

EUROPEAN CAPITAL ACCOUNT

APPLICATION FORM



THIS DOCUMENT WAS LAST UPDATED IN MARCH 2022.

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

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.

SECTION	PAGE	COMPLETED
A Policy currency	3	<input type="checkbox"/>
B Details of the applicant	3	<input type="checkbox"/>
C Details of the life/lives assured (if different to the applicant)	4	<input type="checkbox"/>
D Source of Funds	4	<input type="checkbox"/>
E Premium details	5	<input type="checkbox"/>
F Investment choice	6	<input type="checkbox"/>
G Source of Funds	6	<input type="checkbox"/>
H Automatic withdrawal option	12	<input type="checkbox"/>
I Nomination of beneficiaries - optional	13	<input type="checkbox"/>
J Delegated switching authority - optional	14	<input type="checkbox"/>
K Declaration and application	15	<input type="checkbox"/>
L Payment instructions - credit card payment authority	19	<input type="checkbox"/>
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Important note: The product(s) named in this document and to which this document relates is accurate as at December 2021 and is subject to change.
To ensure applicability with respect to a product and, if applicable, a related policy, before taking any action, please liaise with your adviser and/or contact us directly.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost PanEurope dac is regulated by the Central Bank of Ireland. Registered No 311420.

Administration Centre for correspondence: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.
Tel: +353(0)1 479 3900 Fax: +353(0)1 475 1020.

Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac..

UPEQ PR 03130 | 10/22

FINANCIAL ADVISER DETAILS

Financial adviser	<input type="text"/>
Account number	<input type="text"/>
Policy number allocated	<input type="text"/>
Introducing financial adviser	<input type="text"/>
Contact	<input type="text"/>
Company name	<input type="text"/>
Address	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
E-mail	<input type="text"/>

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

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

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

Please sign and return your completed form to our administration centre at: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU.

When completing this application, please use BLOCK CAPITALS and blue or black ink only and complete all relevant sections.

Please do not use correction fluid; any amendments should be crossed out and initialled.

Any incomplete information will need to be confirmed in writing by the Applicant once Utmost PanEurope has received the application.

This application should be submitted with a completed 'know your client' form. Failure to do so will delay processing of the application.

Declaration of Residence outside Ireland

A Declaration of Residence outside Ireland is required:

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

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

Important information for trustee applicants

TAXATION INFORMATION

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

A POLICY CURRENCY

Please indicate your chosen Policy Currency (✓) € US\$ £

The Policy Currency that you choose cannot be changed once the Policy has started.

Reason for investment
(e.g. saving for retirement)

B DETAILS OF THE APPLICANT

Title (✓) Mr Mrs Miss Other

Full forename(s)

Surname

Maiden name,
previous name or alias

Trust name
(if applicable)

NOTES

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

Country of habitual residence

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

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

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

Tax reference number

[illegible]

Nationality

Address

Postcode

Telephone number (including country code)

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Sex (✓)

Male Female

E-mail

Date of birth

d	d	m	m	y	y	y	y
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(Age must be from 18 to 89 inclusive)

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

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

Correspondence address
(if different from above)

Postcode

C DETAILS OF THE LIFE/LIVES ASSURED (IF DIFFERENT TO THE APPLICANT)

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

	First life assured (if any)				Second life assured			
Title (✓)	Mr	Mrs	Miss		Mr	Mrs	Miss	
	Other				Other			
Full forename(s)								
Surname								
Maiden name, previous name or alias								
Address								
	Postcode				Postcode			
Date of birth	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>				<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>			
Sex (✓)	Male		Female		Male		Female	
Tax reference number								
Nationality								
Country of habitual residence								
Relationship to Applicant								

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

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

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

D SOURCE OF FUNDS

This Section Must Be Completed in All Instances.

BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM

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

Payment amount	<input type="text"/>	Payment currency	<input type="text"/>
Bank account holder (name as stated on bank account)	<input type="text"/>		
Bank account number/IBAN	<input type="text"/>		
Sort code (if applicable)	<input type="text"/> - <input type="text"/> - <input type="text"/>	SWIFT or BIC code (if applicable)	<input type="text"/>
ABA number	<input type="text"/>	Branch code for non-UK banks	<input type="text"/>
Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>		
How long have you held this account?	<input type="text"/> years	<input type="text"/> months	

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

E PREMIUM DETAILS

To set up your European Capital Account you will need to make an initial lump sum payment.

Initial lump sum premium	<input type="text"/>
(Must be same currency as your policy)	(Minimum €15,000/£10,000/US\$15,000)

The premium for the policy(ies) will be the amount shown reduced by the amount of any premium tax or stamp duty payable.

Number of policies	<input type="text"/>
(Automatically issued as one policy unless otherwise stated. Minimum 1 – maximum 20)	

Regular premium (Additional regular premium payments are optional.)

Monthly	<input type="text"/>	Quarterly	<input type="text"/>
(Minimum €450/£300/US\$450)		(Minimum €1,350/£900/US\$1,350)	

Regular collection date (✓)	4th	11th	20th	28th
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PAYMENT OPTIONS

You may use any one of the following methods to pay premiums to your European Capital Account. If you wish to make your first premium and subsequent premium(s) using different methods, please complete **both** relevant sections.

Please select your preferred payment method. (✓)

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

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

F INVESTMENT CHOICE

Please indicate your investment choice. The funds chosen must be in the same currency as the Policy Currency.

We do not provide investment advice and have no responsibility for the performance of your investment. It is for you and your financial adviser to choose the investments most suitable for you. Please use whole percentages only. You can select up to 20 funds on this application provided the total fund split equals 100%.

Utmost PanEurope offers a wide range of investment funds from leading fund management groups. Details of these are on our website at www.utmostinternational.com Please note that for Spanish resident applicants, there are restrictions on which funds can be selected due to local tax rules. Details can be obtained from your financial adviser. You will delay your investment into your choice of funds if you do not complete the 'Fund manager' and 'Full Fund name' correctly.

FUND CODE	FUND MANAGER	FULL FUND NAME	REGULAR PREMIUM	LUMP SUM
			WHOLE %	WHOLE %
Note: the total fund split from Regular premium and Lump sum must equal 100%			Total	
			100 %	100 %

If necessary, please continue on a separate sheet, which should be signed and attached to this application.

In the event of unclear or incomplete investment instructions or if a selected fund is not currently available, Utmost PanEurope will allocate part or all of the premium to the default fund as stipulated in the product terms or endorsement.

G SOURCE OF FUNDS

ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost International is required to record details of how the funds being invested have been accumulated.

Where your funds come from more than one source, you should complete all relevant sections to give us the full picture of its origin.

Documentary evidence requirements:

If **all** of the following apply:

- › you are resident in; **and**
- › you are funding from; **and**
- › your financial adviser is regulated in,

Belgium, France, Guernsey, Jersey, Spain, Sweden or United Kingdom, the threshold for requiring supporting documentary evidence is GBP 1,000,000.00 of total premiums paid to date to Utmost International.

Where the above doesn't apply, your financial adviser will tell you if additional documentary evidence is required by referring to our **Source of Funds and Source of Wealth Guidelines** (the Utmost PanEurope dac version).

a. Accumulated Earned income (including salary, bonus and fees)

Total amount received	Currency <input type="text"/>	Amount <input type="text"/>
Number of years income accumulated	<input type="text"/> <input type="text"/>	years
Institution holding the funds	<input type="text"/>	
Name of account where funds have been held	<input type="text"/>	
Account number	<input type="text"/>	
Length of time funds have been in this account	<input type="text"/> <input type="text"/>	years <input type="text"/> <input type="text"/> months
Nature of business	<input type="text"/>	
Main occupation during the accumulation period (e.g. Director. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited documents as confirmed on our Source of Wealth and Source of Funds Guidelines)	<input type="text"/>	
Main employer's name	<input type="text"/>	
Employer's address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Average annual salary over the accumulation period	Currency <input type="text"/>	Amount <input type="text"/>
Average annual bonus over the accumulation period	Currency <input type="text"/>	Amount <input type="text"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Last three month's payslips; **or**
- › Three months of account statements showing declared income being credited; **or**
- › Letter on headed paper from employer confirming last year's annualised earned income; and, where applicable, bonus payment **or**
- › Tax statement e.g. P60 for the UK, IRAS for Singapore etc.; **or**
- › Copy of latest accounts if self-employed

b. Compensation

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

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of one of the following:

- › Letter on company headed paper or court order from compensating body validating the information in the application form; **or**
- › Signed letter on company headed paper from solicitor/ lawyer handling the compensation validating the information in the application form

c. Competition win

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

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of one of the following:

- › A signed letter from the organisation providing the proceeds of the win on letter-headed paper confirming name of winner, date of win and value of winnings; **or**
- › Bank statement showing deposit of winnings in clients name and referencing the organisation providing the proceeds of the win; **or**
- › Media coverage of the win showing name of winner, date of win and value of winnings

d. Gift

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

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copies of **all** of the following:

- › A valid identification documentation for the donor (even if it is not coming from their account); **and**
- › Letter from the donor explaining the reason for the gift and source of funds behind the gift; **and**
- › Documentary evidence as to the donor's source of wealth as set out in the Source of Funds and Source of Wealth Guidelines

e. Inheritance

Deceased's full name	<input type="text"/>
Relationship to applicant	<input type="text"/>
Date of death	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Details of the inheritance Tell us about the assets forming the inheritance (eg. cash, property, shares etc.)	<input type="text"/> <input type="text"/>
Amount received	Currency <input type="text"/> Amount <input type="text"/>
Date received	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Solicitor/lawyer's (who dealt with the estate) name	<input type="text"/>
Solicitor/lawyer's firm name	<input type="text"/>
Solicitor/lawyer's firm address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Grant of probate (with a copy of the will) which must include the value of the estate; **or**
- › The will relating to the inheritance; **or**
- › A signed letter from the regulated solicitor dealing with the estate on letter-headed paper confirming the information supplied in this application

f. Loan

Name of loan provider

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Address of loan provider

Postcode

Total amount borrowed

Amount

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Date of loan

d	d	m	m	y	y	y	y
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If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified
copy of **one** of the following:

- › A signed letter from the lender on letter-headed paper confirming the name of borrower, amount of loan and date of draw-down; **or**,
- › A loan statement confirming the details provided in this form

g. Maturing policy/policy claim/replacement policy

If the source of funds is the sale of an investment rather than maturity, please complete h instead.

Name of policy provider

Address of policy provider

Postcode

Policyholder's full name

Length of time policy held

years

years

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months

If the investment/policy being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the investment/policy. Please complete an additional relevant section to confirm this.

Reason for policy claim or replacement policy (if applicable)

Total amount received

□

Amount

Surrender penalty
(if applicable)

Date received

d	d	m	m	y	y	y	y
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If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified
copy of **one** of the following:

- › Letter on company headed paper from previous product provider regarding notification of proceeds of claim under the policy; **or**
- › Closing statement from previous product provider

h. Sale of asset portfolio or investment

If the source of funds is a maturing investment rather than one that you are choosing to sell, please complete g instead.

Description of asset portfolio or investment (i.e. government bonds, equities etc.)	<input type="text"/>
Name of the company that held it	<input type="text"/>
Registered address of company	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Account name	<input type="text"/>
Length of time asset portfolio or investment held	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months

IMPORTANT: Where there is a sale or transfer of assets, the relevant section must be completed to explain how the funds were originally obtained to purchase the assets.

Date of sale	<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"/>
Net amount received	Currency <input type="text"/> Amount <input type="text"/>

i. Sale of interest in company

Company name	<input type="text"/>
Business sector	<input type="text"/>
Address of company	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Your connection with the company For example: owner, partner or shareholder	<input type="text"/>
Date of sale	<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"/>
Sale amount	Currency <input type="text"/> Amount <input type="text"/>
Net amount received The amount you have received after any deductions such as fees and taxes.	Currency <input type="text"/> Amount <input type="text"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of one of the following:

- › Legal sale document; **or**
- › Copy of contract note

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Signed letter on company headed paper from solicitor/ lawyer validating the information confirmed in this section of the application form; **or**,
- › Signed letter on company headed paper from regulated accountant validating the information in this section of the application form; **or**,
- › Copy of contract of sale and bank statement in the name of the client showing payment of the proceeds into an account in the name of the applicant; **or**,
- › Copies of media coverage of the sale (if applicable) as supporting evidence that the information is in this section of this application form

j. Sale of property

If you are not the beneficial owner of this property, please select a different option for source of funds that is more appropriate

Address of property sold
(including postcode if applicable)

Postcode

Length of time property owned years months

IMPORTANT: Where there is a sale of property, an additional relevant section needs to be completed to explain how the funds were originally obtained to purchase the property.

Date of sale

d	d	m	m	y	y	y	y
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Total sale amount

Currency Amount

Net amount applicant received from sale

Currency Amount

k. Other

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

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Signed letter on headed paper from solicitor; or lawyer handling the sale or from regulated accountant; **or**
- › Signed letter on headed paper from estate agent (if applicable); **or**
- › Copy of contract of sale detailing the details included in the application form

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Appropriate, independent supporting documentation which validates the information provided in this section of the application form; **or**,
- › Signed letter from a person with personal knowledge of the activities described and in a position subject to anti-money laundering regulation, for example a regulated accountant or lawyer

H AUTOMATIC WITHDRAWAL OPTION

Not available when regular premiums are being paid into the Policy.

Any automatic withdrawal payments will be in the currency in which the Policy is denominated.

Annual amount required. Payment will be made in the currency of the Policy. each year
(This will be provided by equal cancellation of units across all policies within the Policy.)

Frequency of withdrawals (✓) Monthly Quarterly Half-yearly Yearly

Date of first withdrawal

d	d	m	m	y	y	y	y
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The first withdrawal must be made at least one month after the Policy start date. If no specific commencement date is selected, the first withdrawal will occur 1 month/3 months/6 months/12 months after the Policy date depending on the frequency selected above.

Payee BANK Details

a. Account name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
b. Bank name	<input type="text"/>
IBAN (International Bank Account Number)	<input type="text"/>
Swift/BIC code	<input type="text"/>
OR	
Sort code (for UK bank account only)	<input type="text"/> - <input type="text"/> - <input type="text"/>

I NOMINATION OF BENEFICIARIES - OPTIONAL

Complete this section if you wish to nominate a beneficiary for your Utmost PanEurope Policy if you are BOTH the policyholder and sole life assured.

You are able to designate that in the event of your death the benefits of the Policy are payable to your chosen beneficiary or beneficiaries. Depending upon your country of residence then it may be usual to nominate beneficiaries generically or by name (for example in Spain).

This is only for use if you are habitually resident in (or the law to be applicable to your policy will be that of) a country which does not have a law of trusts. We recommend that you obtain legal advice before making any nomination.

If you wish to specify a percentage-based division of the benefits please use whole numbers and ensure the total is 100%.

I nominate the following to receive the benefits of my Policy in the event of my death:

Applicant

SIGNATURE

Date

d	d	m	m	y	y	y	y
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NOTES

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

* as defined by the Civil Partnership Act 2004.

J DELEGATED SWITCHING AUTHORITY - OPTIONAL

DETAILS OF FUND ADVISER

Full name of Fund
Adviser

Address

Postcode

I confirm that:

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

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

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

CONFIRMATION

Applicant

SIGNATURE

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Date _____

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

ACCEPTANCE OF APPOINTMENT

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

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

Name of the Fund
Adviser firm

Applicant

SIGNATURE

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Name of signatory

Position

Date

d	d	m	m	y	y	y	y
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K DECLARATION AND APPLICATION

PERSONAL DATA STATEMENT

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

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

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

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

- › check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;
- › allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- › enable an appointed financial adviser or fund adviser to assist in the provision of services to the policyholder;
- › compile statistical analysis or market research, where information is not specific to the individual;
- › comply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standards;
- › enable an appointed discretionary asset manager or custodian to meet their legal or regulatory requirements, where that discretionary asset manager or custodian providing services in relation to a policy requests the personal data of an individual linked to an application, and where we are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

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

I may ask Utmost International to:

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

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

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

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

Or email: dataprotection@utmost.ie

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

Or email: IOM.DPO@Utmostinternational.com

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

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

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

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

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

IMPORTANT INFORMATION

Please read the declaration on the next page carefully.

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

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

DECLARATION - BY APPLICANT

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

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

For individual investors. I declare:

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

Trustee applicants

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

SIGNATURE

Applicant/first named Trustee

Date

d	d	m	m	y	y	y	y
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TRUSTEES SIGNATURES

SIGNATURE

Trustee

Date

d	d	m	m	y	y	y	y
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Trustee

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SIGNATURE

Trustee

Date

d	d	m	m	y	y	y	y
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DECLARATION BY EACH LIFE ASSURED (OTHER THAN THE APPLICANT)

SIGNATURE

Life assured

Date

d	d	m	m	y	y	y	y
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Life assured

d	d	m	m	y	y	y	y
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SIGNATURE

Life assured

Date

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Life assured

d	d	m	m	y	y	y	y
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SIGNATURE

Life assured

Date

d	d	m	m	y	y	y	y
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DECLARATION BY THE FINANCIAL ADVISER/SUITABLE CERTIFIER

PART 1 - WHO HAS MET THE CLIENT

Please complete one of the following:

I have met my client(s) in person

I have met my client(s) face-to-face via secure live video stream

I have not met my client(s) face-to-face

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

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

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

	OBTAINED BY THE ADVISER DIRECTLY FROM THE CLIENT	OBTAINED VIA A THIRD PARTY WHO HAS MET THE CLIENT FACE TO FACE	PROVIDED DIRECT TO UTMOST INT. BY THE CLIENT
<input type="checkbox"/> Valid identity document(s)			
<input type="checkbox"/> Valid proof of residential address			
<input type="checkbox"/> Source of funds			
<input type="checkbox"/> Source of wealth documents/ information			

Where certification is required, please ensure the following is carried out on each copy document:

I certify this document as a copy of the document that I have seen through <insert method of communication used> held on <x date> between me and the applicant /policyholder. The document has not been tampered with and I have received the same confirmation from the applicant /policyholder

PART 3 - THIRD PARTY DETAILS

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

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

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

PART 4 - FINANCIAL ADVISER DECLARATION

I declare that:

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

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

1. That the client held their ID beside their face to confirm the document as a true likeness.
2. The other elements of the Customer Due Diligence (CDD) were held up by the clients so I could verify they were a true likeness to those in my possession.
3. That I obtained evidence by retaining a recording of the video meeting or by taking a picture of my client with their CDD for record keeping purposes and to validate my certification. I will provide this to Utmost International upon request.

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

on

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

Regulator name

Utmost International financial adviser account number

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SIGNATURE

Financial adviser

Full name of financial adviser

Date

d	d	m	m	y	y	y	y
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Financial adviser stamp

[illegible]

Initial collection date	d	d	m	m	y	y	y	y
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Name of Applicant(s)	

Name of cardholder (if different)	

Address	
	Postcode

[illegible]

Issue number (if present)

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 Expiry date

m	m	y	y
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Card issuer
(eg bank name)

Country of issue	
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Date

d	d	m	m	y	y	y	y
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NOTES

1. Please check with your credit card issuer that your credit card is authorised for international transactions. Payment by credit card is not permitted where the card has an ELECTRON symbol visible or is American Express.
2. We can only accept credit card payments from EEA countries.
3. This authorises Utmost PanEurope to take up to a maximum of three outstanding premiums from the above credit card details on the Applicant(s) chosen collection date.
4. The maximum amount to be collected by credit card is €5 000, £3 500 or US\$5 000 per premium.
5. If a missed premium is not collectable via the above credit card, please be advised that the amount overdue must be forwarded to the appropriate bank account as follows:

SWIFT code: NWBKGB2LXXX

Bank: National Westminster Bank, London

Beneficiary: Utmost PanEurope dac

Euro payments GB76 NWBK 6072 0240 5014 42

Sterling payments GB84 NWBK 5600 6837 5196 46

US dollar payments GB48 NWBK 6073 0140 5013 96

6. The collection date will be on the date specified above, or if it is not a working day, a default date will automatically be chosen by Utmost PanEurope. If no date is specified a default date will automatically be chosen by Utmost PanEurope.
7. On your credit card statement the narrative will read 'UPE' for your premium payment.

M TELEGRAPHIC TRANSFER

To: The Manager

Name of your bank

Address of your bank

(Please ensure that Policy number, Policyholder name and references are quoted in SWIFT field 70 to ensure that correct details are forwarded to Utmost PanEurope.)

The sum of

€/£/US\$* (amount of lump sum premium plus any initial regular)
*delete where appropriate.

Premiums will be in the same currency as your policy.

On

d	d	m	m	y	y	y	y
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(Please allow at least 14 days to set up.)

Followed by

on the same day: (✓)

Quoting this policy number until this order is cancelled in writing:

Half-yearly

Yearly

(to be completed by Utmost PanEurope dac or financial adviser)

[illegible]

Banking details (Tick boxes as applicable)

Sterling payments

SWIFT/BIC code: NWBKGB2LXXX

Bank: National Westminster Bank,

Sort code: Southampton
56-00-68

Beneficiary: Utmost PanEurope dac

IBAN No: GB84 NWBK 5600 6837 5196 46

Euro/US dollar payments

SWIFT code: NWBKGB2LXXX

Bank: National Westminster Bank, London

Beneficiary: Utmost PanEurope dac

IBAN No: Euro GB76 NWBK 6072 0240 5014 42

US dollar GB48 NWBK 6073 0140 5013 96

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

Bank account holder
(name as stated on bank
account)

Bank account number/IBAN

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

Sort code
(where applicable)

 - -

Payment reference
(policy number if known
or name)

Personal address of Bank
Account Owner(s)

SIGNATURE

Bank Account Owner(s)

Date