being sent to us. Utmost International Isle of Man Limited can send a copy of the report to the Applicant's doctor if the Applicant ask to see it at a later date.

If the Applicant believes that any part of the report is not correct or is misleading, the Applicant may ask the doctor to amend it. If the doctor refuses to make the amendments, the Applicant may ask him or her to attach a statement outlining the Applicant's views, which will then accompany the report.

The Applicant's doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to the Applicant or others.

The medical report the Applicant's doctor fills in asks about the following:

- › current health
 - any care, medication or treatment the Applicant is currently receiving
 - the result of referrals or tests the Applicant is awaiting
- › the Applicant's medical history.

Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with the Applicant's doctor or any other medical adviser, therapist or counsellor, in particular whether the Applicant has a history of:

- malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) disease

- musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints of muscles
- anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
- suicidal thoughts or attempts at suicide
- conditions related to drug or alcohol misuse or smoking or chewing tobacco
- details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in last two years, urinalyses (tests on urine), x-rays or other investigations
- any blood pressure readings in the last three years any history of disease among your parents or brothers or sisters that you have told your doctor about.

Utmost International Isle of Man Limited have asked the Applicant’s doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C
- any sexually-transmitted diseases unless there could be a long-term effects on the Applicant’s health; or
- predictive genetic test results unless there is a favourable test results which show that the Applicant have not inherited a condition the Applicant’s family suffers from.

The Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Acts 1993 will be relevant to Utmost International Isle of Man Limited getting a medical report from any medical practitioner who has attended the Applicant in England, Scotland, Wales, Northern Ireland or the Isle of Man but not, at present (although this may change in the future), the Channel Islands or elsewhere.

For the purposes of the Medical Reports Act 1988 and equivalent legislation:

The Applicant consents to the Utmost International Isle of Man Limited, its employees or agents asking any doctor the Applicant has consulted about the Applicant’s physical or mental health to provide medical information so Utmost International Isle of Man Limited may assess the Applicant’s application, Utmost International Isle of Man Limited may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that the Applicant has applied for. The Applicant has authorised those asked to provide medical information when they see a copy of this consent form. This form allows Utmost International Isle of Man Limited to gather medical reports within six months of the start of the plan, or after the Applicant’s death, to support any claim made on the plan proceeds.

The Applicant confirms that they should notify the Utmost International Isle of Man Limited if their health or circumstances change between the date of signing this application form and the date a certified discount certificate is issued.

- | | Applicant 1 | | Applicant 2 | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1 Does the Applicant wish to see the medical report before it is sent to us? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 Does the Applicant wish to be informed if the underwriting results in a variation to the gift or the discount? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the Applicant(s) ticks “Yes” to question 2 we will require their signed approval to proceed with the policy.

Role	Applicant 1	Applicant 2																
SIGNATURE	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>																
Print full name	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></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											

M BANK DETAILS AND PAYMENT METHODS

INFORMATION

Payment should only be transferred once the application has been received and we have confirmed that all requirements have been met. No interest will be paid on monies held prior to issue of the Bond.

CHEQUE PAYMENT

Cheques made payable to Utmost International Isle of Man Limited, Premium Collection Account (account name is required to be printed on the cheque).

Cheques must be made payable to Utmost International Isle of Man Limited, Premium Collection Account. Please ensure that the client(s) names are referenced on all payments.

Example:
 Utmost International
 Isle of Man Limited,
 Premium Collection
 Account re: Mr Example
 Client

TELEGRAPHIC TRANSFER DETAILS

Payments from account and currency detailed in Section 'E - Premium'.

Account name: Utmost International Isle of Man Limited, Premium Collection Account
 Bank: Royal Bank of Scotland
 Bank address: Royal Bank of Scotland International Limited, Floor 2, 2 Athol Street, Douglas, Isle of Man, IM99 1AN, British Isles
 Account number: 58098652
 Sort code: 16-58-80
 IBAN: GB58 RBOS 1658 8058 0986 52
 BIC/Swift code: RBOSIMDXXXX
 Payment reference: [Client name / proposal number]

N

APPOINTMENT OF UTMOST INTERNATIONAL TRUSTEE
LIMITED AS TRUSTEE

OPTIONAL

This section of the application is divided into three parts and enables you to appoint Utmost International Trustee Solutions Limited ('the Trustee') to act as Trustee of your Family Legacy Bond. Ensure that you read **Utmost International Trustee Solutions - A Guide to Our Services**, the current **Family Legacy Bond and Utmost International Trustee Solutions Charges Schedule** and the relevant **Trust Deed** alongside the Family Legacy Bond literature, all of which are available from your financial adviser on request. **You are strongly advised to take professional advice regarding the creation of a trust and an appointment of the Trustee in relation to your personal needs.**

The Trustee is not obliged to accept a request to be appointed and may decline without giving reasons.


IN THIS SECTION

- › 'The Trustee', 'we', 'us' or 'our' refers to **Utmost International Trustee Solutions Limited**
- › 'I', 'me' or 'you' refers to you **the applicant or both Applicants** if there are two of you
- › 'The policy provider' refers to **Utmost International Isle of Man Limited** which offers the Family Legacy Bond and is a separate legal entity from the Trustee

Part 1 deals with the type of trust you wish us to create, your beneficiaries, your Letter of Wishes (if applicable) and your signed authority to enable us to establish the Trust on your behalf. It also asks you to provide brief details of any previous gifts you have made which might affect the inheritance tax position of the trust.

Part 2 contains the Trustee's Investment Statement for an Family Legacy Bond and the terms of the Trustee's delegation of its investment powers to you for your lifetime which you are also required to sign.


Part 3 summarises the terms of the Trustee's appointment and asks you to declare that you have understood these and other key points before confirming your agreement.


 Whilst we have taken every care in preparing the documents in this application the Trustee cannot take responsibility for the legal or taxation consequences of using this trust arrangement. You are strongly advised to consult with your own legal advisers and seek taxation advice before proceeding.


UTMOST INTERNATIONAL TRUSTEE SOLUTIONS LIMITED APPOINTMENT FEE

How do you want to pay the Trustee's appointment fee?

- i. Enclosed is a cheque for the appointment fee, payable to Utmost International Trustee Solutions Limited.
- ii. This will be paid separately by direct bank transfer to Utmost International Trustee Solutions Limited
- iii. Please deduct the Trustee's appointment fee from the premium before investment.

 Tick the relevant box only if answered Yes above to the appointment of Utmost International Trustee Solutions.

 Your 'income' payments and the level of charges that apply are based on the premium invested in the Bond, after the deduction of the appointment fee.

 See the Utmost International Trustee Solutions Limited's current Charges Schedule for the appointment fee payable and the Trustee's bank details.

PART 1 - TRUST DETAILS

A) ABSOLUTE TRUST

BENEFICIARIES

As the Applicant, you must not be included here. Once an Absolute Trust is established it is not possible to change the beneficiaries or their appointed shares.

	Beneficiary 1	Beneficiary 2
1 Name	<input type="text"/>	<input type="text"/>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
3 In the past 3 years, did the residential address change? If "Yes" please provide all previous address details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
4 Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
5 Email address	<input type="text"/>	<input type="text"/>
6 Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
7 Nationality / dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
8 Relationship to the Donor	<input type="text"/>	<input type="text"/>
9 Specified share	<input type="text"/> %	<input type="text"/> %

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

	Beneficiary 3	Beneficiary 4
1 Name	<input type="text"/>	<input type="text"/>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
3 In the past 3 years, did the residential address change? If "Yes" please provide all previous address details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

4 Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
5 Email address	<input type="text"/>	<input type="text"/>
6 Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
7 Nationality / dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
8 Relationship to the Donor	<input type="text"/>	<input type="text"/>
9 Specified share	<input type="text" value=""/>	<input type="text" value=""/>

	Beneficiary 5	Beneficiary 6
1 Name	<input type="text"/>	<input type="text"/>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text" value=""/> Postcode	<input type="text" value=""/> Postcode
3 In the past 3 years, did the residential address change? If "Yes" please provide all previous address details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text" value=""/> Postcode	<input type="text" value=""/> Postcode
5 Email address	<input type="text"/>	<input type="text"/>
6 Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
7 Nationality / dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
8 Relationship to the Donor	<input type="text"/>	<input type="text"/>
9 Specified share	<input type="text" value=""/>	<input type="text" value=""/>

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

B) DISCRETIONARY TRUST

POTENTIAL BENEFICIARIES

A Discretionary Trust does not define the interests of individual beneficiaries. The Trustee will have the discretion to decide, from among the categories of potential beneficiaries described below, who will benefit. If you do not wish to include a particular category of beneficiary from the list below, delete it and initial your amendment. You may not delete all of them.

1. Any child or descendant of the Settlor whenever born.
2. Any spouse/civil partner or former spouse/former civil partner or widow/widower/surviving civil partner of the Settlor (except where such person is also a Settlor).
3. Any spouse/civil partner or former spouse/former civil partner or widow/widower/surviving civil partner of any child or descendant of the Settlor whenever born.
4. Any children of any spouse of the Settlor whenever born.

1. Any brother or sister of the Settlor and their children.
2. Any one or more of the persons entitled under the Will of the Settlor (except where that person is also a Settlor).
3. Any one or more of the persons entitled under the rules relating to intestacy to any interest in the estate of the Settlor (except where that person is also a Settlor).
4. Any person or a charity, not already included in the categories above, and other than the Settlor, whose name has been notified to the Trustees in writing by the Settlor during the Settlor's lifetime as being a person the Settlor wishes the Trustees to consider as a Potential Beneficiary.

C) LETTER OF WISHES

In this letter provide the names of any potential beneficiaries whose circumstances you would like the Trustee to consider as priority when distributing the Trust Fund. You should include any contingencies (such as a child reaching a certain age) or any other circumstances you would like the Trustee to take into account before making distributions. We will need the name and address of each person as well as their date of birth and their relationship to you in the boxes provided. Additional space is provided for you to continue your letter on the next page where you also sign it.

Utmost International Trustee Solutions Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Dear Sirs

Ref. Utmost Family Legacy Bond

This letter of wishes is effective immediately following the start date of my Family Legacy Bond Discretionary Trust and should not be construed as forming part of the terms of the trust. The information I provide is intended to provide insight into my wishes as Settlor when the Trustee is considering distributions from the Trust Fund.

I confirm that I understand that this letter of wishes is not legally binding on the Trustee and that the Trustee should at all times exercise its discretion as it thinks fit given the circumstances of the beneficiaries.

In the future I may want to change these wishes, but I will notify you in writing of any changes. For the time being I should like the Trustee to consider the interests of the following individuals as priority when distributing benefits from the fund.

	Potential Beneficiary 1	Potential Beneficiary 2
1 Name	<input type="text"/>	<input type="text"/>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
3 In the past 3 years, did the residential address change? If "Yes" please provide all previous address details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
4 Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
5 Email address	<input type="text"/>	<input type="text"/>
6 Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
7 Nationality/dual nationality	<input type="text"/>	<input type="text"/>
8 Relationship to the Settlor	<input type="text"/>	<input type="text"/>

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

9	Potential share	<input type="text"/> %	<input type="text"/> %
10	Special instruction/ contingency	<input type="text"/>	<input type="text"/>
		Potential Beneficiary 3	Potential Beneficiary 4
1	Name	<input type="text"/>	<input type="text"/>
2	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/> Postcode	<input type="text"/> Postcode
3	In the past 3 years, did the residential address change? If "Yes" please provide all previous address details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/> Postcode	<input type="text"/> Postcode
4	Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
5	Email address	<input type="text"/>	<input type="text"/>
6	Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
7	Nationality/dual nationality	<input type="text"/>	<input type="text"/>
8	Relationship to the Settlor	<input type="text"/>	<input type="text"/>
9	Potential share	<input type="text"/> %	<input type="text"/> %
10	Special instruction/ contingency	<input type="text"/>	<input type="text"/>

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

Use this sheet if you need more space to complete your Letter of Wishes to Utmost International Trustee Solutions Limited.

Yours faithfully
SIGNATURE
of Settlers

D) PREVIOUS TRANSFERS

As we assume you are UK domiciled for Inheritance Tax purposes, provide us with brief details of any lifetime transfers (excluding exempt transfers) which you have made in the last seven years in the boxes below. For example, gifts to individuals or absolute trusts (potentially exempt transfers) or gifts to discretionary trusts (chargeable lifetime transfers).

We need to know about these to understand any potential impact on this trust should your gift become chargeable to Inheritance Tax. If you have not made any previous transfers please state NONE in the box below.

You should also be aware that we are required under Inheritance Tax Act 1984 s218(1) to notify HM Revenue & Customs (HMRC) of the creation of any discretionary trusts where the Settlor is UK domiciled.

Type of Gift (e.g. to an individual or type of trust)	Amount Transferred (£)	Date of Transfer
		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

FOR SETTLORS OF DISCRETIONARY TRUSTS ONLY

I confirm that any amount I will transfer to create a Discretionary Trust is net of any Inheritance Tax due. Yes

I understand that the Trustee is required to complete and deliver notice of the creation of a Discretionary Trust to HMRC. Yes

E) POWER OF ATTORNEY AUTHORIZING THE TRUSTEE TO CREATE THE TRUST

By signing this Power of Attorney I authorise the Trustee to create the Family Legacy Bond trust, using the appropriate specimen Trust Deed ('the Trust Deed') and based on the information I have provided in this application pack.

I hereby appoint the Trustee and/or any of its directors as my Attorney to complete and execute (i) the Trust Deed which I have read and understood and (ii) any other document the Attorney considers necessary or incidental to give full effect to my intention to create the Family Legacy Bond trust.

I agree to ratify each and every act or thing which may be done by the Trustee and/or any of its directors in the exercise of this power to create the trust on my behalf and I agree to reimburse the Trustee and any of its directors for all liabilities, costs and expenses of whatsoever nature which each may incur in accepting this appointment.

	Applicant 1	Applicant 2
1 Applicant's SIGNATURE	<input type="text"/>	<input type="text"/>
2 Executed as a deed by (full name of the Applicant)	<input type="text"/>	<input type="text"/>
3 Date signed	d d m m y y y y	d d m m y y y y
4 Witness SIGNATURE	<input type="text"/>	<input type="text"/>
5 In the presence of (full name of witness)	<input type="text"/>	<input type="text"/>
6 Witness address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
7 Date signed	d d m m y y y y	d d m m y y y y

Each signature should be witnessed by an independent person who is aged 18 or over, and is not a party to this Trust or a Beneficiary.

PART 2 - INVESTMENT ARRANGEMENTS

This section contains the form by which the Trustee will delegate its investment powers under the trust to you for your lifetime which includes reference to the Trustee's Investment Statement for a Family Legacy Bond trust which is set out below.

THE TRUSTEE'S INVESTMENT STATEMENT

The Trustee is of the view that the investment objective of a Family Legacy Bond is to seek investment returns sufficient to meet the Settlor's fixed withdrawals from the Bond during the Settlor's lifetime, net of charges and without undue erosion of capital. At the same time it seeks to preserve and grow capital value for the beneficiaries as far as is reasonably possible, given varying market conditions over time and with regard to the risk characteristics of the underlying investments selected for the Bond.

INVESTMENT MANAGEMENT DELEGATION BY POWER OF ATTORNEY

This Power of Attorney appoints you, the Settlor(s), as the Attorney(s) of the Trustee to conduct the investment management powers and duties of the Trust during your lifetime.

By signing this Power of Attorney you accept and acknowledge that:

- a. the Trustee delegates to you certain duties and powers of investment management of the Trust Fund and for which purpose you will act on the Trustee's behalf
- b. you have read and understood the Trustee's non-binding Investment Statement

The Trustee does not have any responsibility for supervising or monitoring your actions or for monitoring whether the delegation of these powers to you is appropriate. Investment management will be your responsibility under the terms of this delegation.

Subject to the conditions of any policy held as part of the Trust Fund, the duties and powers in question are limited to the following:

- a. instructing the policy provider to **appoint or remove** an investment manager, investment adviser, or custodian subject to the terms of investment guidelines or other restrictions published or required by the policy provider from time to time and including the ability to agree the relevant charges for the provision of such services, and
- b. giving the policy provider **fund purchase, sale or switch instructions**
- c. in relation to **agreeing costs for investment advice** where these are to be met from the Trust Fund, or any policy comprising the Trust Fund, these will be subject to an upper limit of 0.5% of the fund value in any policy year, or in the case of fixed monetary value agreements up to a maximum of £500 per policy year, or such other upper limits as the Trustee may agree in writing from time to time

You will have sole responsibility for these functions while this Power of Attorney lasts and the Trustee is not liable for any of the consequences of your doing so or failing to do so in relation to those functions.

You undertake to provide to the Trustee on request copies of any correspondence or other records in your possession, custody or control relating to your exercise of these powers and duties.

This delegation has the effect of appointing you (and, if there is more than one of you, both of you or the survivor) for the time being as the Attorney of the Trustee to manage the investment of the Trust Fund in accordance with the terms of this deed as its delegate.

The Trustee will ratify each and every act or thing which may be done by you in the exercise of any power or authority conferred by this deed (except any act which may be construed as fraud or wilful default) and you agree to accept the appointment and delegation and to reimburse and meet the Trustee and any of its directors against all liabilities, costs and expenses of whatever nature which it or they may incur in connection with this appointment and delegation.

The Trustee reserves the right to bring this appointment and delegation to an end for any reason (and without being required to give reasons) at any time in its absolute discretion. If it decides to end the delegation it will give you written notice of its decision where practicable. Once the delegation ends you will have no further power or duty to manage the investment of the Trust Fund on behalf of the Trustee.

INVESTMENT MANAGEMENT DELEGATION BY POWER OF ATTORNEY (CONTINUED)

	Applicant 1	Applicant 2
1 Applicant's SIGNATURE	<input type="text"/>	<input type="text"/>
2 Print full name	<input type="text"/>	<input type="text"/>
3 Date signed	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>
4 In the presence of (full name of witness)	<input type="text"/>	<input type="text"/>
5 Witness SIGNATURE	<input type="text"/>	<input type="text"/>
6 Witness address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text" value="Postcode"/>	<input type="text" value="Postcode"/>
7 Date signed	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>

Each signature should be witnessed by an independent person who is aged 18 or over, and is not a party to this Trust or a Beneficiary.

	Authorised Signatory 1 For and on behalf of The Trustee	Authorised Signatory 2 For and on behalf of The Trustee
SIGNATURE	<input type="text"/>	<input type="text"/>
Date signed	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>

PART 3 - LETTER OF ENGAGEMENT

This section summarises the terms of our appointment as Trustee. If you are unclear about any aspect of our appointment as Trustee you should consult with your professional adviser(s).

The Trustee will provide the following services:

- › To establish the Family Legacy Bond trust in accordance with the information you provide in this application
- › To act as sole Trustee and hold any policies comprising the Trust Fund
- › To administer the trust in accordance with its terms
- › To undertake periodic reviews of the trust, to forward policy valuations and to confirm that the trust information we hold from you remains correct
- › To consider any letter of wishes submitted by you but this will not be binding on the Trustee
- › To obtain, consider and verify relevant information to ensure distributions are made appropriately and correctly
- › To undertake any reporting obligations to the relevant taxation and regulatory authorities in accordance with applicable legislation.

INVESTMENT MANAGEMENT

- › During your lifetime you will be responsible for the way in which the Trust Fund (the Bond) is invested and you acknowledge the delegation of the Trustee's investment powers to you. The Trustee can end this arrangement if it decides to do so, for example if it appears that you have lost capacity. Once the delegation is brought to an end, either by your death or earlier, the Trustee will have responsibility for investment management.
- › The Trustee does not guarantee any underlying investment. Unit prices can fall as well as rise. The effect of high capital withdrawals and charges and/or poor investment performance or stock market fluctuations is to increase the risk of capital erosion and beneficiaries may receive less than was originally invested.
- › Your attention is drawn to clauses 4 and 10 of the Trust Deed which limit both the Trustee's duty of care and liability for breaches of trust and loss to the Trust Fund, respectively.

FEES AND CHARGES

- › The Trustee will charge for its services in accordance with its published Charges Schedule, reviewable on an annual basis. Charges will be increased in line with the change in the UK Retail Prices Index on 1 January each year.
- › The Trustee does not receive remuneration from third parties in connection with any transaction effected by the Trustee on behalf of the Trust.

Termination of our appointment as Trustee will be considered subject to the appointment of suitable replacements. We also reserve the right to retire as Trustee where circumstances in our opinion require us to do so.

CLIENT MONIES

- › Prior to investment and/or distribution we may keep client money in a general transaction account. A general client bank account usually holds money of several clients. The money may be held at one bank or the money may be in multiple bank accounts spread across several banks. In the event of a default of a bank where we have a general client bank account, client monies held in all of our general client bank accounts will be pooled (even if money is held in more than one general client bank account and the accounts are held in more than one bank). In this situation, each client who has money in the general client bank account will lose an equal proportion of their money, whether or not the bank your client money is held with is in default. This loss will be adjusted by any compensation arrangements in place.
- › A client bank account is a bank account held by, and in the name of Utmost International Trustee Solutions Limited ('the Trustee') in which we will hold your money on trust for you while it remains in the account. All money held in a client bank account is referred to as client money. A client bank account is specially created by us for the purpose of holding your money and the money of other clients.
- › The client bank account is segregated from any other bank account in our name holding money which is our money. All client bank accounts are held at recognised banks. A recognised bank is a bank which holds a licence issued by the Isle of Man Financial Services Authority or is authorised under the law of another acceptable country or territory to carry on activities corresponding to deposit taking (see rule 3.2 of the Financial Services Rule Book 2016 for the full definition).
- › The Trustee may earn interest on money held in the general client bank account and such interest is retained by us.
- › In relation to fiduciary services, please note that an account held in the name of your company, or as trustee of your trust, is not a client bank account. It is mandated to your company or to the trustee of your trust and the company or the trustee is the legal owner of the money held in that account. As the money in these accounts is not classed as client money the details relating to pooling of money in client bank accounts does not apply.

SETTLOR DECLARATIONS

Advice: I confirm that I have taken independent professional advice and understand that the Trustee does not offer such advice and has not provided me with advice before entering this arrangement.

The Trust: I have read the Trust Deed and understand its terms and in particular the effect of clauses 4 and 10 in respect of the Trustee’s duty of care and liability.

The Trustee: I understand the terms of the appointment of the Trustee, including the delegation of the Trustee’s investment management powers to me for the time being.

Fees and Charges: I have received a copy of the Trustee’s current Charges Schedule and understand that when the payment of any fee, whether to the Trustee or any other third party, is taken as a withdrawal from the policy this may have UK tax consequences for me and that I have taken taxation advice in this regard.

Role	Applicant 1	Applicant 2
SIGNATURE	<input type="text"/>	<input type="text"/>
Print full name	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>

A WEALTH *of* DIFFERENCE