FAMILY LEGACY BOND



APPLICATION FORM

Utmost Wealth Solutions 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

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	PAGE	SEC	TION	REQUIREMEN	NT COMPLETED
Applicant and Policy details	2	Α	Applicant details	Mandatory	
rolley details	3	В	Medical details	Mandatory	
	7	С	Politically Exposed Persons' Details	Mandatory	
	8	D	Policy details	Mandatory	
	8	Е	Premium details	Mandatory	
	10	F	Regular withdrawals	Mandatory	
	11	G	Adviser charging	Optional	
	11	Н	Employment and Source of funds	Mandatory	
	17	1	Identification requirements	Mandatory	
	20	J	Financial adviser's details	Mandatory	
	21	K	Investment options	Mandatory	
Declarations	22	L	Standard Applicant declaration	Mandatory	
Bank and payment details	28	М	Bank details and payment methods	Information	
Trustee Appointment	29	N	Appointment of Utmost International Trustee Solutions Limited as Trustee	Optional	
	^ N.TD				
A APPLICA	ANTD	ΈΓΑ	TILS		MANDATORY

		Applicant 1	Applicant 2	
1	Title (Mr, Mrs, Miss or Other)			
2	Gender	Male Female	Male Female	
3	First name(s)			
4	Surname			
5	Do you have a maiden name, previous name or alias?	Yes No	Yes No	
	If "Yes" provide the other name(s)			
6	What is the relationship between the			Question 6 - The
	Applicants?			relationship must be either that of spouse or
7	Date of birth	d d m m y y y y	d d m m y y y y	civil partner.
8	Country of birth			
9	Nationalities/ citizenships held			
10	Country of tax residence			Only complete Q
11	National Insurance (NI) number			question 11 if you are a UK tax resident.
12	US Tax Identification Number (TIN)			Only complete question 12 if you are

13 Other tax reference number(s)14 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)		Po:	stcode			Postcode		
15 Is correspondence address the same as permanent residential address?	Yes	N	0	Yes		No		
If "No" please provide correspondence address		Po:	stcode			Postcode		
16 Contact telephone number17 Email address								
Only complete question 18 or 19 below if you were either born in the US or you are a US citizen and/or resident in the US for tax purposes.								
18 I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number (US TIN) is shown above. 19 I confirm that I was born in the US (or a US territory) but I am no								We will presume that you are not resident in the US for tax purposes if question 18 and 19 is left blank unless there is indicia which contradicts this. If you have ticked question 19 you must provide your US loss of nationality certificate.
longer a US citizen.								MANDATORY
Ensure you answer each question fully and accurately indicating 'no' where applicable. If the answer to any question numbered 7-14 is 'yes', give full details in the boxes provided. If you are in any doubt if uncertain information should be provided you are strongly advised to disclose it. Any missing information may delay an underwriting decision. You have a duty to give clear, frank and honest answers to all questions posed and any misstatements could have a detrimental effect on the future Inheritance Tax benefits available to your estate. In accordance with the Association of British Insurers policy on genetics and insurance, you do not need to tell us about any genetic test result you have had. However, you must tell us if you								
are experiencing symptoms genetically inherited condit	of, or are ha		tment for, a m	edical conditi				
1 Height (without shoes)	Applicant 1	ft	ins	Applicant 2	ft [ins	

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2	Weight (in normal indoor clothing)		st		lbs			st		lbs	
			kg				I	kg			
3	Has your weight increased or decreased by more than one stone (6kg)	Yes		No		Yes	6		No		
4	in the last six months? Have you smoked OR used tobacco OR nicotine replacement products in the past 12 months? If "Yes", please provide	Yes		No		Yes	S		No		
	details of your daily consumption or in the case of nicotine replacement tell us what you are using, at what frequency and strength.										
5	Do you drink alcohol?	Yes		No		Yes			No		1 measure spirits Q = 1 unit
	If "Yes", please provide the number of units per week	165	unit			163		unit			Small glass of wine = 1.5 units Large glass of wine = 2 units
	Has your consumption been greater than this in the last five years?	Yes		No		Yes	S		No		1 pint of lower strength beer = 2 units You can find more information on
6	Please provide us with the full name, address and postcode of your										www.nhs.uk/livewell A report is required from your doctor and
	doctor.			Postcode					Postcode		if the full address is not given it may result in a delay in assessment.
	a Telephone number (including international										
	dialling code) b Fax number										
	(including international dialling code)										
7	Have you ever been advised to reduce or stop alcohol	Yes		No		Yes	5		No		
	consumption or smoking on health grounds? If "Yes", please provide details										

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8	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
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
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
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

or	ve you suffered, are suffering, from	Yes	No	Yes	No
or de scl dis or If "	heimer's disease other forms of mentia, multiple erosis, Parkinson's ease, paralysis paraplegia? Yes", please provide tails				
hav	he last five years we you had any of of following?	Yes	No	Yes	No
a	Diabetes, a blood disorder or any hormone disorder If "Yes", please provide details				
b	Kidney disease, bladder disorder	Yes	No	Yes	No
	or urinary disorder, prostate disorder (males only) If "Yes", please provide details				
С	Any mental illness including anxiety,	Yes	No	Yes	No
	depression, stress for which you have sought medical advice, attempted self-harm or overdose If "Yes", please provide details				

d	Any liver or intestinal disorder		Yes		No		Yes		No	
	including hepatitis, haemachromatosis, Crohn's disease, ulcerative colitis or diverticulitis If "Yes", please provide details									
е	Any condition,		Yes		No		Yes		No	
	disease or disorder that you have not mentioned above If "Yes", please provide details		tes		NO		res		NO	
14 Cu	ırrent health		Yes		No		Yes		No	
any sym hea or n dys whi not a m pra If "Y	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									
С	POLITICALLY EX	KPO	SED PI	ERS(ONS DETAIL	S				MANDATORY
Politica previo of Stat Militar Immed	e required to identify p ally Exposed Person ("F ously been, entrusted w te, a holder of a senior y, a senior employee o diate family members of e anyone associated w dered a PEP?	PEP") vith p politi of a St or clo	. A PEP is rominent ical or gov tate Owne ose associ	a terr publi vernm ed Co ates c	n used to describ ic functions or res nent post, a senic orporation, or a bo of a PEP should b	pe sor spons or me poard i	meone wh sibilities. Fo mber of th member o	o is contraction or example of the second of	urrently, or has ample: a Head diciary or the entral Bank.	
If "Yes	", please provide deta	ils								

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D POLICY DETAILS	MANDATORY
Provide a copy of the Personal Illustration that you have been given or enter your Personal Illustration reference number here Number of Segments Maximum available Required number	The number of Segments available is subject to a minimum investment of £500 in each. The maximum number of Segments is 9,999.
NATURE AND PURPOSE OF INVESTMENT	
The responses provided below are required to meet our obligations under applicable anti-mone countering the financing of terrorism regulations. Please note that it is your responsibility, after taking any necessary legal or tax advice from exter parties such as your appointed financial adviser, to ensure that the product is a suitable investme suitable based on your needs, objectives and risk appetite.	nal professional
What influenced your decision to invest in the Isle of Man rather than your country of residence? Strong regulatory framework overseeing financial services business Investor protection Long history of economic stability Political autonomy and legislative freedom Skilled financial services workforce Favourable tax environment Other	
E PREMIUM DETAILS	MANDATORY
Total premium (monetary amount) We will deduct any charges you have specified from the premium amount stated here. See the Guide for Family Legacy Bond Applicants or speak to your financial adviser for more details.	Your bank may charge you depending on the payment method chosen.
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.

to complete a separate F		ee Solutions Limited you will need ust and/or an Family Legacy Bond Incial adviser on request.	
1 Do you wish to appoint Trustee Solutions to be		es No	If you have answered Q
	g for. If you are applying	Legacy Bond Absolute Trust	yes to 1 please ensure you complete Section N.
for both, you must in		Legacy Bond Discretionary Trust	Tick the box which is appropriate to the type of trust being chosen.
first. The one you sel business day before 2 If you are applying for to premium (after the dec	ne trust which is to start ect will start at least one Family the other. wo separate trusts on this appli	Legacy Bond Absolute Trust Legacy Bond Discretionary Trust cation, indicate how much of the arge) is to be put into each trust b	total
Absolute Trust	Thum is £100,000 per trust.		
Discretionary Trust			
	TAILS WHERE FUNDS A	RE BEING REMITTED FRO	O M
Account name			If the Premium is received from an
Account number			account other than the one specified here, this
Bank sort code			may cause a delay in processing. The Premium must be remitted from an
Building Society roll number (if applicable)			account in the name of the Applicant(s).
Bank BIC/Swift code (required for all banks outside the UK) IBAN			
Name & address of bank			
		Postcode	
How long has this account been held?	Years		

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F	REGULAR WITH	DRAWALS	MANDATORY
ba mo WI Re Mi	nk account is in the Applionths. h ere the Applicant is a PE gular withdrawals will be	an original or suitably certified bank statement to prove the receiving icant's name. This bank statement must be dated within the last 6 EP withdrawals will only be paid to the source bank account. E taken equally across all policy Segments. Fal of £200 per payment. Payments will only be made in the currency	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.
1	Amount of withdrawal	Annual percentage of premium Annual monetary amount OR	The annual percentage/monetary
2	Rate of increase in withdrawals (optional)		amount specified will be divided by the frequency you specify.
	Frequency of withdrawals Payment start date	Monthly Quarterly Half-yearly Yearly d d m m y y y y OR	For question 2 if increasing in line with RPI please write RPI in the box.
		As soon as possible (30 days after inception)	
Pa ₂	the account the Pro an alternative acco yment method will be BA Telegraphic Transfer for	emium is remitted from as detailed in Section E or ount (please provide details overleaf. Not applicable to PEPs) ACS transfer for Pound Sterling payments to UK clearing banks only payments to banks outside of the UK. A charge will be levied by our	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.
_		Insfer payments which will be deducted from the value of the Bond. TERNATIVE ACCOUNT THAT WITHDRAWALS WILL BE S	FNT TO
_	LIAILS OF THE AL	TERMATIVE ACCOUNT THAT WITHDRAWALS WILL BE S	
Ac	count name		
Ac	count number		
Ва	nk sort code		
rol (if Ba (re	ilding Society I number applicable) nk BIC/Swift code quired for all banks tside the UK)		
Na	nme & address of bank		
		Postcode	
	ow long has the account en held?	Years	

Compyour f 1 Sp Mo 2 Do (If	plete this section if your inancial adviser outs becify the amount belonetary amount best the initial Adviser yes, this will be applicated and the polyment of the section 1 of this section 1 o	ou would like side of the Elements ow: Charge attred in addition and SOL	act VAT?	tated Yes			nent to	The amount should be specified excluding VAT.	Q
your f 1 Sp Mo 2 Do (If	inancial adviser outs ecify the amount belonetary amount pes the initial Adviser yes, this will be applied question 1 of this second	Charge attred in addition	act VAT?	tated Yes		ed.	nent to	be specified	Q
2 Do (If	pes the initial Adviser yes, this will be applic question 1 of this sec	Charge attreed in addition	on to that s			No		be specified	Q
2 Do	pes the initial Adviser yes, this will be applie question 1 of this sec	ed in addition)	on to that s			No			
(If	yes, this will be appliquestion 1 of this sec	ed in addition)	on to that s			No			
(If	yes, this will be appliquestion 1 of this sec	ed in addition)	on to that s			No			
Н			JRCE OF						
	MPLOYMENT D	ETAILS		FUNDS				MANDATORY	
H1 E	WI LOTWIENT D	LIAILS							
		A 1: + :	1						
Role		Applicant '	1						
1 En	nployment status	Emplo	oyed	Self Employed		Empl	oyed	Self Employed	
		Retire	d	Unemployed		Retire	ed	Unemployed	
		Home	emaker			Home	emaker		
or	ate of retirement unemployment or came homemaker	d d m	m y y	у у у		d d m	m y	у у у	
2 0	ccupation								
	st year's annual	Currency				Currency			
ind	come/salary	Amount				Amount			
otl oc	o you receive income ner than from your cupation? 'Yes" please provide	Yes	No)		Yes	N	o	
de	tails including nount and source								
5 En	nployer/business								_
	me nployer/business								_
Ac	ldress								
				Postcode				Postcode	
Q	Include previous occ	cupation wh	ere vou are	e retired, unemplo	ved or a	homemaker			
	Income details are re							olete will result in a	

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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 employm	ent income (including salary, bonus and fees)
Total amount received	Currency Amount
Number of years income accumulated Institution holding the funds	years
Name of account where earned income accumulated Account number	
Sort code	
Length of time funds have been in this account Main occupation during the accumulation period (e.g. Director	years months
Industry/Business sector	
Main employer's name	
Employer's address	Postcode Country
Date employment commenced	d d m m y y y y
Average annual salary over the accumulation period Average annual bonus over the accumulation period	Currency Amount Currency Amount
2. Compensation paymer	nt
Name of organisation or individual that paid compensation Reason for compensation	
Country compensation was awarded	
Total amount received	Currency Amount
Date received	d d m m y y y y

3. Competition win		
Name of competition organiser		
Description of competition		
Country competition was held in		
Total amount won	Currency Amount	
Date of win	d d m m y y y y	
4. Gift		
Full name of person who gave the gift		
Date of birth	d d m m y y y y	
Nationality		
Address		
	Postcode	Country
Relationship to applicant		
Reason for gift		
Description of gift		
Total amount received	Currency Amount	
Date received	d d m m y y y y	
Details of the activity that generated the amount received		
Country gift was accumulated in		

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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
6. Loan		
Name of loan provider		
Address of loan provider		
	Postcode	Country
Total amount borrowed	Currency Amount	
Date of loan	d d m m y y y y	
Purpose of Ioan		

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	year	S	months			
Amount of the original						
investment Details of the activity that generated the original						
investment Reason for policy claim						
or replacement policy (if applicable)						
Total amount received	Currency		Amount			
Surrender penalty (if applicable)						
Date received	d d m m y y y y					
8. Sale of asset portfolio o		rather than o	ne that you are	choosing to sell, plea	se 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	Tostcode			Country		
Length of time asset portfolio or investment held	year	S	months			
Amount of the original investment						
Details of the activity that						
generated the original investment Date of sale	d d m n	у у у	у			
Net amount received	Currency		Amount			

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9. Company sale or sale o	f interest in company	
Company name		
Industry/business sector		
Address of company		
	Postcode	Country
Your connection with the company For example: owner, partner or shareholder		
Date connection with the company began	d d m m y y y y	
Average year dividend/income from the company over the previous three years		
Date of sale	d d m m y y y y	
Sale amount	Currency Amount	
Net amount received i.e. the amount you have received after any deductions such as fees and taxes.	Currency Amount	
10. Property sale		
Address of property sold	r of this property, please select a different of	ption for source of funds that is more appropriate.
(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	
Total sale amount	Currency Amount	
Net amount applicant received from sale	Currency Amount	

11. Other income sour	ces			
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		
IDENTIFICATION	I REQUIREMENTS			MANDATORY
Note: Financial adviser to co	mplete this section.			
Under Isle of Man anti-mone related to a contract. Refer to				
Below you will find the stand	ard minimum requireme	nts. In some circumstan	ces we may request add	itional information.
We require one suitably cert	ified document from Par	t 1 together with one su	itably certified docume	nt from Part 2.
PART 1 PERSONAL ID	ENTITY			
 Who is being identified 1 Valid passport 2 National ID card (with photograph) 3 A current driving licence (with photograph) 	Applicant 1	Applicant 2	Trustee 1	Trustee 2
Include details of relevathere is more than two	vant trustees. Where Trus Trustees please photoco			ne section. Where
Who is being identified	Applicant 1	Applicant 2	Trustee 1	Trustee 2
Reference Number				
Issuing Entity ¹				
Issue Date	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
Expiry Date	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

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 $^{^{\}mbox{\scriptsize 1}}$ To include country where the document was issued.

	nere the person who is being identified does not hold an item from Part 1, indicate why in the box below and supply a cond document from Part 2.						
L							
(Where a driving licence to be current, valid and				y address. The c	driving licence needs	
PA	ART 2 VERIFICATIO	N OF ADDRESS					
	Whose address is being v	verified	Applicant 1	Applicant 2	Trustee 1	Trustee 2	
1	A recent ² utility bill dated the last six months	and certified within					
2	A recent ² mortgage stater residential address	ment, giving the					
3	A current driving licence						
4	A state pension, benefit of government produced de benefit entitlement						
5	A recent ² tax assessment	: document					
6	Rates or council tax bill di within the last year	ated and certified					
7	A recent ² account statem credit card showing at lea						
М	obile phone bills and store	card statements are	not acceptable.				
	hose address is being rified	Applicant 1	Applicant 2	Truste	e 1	Trustee 2	
Re	eference Number						
lss	suing Entity³						
PA	ART 3 - HOW HAS T	HE CUSTOMER	DUE DILIGE	NCE (CDD) BI	EEN OBTAIN	IED	
SE	ECTION 1(A) - PROV	ISION OF CUS	TOMER DUE	DILIGENCE "	CDD"		
То	allow us to understand how	the CDD provided h	as been obtained	please select one o	of the following o	ptions:	
	1. All elements of CDI	O provided were obt	ained by me dire	ctly from the custo	mer		
	2. Some elements of (CDD provided were	obtained by me o	directly from the cu	stomer		
	3. None of the CDD p	rovided was obtaine	ed by me directly	from the customer			
If o	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).

 $^{^{\}rm 3}$ 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:

- 1. I met the customer in person on dddmmmyyyy y
- 3. I have not met the customer but they have been met in person by a third party
- 4. I have not met the customer but they have been met via live video stream by a third party
- 5. 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.)					
		d	d	m	m	У	У	У	У	
		d	d	m	m	У	У	У	У	
		d	d	m	m	У	У	У	У	

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

6 Regulatory body membership number e.g FCA number

7 Name of your usual Utmost Regional Sales

Manager

Where third parties have been named in sections1(b) and/or 2(b), please provide their full details below s	o we	may
determine the individual's regulatory status.		

de	etermine the individual's re	egulatory status.			,
Fu	ll Name of Individual				
0	ccupation				
Da	ate of Birth	d d m m y	у у у		
Re	esidential Address				
		Postcode		Country	
Re	egistered Company Name				
Re	egistered Company Addre	SS			
		Postcode		Country	
As	ssociated Professional Boo	ly			
	ofessional Body Members ference	hip			
If i	more than one third party etails of the additional thire	has been named in section	on 1(b) and/or 2(b), please	take a copy of Sect	ion 3 and complete the
Н	ow to certify documents is	outlined in the documen	t Anti-Money Laundering a	and Source of Wea	lth Requirement Guide.
	FINANCIAL ADV	ISER'S DETAILS			MANDATORY
No	ote: Financial adviser to co	omplete this section.			
	How and when were you introduced to the Applicant(s)?	<u>'</u>			
2	Are the applicant(s) acting as a nominee for someone else? (If yes, give details)	Yes No			
3	Which country was the advice leading to this application given in? Which country was this				
	application signed in? Name of regulatory body				

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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

the Applicant(s).			
FINANCIAL ADVISE	R DECLARATION		
Print full name			
I declare that:			
I have taken reasonable s circumstances.	teps to ensure that the funding is legitimate and in line with the client's		
	dge, all the information provided with this form and application is true and rovide further information if required.		
› I have not made any char	nges to the application form after the client has signed it.		
› I have had sight of the ori	ginal documents used to identify the Applicant(s).		
	e CDD documents in Part 1 and 2 of Section I I certify that they are true ich I have sighted and the photograph represents a true likeness of the		
Certifier and authorised signatory		Financial adviser to sign here.	Q
SIGNATURE			
Date	d d m m y y y y		
Telephone number			
Email address		Email and postal address fields must be completed for	Q
Financial adviser company name and		distribution of policy documentation.	/
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 a Nomination of investments to cover an overdrawn Dealing Account	This amount will be used to cover Charges and withdrawals and will be retained net of any initial Policy Charges.	
All transactions (including Charges and withdrawals) will go through the Dealing Ac may become overdrawn. In these circumstances, we reserve the right to sell sufficient to clear the negative debit balance. Indicate in the box below which investment(s) you would like us to sell in these circumstances.	nt investments	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)	%	6
NFU Mutual Mixed Portfolio Max 100% Shares	GB00B7M06Z34		
NFU Mutual Mixed Portfolio 40-85% Shares	GB00B837VQ69		
NFU Mutual Mixed Portfolio 20-60% Shares	GB00B704WW60		
NFU Mutual UK Equity	GB00B84CF023		
NFU Mutual UK Equity Income	GB00B82F8821		
NFU Mutual International Equity	GB00B89YL834		
NFU Mutual Fixed Interest	GB00B8324733		

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

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.

MANDATORY

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)1624 653 251.

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

obligation may expose of most international isle of Man Limited to any sanction, prohibition of

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.utmostinternational.com/privacy-statements/ or the Applicant can ring Utmost International Isle of Man Limited on +44 (0)1624 643 345 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

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- 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.

A 1: - - ... 4

A I' - - ... A

Does the Applicant wish to see the medical report before it is sent to us? Does the Applicant wish to be informed if the underwriting results in a variation to the gift or the discount? If the Applicant(s) ticks "Yes" to question 2 we will require their signed approval to proceed with policy. Role Applicant 1 Applicant 2 Print full name Date Date No Yes No Yes No Yes And Applicant is gined approval to proceed with policy. Applicant 2								Abb	Jiican	ιı			Αþ	pind	anı	_	
underwriting results in a variation to the gift or the discount? If the Applicant(s) ticks "Yes" to question 2 we will require their signed approval to proceed with policy. Role Applicant 1 Applicant 2 SIGNATURE Print full name	1			ee the r	nedio	cal r	epoi	t	Yes			No		Y	'es		No
Role Applicant 1 Applicant 2 SIGNATURE Print full name Date	2	underwriting results						e	Yes			No		Y	'es		No
Print full name Date			"Yes" to q	uestion	n 2 w	e w	ill red	quire t	heir si	gne	d ap	pro	val t	o pr	oce	ed w	ith
Date			Applican	nt 1					Apı	olica	int 2	2					
	Pri	nt full name															
	Da	te	d d	m m	У	у	у	у	d	d	m	m	у	У	у	У	

M BANK DETAILS AND PAYMENT METHOD

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]

OPTIONAL

for the appointment fee payable and the Trustee's

bank details.

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
- y'l', '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 		Tick the relevant box only if answered Yes above to the appointment of Utmost International Trustee Solutions.								
iii. Please deduct the Trustee's appointment fee from the premium before investment.		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								

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		
2	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	Postcode	Postcode
3	Telephone number (including international dialling code)		
4	Email address		
5	Date of birth	d d m m y y y y	d d m m y y y y
6	Nationality / dual nationality (if applicable)		
7	Relationship to the Donor		
8	Specified share	%	%
		Beneficiary 3	Beneficiary 4
1	Name	Beneficiary 3	Beneficiary 4
1	Name Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)		
2	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	Beneficiary 3 Postcode	Beneficiary 4 Postcode
2	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) Telephone number (including international dialling code)		
2 3 4	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) Telephone number (including international dialling code) Email address		
2 3 4	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) Telephone number (including international dialling code)		
2 3 4	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) Telephone number (including international dialling code) Email address Date of birth Nationality / dual nationality	Postcode	Postcode
2 3 4 5	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) Telephone number (including international dialling code) Email address Date of birth Nationality / dual	Postcode	Postcode

		Beneficiary 5	Beneficiary 6
1	Name		
2	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	Postcode	Postcode
3	Telephone number (including international dialling code)		
4	Email address		
5	Date of birth	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	d d m m y y y
6	Nationality / dual nationality (if applicable)		
7	Relationship to the Donor		
8	Specified share		%

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.
- 5. Any brother or sister of the Settlor and their children.
- 6. Any one or more of the persons entitled under the Will of the Settlor (except where that person is also a Settlor).
- 7. 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).
- 8. 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.

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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		
2	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	Postcode	Postcode
3	Telephone number (including international dialling code) Email address		
5	Date of birth	d d m m y y y y	d d m m y y y y
6 7	Nationality/dual nationality Relationship to the		
8	Settlor Potential share	%	%
9	Special instruction/ contingency		
		Potential Beneficiary 3	Potential Beneficiary 4
1	Name		
2	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	Postcode	Postcode
3	Telephone number (including international dialling code) Email address		
5	Date of birth	d d m m y y y y	d d m m y y y y
6 7	Nationality/dual nationality Relationship to the		
8	Settlor Potential share	%	\[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9	Special instruction/		

Use this sheet if you nee	ed more space to complete your Letter of Wishes to Utmost International Trustee Solutions Limited.
Yours faithfully	
SIGNATURE of Settlors	
OI Jetuois	

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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 (£)	Da	Date of Transfer						
		d	d	m	m	У	У	У	У
		d	d	m	m	У	У	У	У
		d	d	m	m	У	у	у	У
		d	d	m	m	у	у	у	У

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.	
I understand that the Trustee is required to complete and deliver notice of the creation of a Discretionary Trust to HMRC.	Yes
EL DOWED OF ATTORNEY AUTHORISING THE TRUSTEE TO CREATE THE TRUST	

E) POWER OF ATTORNEY AUTHORISING 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.

		Appli	cant 1	1					Арр	lica	nt 2													
1	Applicant's SIGNATURE																							
2	Executed as a deed by (full name of the Applicant)																	sl	houl n ind	d be depe	ature witne	t per	son	
3	Date signed	d c	d m	m	У	У	У	у	d	d	m	m	У	у	У	У		aı	nd is	not	ed 18 a par Bene	ty to	this	
4	Witness SIGNATURE																							
5	In the presence of (full name of witness)																							
6	Witness address																							
					Р	ostc	ode						Po	ostco	ode									
7	Date signed	d c	d m	m	У	У	У	У	d	d	m	m	У	у	у	У								

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.

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INVESTMENT MANAGEMENT DELEGATION BY POWER OF ATTORNEY (CONTINUED)

		Applicant 1	Applicant 2	Each signature Q
1	Applicant's 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.
2	Print full name			this must of a beneficiary.
3	Date signed	d d m m y y y y	d d m m y y y y	
4	In the presence of (full name of witness)			
5	Witness SIGNATURE			
6	Witness address			
7	Date signed	d d m m y y y y	d d m m y y y y	
SIG	GNATURE	Authorised Signatory 1 For and on behalf of The Trustee	Authorised Signatory 2 For and on behalf of The Trustee	
Da	te signed	d d m m y y y y	d d m m 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.

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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		
Print full name		
Date	d d m m y y y y	d d m m y y y y

A WEALTH Of DIFFERENCE

www.utmost international.com

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

Utmost International Trustee Solutions Limited is registered in the Isle of Man under number 137986C.

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