

# SELECTION ADDITIONAL SINGLE PREMIUM INVESTMENT

## APPLICATION FORM FOR CORPORATE POLICYHOLDERS

### IMPORTANT NOTES

Please ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

#### BEFORE YOU BEGIN

Please complete this form if you want to make an additional investment into your existing contract. Before completing this application form please ensure you have read the relevant **Product Guide**, your **Personal Illustration**, **Key Features Document** and our **Guide to Charges**. Your financial adviser will also be able to provide you with any relevant supporting literature in relation to your individual circumstances. The **Policy Conditions** and **Policy Schedule** detail the terms and conditions of the contract. Copies of all items are available from us on request.

#### HOW TO COMPLETE THIS FORM

This form has been designed for corporate policyholders only. Individual policyholders will need to complete the **Additional Single Premium Application Form for Individual Policyholders of Selection**.

Trustee and Corporate trustee policyholders will need to complete application form the **Additional Single Premium Application Form for Trustee and Corporate Trustee Policyholders**.

Please complete this form using **black or blue ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Please do not use correction fluid**.

This form is split into 3 sections for ease of completion. A summary of who should complete each section is outlined below:

- › **Section 1:** Additional Single Premium application - **Policyholder** must complete in all cases.
- › **Section 2:** Identification Requirements & Financial Adviser details - **Financial adviser** must complete in all cases.
- › **Section 3:** Adviser Charges - **Policyholder** should complete this section if they would like Utmost Ireland to facilitate any initial adviser charge payment to the financial adviser as a deduction from the premium prior to investment.

**SIGNATURE** This symbol highlights the signature sections within this form which need to be signed (where applicable) by the policyholders or financial adviser.

- › **Policyholders** will need to sign page 20 in all cases.
- › **Financial adviser** will need to sign page 24 in all cases.

#### PAYING FOR YOUR ADVICE

Your financial adviser will have explained to you that advice in relation to this additional premium cannot be paid for by commission but only through adviser charging. For corporate policyholders, we cannot facilitate any charges for advice once the premium has been invested. We will only facilitate initial adviser charges, to the financial adviser, outside the bond by deducting it from the payment you send to us, with the balance being invested as the additional single premium into the bond. Your existing investments and any existing commission paid to your financial adviser can continue unaffected.

Where you are requesting that we facilitate the initial adviser charge, you will need to complete the Adviser Charges section at the back of this application form to authorise us to make any adviser charging payments.

## A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions is the trading name used by a number of Utmost companies. Utmost Trustee Solutions is the trading name used by Utmost Trustee Solutions Limited. This item has been issued by: Utmost Ireland dac.

The following companies are registered in the Isle of Man: Utmost Limited (No 056473C), Utmost Administration Limited (No 109218C) and Utmost Trustee Solutions Limited (No 106739C), which are regulated or licenced by the Isle of Man Financial Services Authority. Utmost Services Limited (No 059248C) is not regulated. Each of the above companies has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL British Isles.

The following companies are registered in Ireland: Utmost Ireland dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registered number is 303257 and it has its registered office at: Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland. Utmost PanEurope dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registration number is 311420 and it has its registered office at: Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Its FCA number is 426350. Both companies are authorised by the Financial Conduct Authority in the UK for Conduct of Business Rules.

### PRODUCT CHARGES - FLEX-CHARGE

Your additional single premium will be set up on our Flex-Charge basis. Our product charges have changed to take account of the introduction of adviser charging rather than commission and enhanced allocations. The charges for your additional premium may be different to those described in your original policy documentation and will be shown on the Additional Single Premium Statement that we will send to you.

For further details of adviser charging and our Flex-Charge please speak to your financial adviser or read our **Guide to Charges** available on our website [www.utmostwealth.com](http://www.utmostwealth.com) or from your financial adviser.

### IDENTIFICATION REQUIREMENTS

Under Anti-Money Laundering regulations, we are required to verify the identity and address of all parties associated with the policy. The payment of an additional single premium represents a change to the policy, which requires us to bring evidence of verification of identity and address up to current standards.

If the application is being signed under a Power of Attorney, we will require a certified copy of the Power of Attorney document and the identity and address of the attorney will be verified as well as the policyholder. We will also need to know the reason for granting the Power of Attorney.

### IMPORTANT INFORMATION ABOUT THIS CONTRACT

**Companies holding contracts of life assurance are caught under the Loan Relationship Rules. Further information on this can be obtained by speaking with your financial adviser.**

You need to satisfy yourself that, under any taxation, exchange control or insurance legislation to which you may be subject, you can take out this additional investment.

When you submit this application please ensure that you provide us with all residency and citizenship information by completing the separate **Tax Information Exchange Pack for Entities** available from our website [www.utmostwealth.com](http://www.utmostwealth.com) or your financial adviser on request. Please speak to your financial adviser if you have any questions about FATCA.

The contract for the additional investment could be invalidated by any failure to disclose facts which might influence our assessment of this application. If you have any doubt as to whether a fact is relevant then you should disclose it. Any additional information should be detailed in the notes section at the back of this form or on a separate sheet, dated and signed by the authorised signatories.

### WHAT TO DO NEXT

Using the checklist on the final page please ensure you have completed all of the relevant sections and that you have attached any supporting documents to submit, including the separate **Tax Information Exchange Pack for Entities**.

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Ireland dac.

Alternatively, you can post this form to **Utmost Ireland dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.**

SECTION 1 – POLICYHOLDERS MUST COMPLETE IN ALL CASES

**A CONTRACT DETAILS**

1 We apply to increase the existing investment under the **policy numbered**

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

2 Please provide a copy of the Personal Illustration that you have been given or enter your Personal Illustration reference number here

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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3 Welcome Team Case ID reference

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

If the Welcome team produced a Personal Illustration for you, a four digit case ID can be found at the top of page one.

4 **Bond charge -**

What is your chosen **Product Management Charge (Flex-Charge)** option?

|                          |                                    |                          |                     |
|--------------------------|------------------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Full initial charge                | <input type="checkbox"/> | Full ongoing charge |
| <input type="checkbox"/> | Combination of initial and ongoing |                          |                     |

Please note that this is not the adviser charge (please see pages 25-26 for more details of adviser charges).

The Product Management Charge for each new premium is based on the total premiums paid, therefore an additional premium may have lower charges than the initial premium.

If you choose a combination of initial and ongoing Product Management Charge, please enter your chosen combination to a maximum of 3 decimal places:

|                      |   |         |                      |   |                     |
|----------------------|---|---------|----------------------|---|---------------------|
| <input type="text"/> | % | Initial | <input type="text"/> | % | Ongoing (per annum) |
|----------------------|---|---------|----------------------|---|---------------------|

**Please note that the Personal Illustration provided to you should match the investment details mentioned in this application. If there have been any changes in the investment details between the date of that illustration and the submission of this additional application, please ask your financial adviser for an updated illustration.**

**B POLITICALLY EXPOSED PERSONS**

Under our current anti-money laundering obligations we are required to identify persons associated with this application who could be classed as a Politically Exposed Person (PEP). A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities, for example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary of the Military, a senior employee of a State Owned Corporation, or a board member of a Central Bank.

Please provide details in the box below of any persons that could be considered a PEP (as defined above) in relation to this application, non-completion confirms that there are no associated politically exposed persons:

Please see our separate document entitled 'Information on Politically Exposed Persons' which is available from your financial adviser who can obtain this on our website, [www.utmostwealth.com](http://www.utmostwealth.com). This includes a list of those parties considered to be close relatives.

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**C** CORPORATE POLICYHOLDERS' DETAILS

PART 1 - COMPANY DETAILS

**1** Company name

**2** Company registered number

**3** Registered residential address (PO Boxes and 'care of' addresses are not acceptable)

Postcode     -

**4** Please state the jurisdiction in which the company is liable for tax

**5** Correspondence address (in full)

Postcode     -

**6** If the correspondence address is different from the registered address, please give a reason

**7** Is this investment in respect of employee benefits?  Yes  No


**8** Is the company an investment company controlled by persons residing in the UK?  Yes  No

**9** Is the company a trading company?  Yes  No  
If yes, please state its main business

**10** Have there been any material changes in respect of the company such as change of jurisdiction, change of name or change of directors which you have not already told us about?  Yes  No  
If yes, please give further details

**11** Is the company in the process of being dissolved, struck off, wound up or terminated?  Yes  No

**12** Is the company quoted on a recognised stock exchange?  Yes  No  
If yes, which one?

Please note that  for this purpose, a holding company or a collective investment scheme is not an investment company.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
CORPORATE POLICYHOLDERS

13 Has the company been established or owned by a Government Department, Political Party, Local Council Authority, Trade Union or State Owned Industry?

Yes  No

If yes, please give description

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Please see our separate document entitled 'Information on Politically Exposed Persons' which is available from your financial adviser who can obtain this on our website [www.utmostwealth.com](http://www.utmostwealth.com)

PLEASE PROVIDE DETAILS OF THE COMPANY'S MAIN BANK ACCOUNT

|   |  |
|---|--|
| 1 Account name  | <input type="text"/>   |
| 2 Account Number  | <input type="text"/>   |
| 3 Bank sort code  | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| 4 Building Society roll number (if applicable)                | <input type="text"/>   |
| 5 Bank BIC/Swift code (required for all banks outside the UK) | <input type="text"/>   |
| 6 IBAN number (required for all bank accounts in the EU)      | <input type="text"/>   |
| 7 Bank/Building Society name                                  | <input type="text"/>   |
| 8 Address   | <input type="text"/>   |
|   | <input type="text"/>   |
|   | <input type="text"/>   |
| Postcode  | <input type="text"/>   |
| 9 Telephone number (including international dialling code)    | <input type="text"/>   |
| 10 How long has the account been held?                        | <input type="text"/> <input type="text"/> Years                    |

› Please attach a certified copy of the Certificate of Incorporation (unless previously provided)

Attached

› Please attach a certified copy of the latest annual report and accounts

Attached

These can be certified by the financial adviser

**PART 2 - COMPANY DIRECTORS**

Please list all the current directors of the company (continue as necessary on a separate sheet).

| Full name | Date of birth   | Home postcode |
|-----------|-----------------|---------------|
| <b>1</b>  | d d m m y y y y | -             |
| <b>2</b>  | d d m m y y y y | -             |
| <b>3</b>  | d d m m y y y y | -             |
| <b>4</b>  | d d m m y y y y | -             |
| <b>5</b>  | d d m m y y y y | -             |
| <b>6</b>  | d d m m y y y y | -             |

From the list, please supply the details of two directors, including at least one executive director, and provide suitable verification of identity and residential address.

|  | Executive Director  | Director  |
|--|---|---|
| <b>1</b> Title (Mr, Mrs, Miss or Other)  | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>2</b> Surname   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>3</b> Maiden name or any previous names (if applicable)   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>4</b> Forenames (in full)   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>5</b> Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If you are an individual acting on behalf of a company (e.g. a law firm), please enter your own residential address here. Please provide your company address in the notes section of this application form.) | <input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/> |
| <b>6</b> Position/Job title  | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>7</b> Nationality   | <input type="checkbox"/> British  | <input type="checkbox"/> British  |
| Other (please state)   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>8</b> Date of birth   | d d m m y y y y   | d d m m y y y y   |
| <b>9</b> Country of birth  | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>10</b> Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female   | <input type="checkbox"/> Male <input type="checkbox"/> Female   |

**AUTHORISED SIGNATORIES**

- › Please attach a certified copy of an authorised signatory list.
- › For public registered companies, please attach a certified copy of the Board Resolution appointing the authorised signatories.
- › Please confirm the minimum number of authorised signatories that will be required to sign the Declaration in Section I.

Attached

Attached

(number)

These can be certified by the financial adviser



**PART 3 - SHAREHOLDERS**

For private companies, please list all shareholders holding 25% or more of the issued share capital at the date of the application.

| Name | % share | Date of birth (if individual) | Home postcode (if individual) |
|------|---------|-------------------------------|-------------------------------|
| 1    |         | d d m m y y y y               | -                             |
| 2    |         | d d m m y y y y               | -                             |
| 3    |         | d d m m y y y y               | -                             |
| 4    |         | d d m m y y y y               | -                             |
| 5    |         | d d m m y y y y               | -                             |
| 6    |         | d d m m y y y y               | -                             |
| 7    |         | d d m m y y y y               | -                             |
| 8    |         | d d m m y y y y               | -                             |
| 9    |         | d d m m y y y y               | -                             |
| 10   |         | d d m m y y y y               | -                             |

The verification of identity of the above shareholders will be required in line with that for individuals, trustee or corporate applicants (as applicable). Full details of these requirements are available from us, or on our website [www.utmostwealth.com](http://www.utmostwealth.com).

Where there is a corporate shareholder, please complete a further corporate application form providing all the relevant details. If any of the shares are held within a Trust, please complete a Trust application in respect of that Trust. Please ensure the declaration sections are also completed.

**D** ADDITIONAL INVESTMENT AMOUNT (PLEASE COMPLETE IN ALL CASES)

1. ADDITIONAL SINGLE PREMIUM AMOUNT

£/US\$/€\*

(\*Please delete as applicable)

Please speak to your financial adviser for details of the minimum additional single premium amount applicable to your policy.

If the premium is received in a currency that is different to the bond it will be converted to the currency of your contract at the exchange rate applicable at the time. If you are paying by cheque, please make it payable to Utmost Ireland dac. If it is a non-personalised cheque, the company name must be written on the front (e.g. Utmost Ireland dac ref. ABC Limited). **If the payer of the premium is not the policyholder then we will need to know why a third party is making the payment, and will normally require verification of the identity of the payer. Third party premium payments are subject to our approval.**

**If you ask us to facilitate an initial adviser charge to your financial adviser before the premium is invested, the amount you send to us must total at least the minimum additional single premium amount as stated in the product literature, plus the agreed initial adviser charge. Please speak to your financial adviser for the current minimum amounts.**

Once your premium has been received in our bank account, if any interest is earned on your premium before the additional single premium is issued, an extra allocation of units may be added to your investment at the time the additional single premium is issued. Please note that in times of low interest, it is possible no extra units will be applied.

**Important Note: your additional single premium will not start until we have received all outstanding requirements, including cleared funds.**

If you want to pay by BACS, CHAPS or telegraphic transfer, please contact your bank separately to send the payment to us. Our bank details are below, please ensure that the payment is sent DIRECT to Utmost Ireland's bank account.

We will only make payment of any initial charges for advice to your adviser once the additional application and any additional supporting documentation has been fully accepted by us. No interest will be paid on any adviser charges being facilitated by us to the financial adviser outside of the bond.

These are our preferred payment methods but please note that your bank may charge you for some of these services.

2. OUR BANK DETAILS

**Address** Royal Bank of Scotland International Limited, 2 Athol Street, Douglas, Isle of Man, IM99 1AN.  
**Swift code** RBOSIMDX  
**Sort code** 16-58-80  
**IBAN number** GB32RBOS16588058705079  
**Account number** 58705079  
**Account name** Utmost Ireland dac-Premium

**Please reference your policy number on the bank payment.**



3. YOUR BANK DETAILS PLEASE COMPLETE IF YOU SEND THE MONEY BY BACS, CHAPS OR TELEGRAPHIC TRANSFER

If you ask your bank to send the payment to us by BACS, CHAPS or telegraphic transfer, we need to know which bank account the money has come from. This is for regulatory purposes and does not instruct your bank to pay the money to us. Please complete the details below.

|   |  |
|---|--|
| 1 Account name  | <input type="text"/>   |
| 2 Account number  | <input type="text"/>   |
| 3 Bank sort code  | <input type="text"/> - <input type="text"/> - <input type="text"/>   |
| 4 Building Society roll number<br>(if applicable)                   | <input type="text"/>   |
| 5 Bank BIC/Swift code<br>(required for all banks outside<br>the UK) | <input type="text"/>   |
| 6 IBAN number<br>(required for all bank accounts<br>in the EU)      | <input type="text"/>   |
| 7 Bank/Building Society name  | <input type="text"/>   |
| 8 Address   | <input type="text"/><br><input type="text"/><br><input type="text"/> |
| Postcode  | <input type="text"/>   |
| 9 Telephone number<br>(including international<br>dialling code)    | <input type="text"/>   |
| 10 How long has the account been held?                              | <input type="text"/> <input type="text"/> Years                      |

**E SOURCE OF INVESTMENT (PLEASE COMPLETE IN ALL CASES)**

**MANDATORY**

Please confirm the sources of the investment. Simply tick one box if the investment comes from one source. If it comes from several sources, please tick the appropriate boxes and enter the percentage from each source. Then answer the relevant questions below. If necessary, continue on a separate sheet of paper, sign the sheet and attach it to this form.

| Sources   | Tick box                 | %  |
|---|--------------------------|--|
| 1 Maturing investments or policy claims           | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 2 Share sale                                      | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 3 Property sale                                   | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 4 Company sale or sale of interest in the company | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 5 Loan  | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 6 Compensation payment                            | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 7 Company profits (trading companies only)        | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 8 Other income sources                            | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> |

Please give as much detail as possible about the source of your investment as insufficient information at outset may delay the additional investment being invested.

If the payment is from an account outside the UK, we will require independent documentary evidence verifying the answers to the source of investment questions.

All investments are assessed on a case by case basis; depending on the answers provided in this section we may request evidence of Source of Wealth.

If it is unclear how the money was accumulated, we will request further information. If you require further information please contact our Customer Support team on **0845 602 9281**.

Please refer to the information boxes found throughout the following section for examples of the additional documentary evidence we may require.

**1 Maturing investments or policy claims**

**a** From which company did the proceeds come?

**b** How much was received?

**c** When were the proceeds received?

**d** If the proceeds were received over three months ago, where have they been held since then?

**e** How long was the investment/policy held?

**f** If the investment was held for less than five years, where were the funds held previously?

**Examples of original certified documentary evidence:**

- › Letter/contract note from previous investment company giving notification of proceeds of maturing investment/claim.

**2 Share sale**

**a** What shares were held?

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|  |
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|  |

**b** How much were the proceeds of the sale?

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**c** How were they sold?  
(i.e. through a bank, stockbroker or other agent)

|  |
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**d** Please provide their name and address

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Postcode

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**e** When were the shares sold?

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

**f** If the proceeds were received over three months ago, where have they been held since then?

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**g** How long were the shares held?

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**h** If the shares were held for less than five years, where were the funds held previously?

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**Examples of original certified documentary evidence:**

- › Legal sale document, e.g. contract notes.

**3 Property sale**

**a** What was the address of the property sold?

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Postcode

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

**b** How much was it sold for?

|  |
|--|
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**c** Dates of purchase and sale

Purchase

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

Sale

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

**d** If the proceeds were received over three months ago, where were they held?

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**e** If the property was held for less than five years, where were the funds held previously?

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**Examples of original certified documentary evidence:**

- › Signed letter from solicitor that includes the proceeds received, or
- › Completed sale contract.

**4 Company sale or the sale of interest in the company**

**a** What was the name and address of the company?  
  
  
  
Postcode    -

**b** What is the company registration number?

**c** When was the company sold?

**d** If the proceeds were received over three months ago, where have they been held since then?

**e** How much were the proceeds of the sale?

**f** How much did the beneficial owner receive?

**g** What was the nature of the company's business?

**Examples of original certified documentary evidence:**

- › Signed letter from solicitor or regulated accountant, or
- › Copy of contract sale and sight of investment monies on bank statements.

**5 Loan**

**a** Why was the loan required?

**b** How much was it for?

**c** What was the date of the loan?

**d** Who provided the loan?

**e** Please provide their name and address  
  
  
  
Postcode    -

**Examples of original certified documentary evidence:**

- › Loan agreement, stating the name and address of the applicant; date of the loan and how much it was for. It should be clear who the loan provider is, or
- › Recent loan statements dated less than 3 months old which shows the applicant's name and address.

**6 Compensation payment**

a Who did the payment come from?

b How much did company or the beneficial owner receive?

c When was it received?

d Where have the proceeds been held since the payment was received?

e What was the reason for it?

**Examples of original certified documentary evidence:**

- › Letter/court order from compensating body, or
- › Solicitor's / Advocate's letter

**7 Company profits (trading companies only)**

› Please attach a certified copy of the latest available annual report and accounts; or  Attached

› A letter from a regulated accountant giving details of company profits over the last two years.  Attached

**8 Other income sources**

a What type of income was this?

b How much was it?

c When did the Company or beneficial owner receive it?

d Where did the income come from? If a full and detailed explanation is not provided this will result in a delay in the investment. One word answers are not acceptable. For further information on source of wealth please speak to your financial adviser.

e If the income was received over three months ago, where has it been held since?

**Examples of original certified documentary evidence:**

- › Appropriate supporting documentation, or
- › Signed letter detailing funds from a regulated accountant

**F** INVESTMENT OPTIONS

PART 1 – NOMINATION OF 'EXTERNAL MANAGER AND/OR CUSTODIAN (EMC)' OR 'INVESTMENT ADVISER'

**A) Is your policy to be managed by an EMC?**

If **no**, please see B) below.

If **yes**, a fund choice is not required. If you wish for your investment to be managed by an EMC already linked to your policy, please supply details of the EMC including contact telephone number and contact name (if any).

|   |   |
|---|---|
| Name of firm  | <input type="text"/>  |
| Contact telephone number  | <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"/> |
| Contact name (if any)   | <input type="text"/>  |
| How much of this additional single premium would you like to invest with your existing EMC? | <input type="text" value="£/US\$/€ *"/><br>(*please delete as applicable)   |

If you would like to request to the appointment of a new EMC, please ensure that you have completed the separate **Nomination of External Manager and/or Custodian** form. This form is also available from your financial adviser or on request from us.

**B) Do you wish to nominate an Investment Adviser to choose or change the investments?**

If **'no'**, please outline your initial fund selection in part 2 below.

If **'yes'** in addition to completing part 2 outlining your fund choice, you will also need to complete a separate **Nomination of Investment Adviser** form available from either your financial adviser or on request from us.



We are unable to facilitate the payment of charges for advice from the value of the bond for Corporate clients. Therefore, charges applicable for advice provided on the underlying investments by an Investment Adviser or EMC must be paid directly by you to the relevant party outside of the bond.

In addition, on adding a further investment into an existing External Managed Account, all investment advice provided by an EMC, including that related to the original premium will be treated as an advice charge. You will also need to pay this direct to your EMC.

**PART 2 – FUND SELECTION**

You are able to choose numerous external funds and cash deposits to be linked to the bond. Please refer to our website [www.utmostwealth.com](http://www.utmostwealth.com) for details of the funds available.

The minimum investment amounts vary according to the fund manager. Your investment will be governed by the rules of the underlying investment as applied by the fund or deposit provider.

Where relevant, we will purchase accumulation units unless otherwise instructed. If income units are selected, the fund manager will be requested to pay all income as cash which will be credited to the Dealing Account.

It is important to write the percentage of the net premium to be invested in each chosen fund, after any initial adviser charges for the financial adviser have been deducted if applicable, rather than a monetary amount.

**FUND SELECTION**

Please refer to our website [www.utmostwealth.com](http://www.utmostwealth.com) for details of the funds available and the relevant SEDOL or ISIN codes. Please ensure that the full fund name and SEDOL or ISIN codes are provided, any missing information will result in a delay in investment.

Certain funds require completion of the **Investor Declaration** form which is available from your financial adviser on request. Please contact our Customer Support team on **0845 602 9281** if you need more information.

| Fund name (please give full fund name) | SEDOL/ISIN/<br>FUND REFERENCE | % |  |  |
|--|-------------------------------|---|--|--|
|  |                               |   |  |  |
|  |                               |   |  |  |
|  |                               |   |  |  |
|  |                               |   |  |  |
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|  |                               |   |  |  |
|  |                               |   |  |  |

**CASH DEPOSITS**

Please refer to your financial adviser for details of the cash deposits currently available.

| Bank/Building Society | Full name of deposit account | % |  |  |
|-----------------------|------------------------------|---|--|--|
|                       |                              |   |  |  |
|                       |                              |   |  |  |
|                       |                              |   |  |  |
|                       |                              |   |  |  |

### DEALING ACCOUNT

All transactions (including charges and withdrawals) will go through the Dealing Account and it may become overdrawn from time to time. In these circumstances we will sell sufficient funds to clear the negative debit balance.

**Please indicate in the box below which funds you would like us to sell in these circumstances.**

If no funds are selected, we will automatically sell units from the fund within the portfolio which is redeemable and has the highest value at the time of sale.



**If you choose an external fund to clear a negative debit balance, each sale will be subject to the prevailing dealing fees.**



**G** REGULAR WITHDRAWALS (OPTIONAL)

Please complete this section if you want to set up regular withdrawals.

Regular withdrawals will be taken equally across all policy segments.

Minimum £200 per payment (or currency equivalent). Payments will only be made in the currency of the bond.

If a regular withdrawal would take the bond to a surrender value lower than the minimum value required to be kept in the bond withdrawals will stop.

SET UP WITHDRAWALS


Please complete if you are not currently taking regular withdrawals from your bond and want to start. Your instructions will be applied to the whole bond including this additional investment.

1 Amount to be withdrawn from the whole bond

per annum of premium  % **or** per payment

2 Frequency of payments  Yearly  Half-yearly  Quarterly  Monthly

3 Payment to start  d  d  m  m  y  y  y  y

The earliest the first withdrawal can be taken is 30 days after the additional single premium documents have been issued. 

BANK DETAILS

If you want to start withdrawal payments, please complete this section.

Payment method will be BACS transfer for sterling payments to UK clearing banks only or telegraphic transfer for other currencies or banks outside the UK. A charge will be levied by our bankers for telegraphic transfer payments and this will be deducted from the value of the bond.

PLEASE PROVIDE DETAILS BELOW OF THE ACCOUNT THAT YOU WANT PAYMENTS TO BE SENT TO:

1 Account name

2 Account number (for BACS payments this must be 8 digits)

3 Bank sort code  -  -

4 Building Society roll number (if applicable)

5 Bank BIC/Swift code (required for all payments outside the UK)

6 IBAN number (required for all payments to the EU)

7 Bank/Building Society name

8 Address

Postcode  -

9 Telephone number (including international dialling code)

10 How long has the account been held?   Years

**Payments to third parties are not normally allowed. However, in exceptional circumstances, they may be considered. We will need to know why the payments are required, details of the relationship between the policyholder and account holder, plus certified identification for the account holder, which is listed in Section J.**

## H PRIVACY STATEMENT

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customer have about how we use that information. You can find a copy on our website [www.utmostwealth.com/privacy-statement](http://www.utmostwealth.com/privacy-statement) or you can ring our Customer Service Team on 0845 602 9281 and request a copy.

## I DECLARATION

**This is our standard client declaration upon which we intend to rely. For your own benefit and protection you should read these terms and the data protection notes section of this form carefully before signing below.**

**Please read carefully the Product Guide, Guide to Charges, a Personal Illustration and Key Features Document, all of which should have been provided to you, as they contain important information about the bond.**

**If you do not understand any part of these terms, the Data Protection notes or the product literature listed above, please ask your adviser to explain it to you before signing below.**

**In this declaration, "we", "us" and "our" mean the corporate applicants, its officers and/or authorised signatories and "the Company" means Utmost Ireland dac.**

**We apply** for an additional investment into our existing contract in accordance with the Policy Conditions and Policy Schedule.

**We hereby confirm** that we have not relied upon any statement made by our financial adviser which is not supported in the literature.

**We confirm and declare** that we have been advised to obtain appropriate professional advice in respect of the applicable taxation requirements, effects and legislation.

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## ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

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### Source of Funds - Policyholder Statement of Truth

**We truthfully confirm** 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 our tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and
- ii) none of the funds invested derive, directly or indirectly, from illegal activities or sources and/or tax evasion.

**Potential consequences of misleading the Company - We fully acknowledge and agree** that if the Company discovers that we misled the Company in respect of any part of the statements confirmed above, that the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company'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 us 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 the Company being misled, without limiting the Company's ability to seek additional recompense from us in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at the Company's discretion concerning us and/or the bond; and
- iii) if considered appropriate after consultation with government authorities and/or legal counsel, either
  - a) subject to satisfying the Company's further reasonable requirements, refund our premium(s) and other amounts paid to the Company to the date of such termination less applicable encashment and other charges in accordance with clause (i) above (the 'Refund Amount'), or
  - b) 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.

## Consent to disclose information to Tax and other Government Authorities

**We have been advised** that the Utmost Group and the Company have a longstanding policy of co-operating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities.

**We consent and agree** that in cases where the Company suspects that the funds invested in the bond are wholly or partly derived from illegal activities/sources and/or tax evasion, then the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the ability to disclose to our home country tax and/or other government authorities our identity and any relevant information considered necessary or appropriate, at the Company's discretion, concerning the bond.

**We understand and agree** that the company'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 the company 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.

## Further consents and confirmations

**We hereby confirm** that all the information that we have provided, whether handwritten or otherwise, in this application form is complete and accurate to the best of our knowledge and belief. We agree that this information, together with all other questionnaires, statements, reports or other information completed or given by us in our name, shall form the basis of the contract with the Company.

**We understand** that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to the Company by us or on our behalf was misleading or incomplete, then this might invalidate our contract and adversely affect our right to the payment of policy benefits. We understand the requirement to provide accurate and relevant information in my dealings with the Company is continuous and binding upon us or any subsequent holder of the policy.

**We understand** that no contract shall be issued in respect of this application and the Company shall be under no obligation in respect of this application until the first premium has been received by the Company and the Company has expressly confirmed in writing that it accepts the application.

**We accept** that selection of investments is our responsibility (or, where appropriate, that of our Investment Adviser or any appointed EMC) and the Company makes no representations or guarantees in relation to the future performance of any assets linked to the bond and accordingly has no legal responsibility in respect of future performance of such linked assets.

**We understand** that both we and the Company have a free choice about the law that can apply to any contract relating to this application. The Company proposes to choose the laws of England and Wales and by completing this application form we agree that the laws of England and Wales shall apply and that the Courts of England and Wales shall be the sole forum to consider disputes in relation to any contract arising from this application.

**We agree** that any decision to alter the Courts of England and Wales jurisdiction shall be at the discretion of the Company such discretion being exercised reasonably.

**We agree** that a copy of our agreement given in this Declaration will have the validity of the original. We understand that the financial adviser is acting as our agent and not an agent of the Company.

**We confirm** that the corporate applicant(s) has the power to enter into the contract applied for.

**We confirm** that we are not ordinarily resident in Ireland and we are tax resident (that is normally live) in the UK, and confirm that, to the best of our knowledge, it would not be unlawful to proceed with such an investment. We hereby undertake to inform the Company of any change in our country of residence during the lifetime of the bond.

**We further confirm and declare** that the corporate applicant is liable for tax in the jurisdiction entered in Section C on page 4 of this application form.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
CORPORATE POLICYHOLDERS

|                  |   |   |
|------------------|---|---|
| <b>SIGNATURE</b> | <b>Director/Authorised signatory*</b>   | <b>Director/Authorised signatory*</b>   |
|                  | <input type="text"/>  | <input type="text"/>  |
|                  | <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"/> |

**SIGNATURE**

|                  |   |   |
|------------------|---|---|
| <b>SIGNATURE</b> | <b>Director/Authorised signatory*</b>   | <b>Director/Authorised signatory*</b>   |
|                  | <input type="text"/>  | <input type="text"/>  |
|                  | <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"/> |

**SIGNATURE**

If there are more than four signatories please photocopy this page and after signing the additional copies attach securely to the form. 

**\*Please delete as applicable.**

**Once you have signed and dated the above boxes and your financial adviser has completed pages 21-24, please go to page 25 if you would like us to facilitate the initial adviser charge payment, to your financial adviser, outside of the bond.**

SECTION 2 – FINANCIAL ADVISER MUST COMPLETE IN ALL CASES

**J IDENTIFICATION REQUIREMENTS**

Under Anti-Money Laundering regulations we are required to verify the identity and address of all individuals related to a contract (e.g. directors, shareholders, and any third party). For trustee shareholders we are required to verify the identity and address for all trustees together with satisfactory evidence of proper appointment of the trustees.

Outlined below are the standard minimum requirements, however we may, in some circumstances, require additional information.

**Director(s) and individual shareholder(s)** - We require **suitably certified copy document** from **Part 1** together with **suitably certified copy document** from **Part 2**. If an individual does not hold either of the documents listed in **Part 1** then, under certain circumstances, we **may** be able to accept **two suitably certified copy documents** from **Part 2**, showing verifiable reference numbers. Please also note that if no documentation is supplied from **Part 1**, we need a reason why this is not available.

**The company** - for verification of the company see **Part 3**. All documentation in this section must be supplied.

**Please tick in the boxes below to indicate the identification you have supplied for each party to the policy.**

This information is required to satisfy Anti-Money Laundering regulations.

**PART 1 - PERSONAL IDENTITY**

|  | <b>Executive Director</b> | <b>Director</b>          | <b>*</b>                 | <b>*</b>                 |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| <b>1</b> Valid passport                              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2</b> National ID card (with photograph)          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3</b> A current driving licence (with photograph) | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide one document from Part 1 PLUS one document from Part 2. Alternatively, provide two documents from Part 2 and confirm why no ID from Part 1 can be provided. Please always provide originals or originally certified copies.

\*Please complete for any other party to the application e.g. shareholders who are individuals and hold 10% or more of the issued share capital. Please continue on a separate sheet of paper should there be more individuals to be identified than the space provided.

If you cannot supply an item from **Part 1**, please tell us why in the box below.


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

**PART 2 - VERIFICATION OF ADDRESS**

|  | <b>Executive Director</b> | <b>Director</b>          | <b>*</b>                 | <b>*</b>                 |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| <b>1</b> A recent utility bill dated and certified within the last 3 months<br>The document must be the most recent available and dated no more than 3 months old, and must also be certified. (Mobile phone bills are not acceptable) | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2</b> A recent mortgage statement, giving the residential address   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3</b> A current driving licence (With photograph) Please note that if the driving licence is being used in part 1 it cannot be used in part 2 and vice versa.   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4</b> A state pension, benefit or other government produced document showing benefit entitlement  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5</b> A recent tax assessment document  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6</b> An account statement from bank or bank credit which is dated no more than 3 months old and certified<br>(Store cards are not acceptable)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7</b> Proof of ownership or rental of the residential address   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If there are other parties to the application not quoted on the form, have you enclosed a list of copy evidence submitted and can you confirm that you have seen the originals of such evidence?**  Yes

(Please ensure that any separate list quotes the name of the policyholders and is signed by the certifier)

Where relevant, please tick this box. 

**PART 3 - CORPORATE VERIFICATION**

**PLEASE SUPPLY ALL OF THE FOLLOWING DOCUMENTS**

- A Certificate of Incorporation  A set of the latest annual report & accounts
- Evidence of the registered address  An authorised signatory list
- A certified copy of the Board Resolution appointing the authorised signatories (for public registered companies only)

The following declaration must be fully completed in all cases, this method of certification is required for Utmost Ireland regulatory purposes.

**I confirm that**

- a) I have had sight of the original documents and all documents enclosed herewith are true copies of the original and are hereby certified accordingly.  Yes
- b) The information in Section J was obtained by me in relation to the applicant.  Yes
- c) Where I have an existing relationship, the applicants' account/relationship has been conducted satisfactorily.  Yes
- d) I am not aware of any reason why this application should be refused.  Yes
- e) I am unaware of any activities undertaken by these applicant(s) which lead me to suspect that they are involved in any form of criminal activity and/or money laundering.  Yes
- f) I shall inform you immediately if I suspect such activity.  Yes

Please tick the box.



**K** INTRODUCER'S DETAILS (Please complete in all cases)

1 How and when were you introduced to the policyholders?

2 Are the policyholders acting as a nominee for someone else?  
(If yes, please give details)

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

4 Which country was this application signed in?

5 The basis on which the advice was offered is (UK advisers only)

6 Name of regulatory body

7 Regulatory body membership number

8 Certifier and authorised signatory  
**SIGNATURE**

9 Print full name

10 Date

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

12 Utmost Ireland Agency number (if known)

13 Please provide the name of your sales contact.

Yes     No

Independent     Restricted

Please give full details.

Please give full details of your authorisation and FCA number.

**SIGNATURE**

Please sign, date and stamp in the spaces provided.

If no company stamp is available, please write in the company address.

**Please note that we will not be able to invest the additional premium until Sections J and K have been completed and identification provided.**



SECTION 3 – POLICYHOLDER MUST COMPLETE IF THEY WOULD LIKE  
UTMOST IRELAND TO FACILITATE AN INITIAL ADVISER  
CHARGE PAYMENT TO THE FINANCIAL ADVISER  
BEFORE THE PREMIUM IS INVESTED.

**L** ADVISER CHARGES

Due to possible tax implications, corporate applicants can only choose to pay adviser charges directly to their adviser or outside of the bond. This charge should match the information shown in your Personal Illustration that will have been provided to you. The option to pay from inside the bond is not available.

ADVISER CHARGING

This section should only be completed if you wish for us to facilitate the payment of the initial adviser charge to your financial adviser.

Please ensure you fully complete this section, as any omissions may delay our ability to carry out your instructions. Once we have received the application form with this section fully completed, we will make an adviser charge payment on your behalf to your financial adviser for the services they provide to you.

CANCELLATION OF ADVISER CHARGES

If you decide to cancel your bond during the cancellation period (please see the Key Features Document for details) any refund to you will be less any adviser charges paid on your behalf. If you believe you are due a refund of such payments from your adviser, you will need to contact them direct to discuss the exact terms of the adviser charging arrangement you have with them.

INITIAL ADVISER CHARGE

| Transaction type   | Monetary amount (£, US\$, €, other)                              |
|--|--|
| Adviser charge to be paid outside of the bond by taking it from the initial payment, with the remaining balance being invested as an additional premium into the bond. | <input type="text"/> . <input type="text"/> <input type="text"/> |

\*The amount you enter will be taken in the currency of your bond.

**M ADVISER CHARGING DECLARATION**

Please read this section carefully before you sign it as it affects your rights and creates a legally binding agreement with Utmost Ireland dac in connection with your bond. If you do not understand any aspect of this agreement please ask your adviser to explain its effect to you before you sign the form.

Throughout this declaration, 'We' 'us' and 'our' mean the applicant and 'the Company' means Utmost Ireland dac.

We authorise the Company to make the adviser charges payment as set out in this Agreement.

Where we request the Company to facilitate an adviser charge payment outside of the bond, we agree and acknowledge that:

- › The facilitation is in consideration of our application for an additional single premium.
- › The payment is subject to the application being accepted;
- › Should the application not proceed then we will be refunded the premium together with the adviser charge and it will be our responsibility to settle any outstanding adviser charges, if any, with our adviser;
- › No interest is payable or owed in respect of adviser charge money held by the Company to either us or our adviser;
- › The adviser charge relates to advice received in connection with the additional single premium.

By signing this form below we confirm that:

- › The adviser charges set out in this form match the Personal Illustration we have received from our adviser.
- › It will create legally binding obligations on us in connection with our bond.

**Directors/Authorised signatories\***

|                  |   |   |                  |
|------------------|---|---|------------------|
|                  | <b>Director/Authorised signatory</b>  | <b>Director/Authorised signatory</b>  |                  |
| <b>SIGNATURE</b> | <input style="width: 100%; height: 40px;" type="text"/>   | <input style="width: 100%; height: 40px;" type="text"/>   | <b>SIGNATURE</b> |
| Print full name  | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/>  | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/>  |                  |
| Date             | <input style="width: 20px; height: 20px;" type="text" value="d"/> <input style="width: 20px; height: 20px;" type="text" value="d"/> <input style="width: 20px; height: 20px;" type="text" value="m"/> <input style="width: 20px; height: 20px;" type="text" value="m"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> | <input style="width: 20px; height: 20px;" type="text" value="d"/> <input style="width: 20px; height: 20px;" type="text" value="d"/> <input style="width: 20px; height: 20px;" type="text" value="m"/> <input style="width: 20px; height: 20px;" type="text" value="m"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> |                  |

|                  |   |   |  |
|------------------|---|---|--|
|                  | <b>Director/Authorised signatory</b>  | <b>Director/Authorised signatory</b>  |  |
| <b>SIGNATURE</b> | <input style="width: 100%; height: 40px;" type="text"/>   | <input style="width: 100%; height: 40px;" type="text"/>   |  |
| Print full name  | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/>  | <input style="width: 100%; height: 20px;" type="text"/><br><input style="width: 100%; height: 20px;" type="text"/>  |  |
| Date             | <input style="width: 20px; height: 20px;" type="text" value="d"/> <input style="width: 20px; height: 20px;" type="text" value="d"/> <input style="width: 20px; height: 20px;" type="text" value="m"/> <input style="width: 20px; height: 20px;" type="text" value="m"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> | <input style="width: 20px; height: 20px;" type="text" value="d"/> <input style="width: 20px; height: 20px;" type="text" value="d"/> <input style="width: 20px; height: 20px;" type="text" value="m"/> <input style="width: 20px; height: 20px;" type="text" value="m"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> <input style="width: 20px; height: 20px;" type="text" value="y"/> |  |

If there are more than four signatories please photocopy this page and after signing the additional copies attach it securely to the form.

\* Delete as applicable

Please ensure your financial adviser has completed and signed Section K (page 24).

**N** NOTES

**O** CHECKLIST

We want to process your application as quickly as possible. To help us do this please remember that on completion of this form we will need the following:

- › Certified copies of the identification and address verification documents of all individuals related to the contract (e.g. directors, shareholders, and any third party).
- › A separate **Tax Information Exchange Pack for Entities**, suitably completed and signed.
- › If you would like us to facilitate an initial adviser charge payment to your adviser for the advice and service in relation to this bond, please complete and sign Section 3, Adviser Charges, on page 25-26.
- › If you would like to request the appointment of an Investment Adviser, then please enclose a fully completed and signed **Nomination of Investment Adviser form**, which is available from us or your financial adviser on request.
- › If you are sending any additional instructions or documentation, please attach them securely to the back of this form.
- › If you want to pay by BACS, CHAPS or telegraphic transfer, please contact your bank separately to send the payment to us.

**WHAT TO DO NEXT**

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Ireland dac. Utmost Ireland's address is: **Utmost Ireland dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.**