

DELEGATION ADDITIONAL SINGLE PREMIUM INVESTMENT

APPLICATION FORM FOR INDIVIDUAL POLICYHOLDERS

IMPORTANT NOTES

This form contains the necessary questions to capture self-cert information to comply with FATCA agreement. Please speak to your financial adviser if you have a question about FATCA.

BEFORE YOU BEGIN

Please complete this form if you want to make an additional investment into an existing contract. Before completing this application form please ensure you have read the **Delegation 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 individual policyholders only. Trustee and Corporate Trustee policyholders will need to complete application the **Additional Single Premium application form for Trustee and Corporate Trustee policyholders of Delegation**.

Please complete this form using **black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct word 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** must complete if they would like Utmost Ireland dac to facilitate any adviser charge payments to the financial adviser. For bonds where an Agreement to pay Adviser Charges is already in place for your financial adviser, that agreement will continue for your existing investment. If you wish to change any existing agreement, you must complete Section 1 c) in the separate **Adviser Charges Pack** available from your financial adviser or from us on request.

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

- › **Policyholder** will need to sign page 19 in all cases.
- › **Financial adviser** will need to sign page 22 in all cases.

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

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions and Utmost Trustee Solutions are brand names used by a number of Utmost companies. 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) are regulated or licensed by the Isle of Man Financial Services Authority. Not regulated: Utmost Services Limited (No 059248C). Each has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.

The following company is registered in Ireland. Utmost Ireland dac (No 303257) is authorised by the Central Bank of Ireland and regulated by the Financial Conduct Authority in the UK for Conduct of Business Rules. Registered office: Block 2, Harcourt Centre, Harcourt Street, Dublin 2, Ireland.

IMPORTANT NOTES (CONTINUED)

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. Where you are requesting that we facilitate any adviser charging, you will need to complete the Adviser Charges section at the back of this application form to authorise us to make any adviser charging payment. Your existing investments and any adviser charges paid to your financial adviser are unaffected.

PRODUCT CHARGES - FLEX-CHARGE

Your additional single premium will be set up on our Flex-Charge basis. 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 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

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

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 all policyholders.

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.

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Ireland dac: **Utmost Ireland dac, Block E, Iveagh Court, Harcourt Road, Dublin 2, Ireland.**

SECTION 1 – TO BE COMPLETED BY ALL POLICYHOLDERS IN ALL CASES

A CONTRACT DETAILS

1 I apply to increase the existing investment under contract numbered

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

<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"/>
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3 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	

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.

Please note that this is not the adviser charge (please see page 23 for more details of adviser charges).

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)
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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 single premium investment application form, 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 any persons associated with this trust who could be classed as a Politically Exposed Person (PEP). A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities, for example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary or the Military, a senior employee of a State Owned Corporation, or a board member of a Central Bank. Please provide details in the box below of any persons that could be considered to be 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 **Politically Exposed Persons** which is available from your financial adviser who can obtain this on our website, www.utmostwealth.com. This includes a list of those parties considered to be close relatives.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
INDIVIDUAL POLICYHOLDERS

C POLICYHOLDER DETAILS

	Policyholder 1	Policyholder 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Maiden name or any previous names (if applicable)	<input type="text"/>	<input type="text"/>
4 Forenames (in full)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5 Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
6 Country of birth	<input type="text"/>	<input type="text"/>
7 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
8 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
9 Correspondence address (in full)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
10 Nationality	<input type="text"/>	<input type="text"/>
11 Country/Countries of Tax Residency	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12 National Insurance (NI) number	<input type="text"/>	<input type="text"/>
13 US Tax Identification Number (T.I.N)	<input type="text"/>	<input type="text"/>
14 Other tax reference number(s)	<input type="text"/>	<input type="text"/>
15 What is the relationship of the 1st policyholder to the 2nd policyholder? e.g. spouse or civil partner	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
16 Occupation and name of employer (if applicable)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

If there are more than two policyholders please photocopy this section and after completing the additional details, attach it securely to the form.

Policyholder must be 18 years or over.

We cannot accept applications from individuals who are resident outside of the UK.

ONLY complete this section if you are a UK tax resident.

ONLY complete this section if you are a US tax resident.

ONLY complete this section if you are **NOT** a UK or US tax resident.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
INDIVIDUAL POLICYHOLDERS

	Policyholder 1	Policyholder 2	
17 If retired, previous occupation and name of last employer			
18 Total annual income (including salary, pension and investment income)	<input type="checkbox"/> up to £50,000 <input type="checkbox"/> £50,001 to £100,000	<input type="checkbox"/> £100,001 to £150,000 <input type="checkbox"/> £150,001+	<input type="checkbox"/> up to £50,000 <input type="checkbox"/> £50,001 to £100,000
			<input type="checkbox"/> £100,001 to £150,000 <input type="checkbox"/> £150,001+

D ADDITIONAL INVESTMENT AMOUNT

1 - ADDITIONAL SINGLE PREMIUM AMOUNT

£/US\$/€*

(*delete as applicable)

The current minimum additional premium for Delegation is £20,000 (US\$40,000 or €30,000) this is subject to change in the future.

If the additional 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, your name must be written on the front (e.g. Utmost Ireland dac ref: Mr John Smith). **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 additional premium is invested, the amount you send to us must total at least the minimum additional premium amount as stated in the product literature, plus the agreed initial adviser charge for this additional premium. 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. Where you exercise your right to cancel the additional investment during the 30 day cancellation period the amount you receive back will be less any adviser charges paid. Please speak to your financial adviser for further details.

Please note that your additional single premium will not be invested until we have received all outstanding requirements, including cleared funds.

If you want to pay by Faster Payment, 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 adviser charge 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 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,
TELEGRAPHIC TRANSFER

If you ask your bank to send the payment to us by Faster Payment, BACS (UK only), CHAPS or telegraphic transfer we need to know which bank account the money has come from. This is for regulatory purposes and this 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"/> <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"/>
3	Bank sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
4	Building Society roll number (if applicable)	<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"/>
5	Bank BIC/Swift code (required for all banks outside the UK)	<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"/>
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"/> <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"/>
9	Telephone number (including international dialling code)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/>
10	How long has the account been held?	<input type="text"/> <input type="text"/> Years

E SOURCE OF INVESTMENT (Please complete in all cases)

Please confirm the source of the additional investment. Simply tick one box if the investment comes from one source. If it comes from several sources, 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.

Source(s)	Tick box	%
1 Savings from employment income	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 Maturing investments or policy claims	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 Share sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4 Property sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5 Company sale or the sale of your interest in the company	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6 Inheritance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Loan	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8 Gift	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9 Competition or gambling win	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10 Compensation payment	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11 Other income sources	<input type="checkbox"/>	<input type="text"/> <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 single premium 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 **+44 (0)1624 643 345**.

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

1 Savings from employment income

Examples of original certified documentary evidence: › Last 3 months' payslips, or
› Written confirmation from employer of income and bonuses for last 2 years.
› Bank statements that clearly show receipt of the most recent 3 months' regular salary payments from the named employer.

	Policyholder 1	Policyholder 2
a What was your income last year?	Salary <input type="text"/>	Salary <input type="text"/>
	Bonus <input type="text"/>	Bonus <input type="text"/>
b What is the nature of your employer's business?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
c What is the name and address of your employer?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<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"/>

2 Maturing investments or policy claims

Examples of original certified documentary evidence: › Letter/contract note from previous investment company giving notification of proceeds of maturing investment/claim.

	Policyholder 1	Policyholder 2																
a Which company did the proceeds come from?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
b How much did you receive?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>																
c When did you receive the proceeds?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
d If you received the proceeds over three months ago, where did you hold the proceeds?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
e How long did you hold the investment/policy?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>																
f If you held the investment for less than five years, where did you hold the funds previously?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																

3 Share sale

Examples of original certified documentary evidence: › Legal sale document, e.g. contract notes.

	Policyholder 1	Policyholder 2																
a What shares were held?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
b How much were the proceeds of the sale?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>																
c How were they sold? (i.e. through a bank, stockbroker or other agent)	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
d Please provide their name and address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
Postcode	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td> </tr> </table>					-				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td> </tr> </table>					-			
				-														
				-														
e When did you sell the shares?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
f If you received the proceeds over three months ago, where did you hold the proceeds?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
g How long ago did you hold the shares?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>																
h If you held the shares for less than five years, where did you hold the funds previously?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
INDIVIDUAL POLICYHOLDERS

4 Property sale

Examples of original certified documentary evidence: › Signed letter from solicitor that includes the proceeds received, or
› Completed sale contract.

	Policyholder 1	Policyholder 2
a What was the address of the property you sold?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
b How much did you personally receive?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
c Dates of purchase and sales	Purchase <input style="width: 100%; height: 20px;" type="text"/>	Purchase <input style="width: 100%; height: 20px;" type="text"/>
	Sale <input style="width: 100%; height: 20px;" type="text"/>	Sale <input style="width: 100%; height: 20px;" type="text"/>
d If you received the proceeds over three months ago, where did you hold the proceeds?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
e If you held the property for less than five years, where did you hold the funds previously?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>

5 Company sale or the sale of interest in the company

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.

	Policyholder 1	Policyholder 2
a What was the name and address of the company?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
b What is the company registration number?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
c When was the company sold?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
d Where have the proceeds been held since the sale of the company?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
e How much were the proceeds of the sale?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
f How much did you personally receive?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
g What was the nature of the company's business?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
INDIVIDUAL POLICYHOLDERS

6 Inheritance

Examples of original certified documentary evidence: › Grant of Probate (with a copy of the will) which must include the value of the estate, or
› Bank statements, or
› Solicitor's/Advocate's letter.

	Policyholder 1	Policyholder 2																
a What was the name of the person(s) who left the inheritance?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
b What was your relationship with this person?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
c How much did you personally receive?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
d When did you receive the inheritance?	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
e If you received the inheritance over three months ago, where did you hold the proceeds?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																

7 Loan

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 show the applicant's name and address.

	Policyholder 1	Policyholder 2																
a Why was the loan required?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
b How much was it for?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
c What was the date of the loan?	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
d Who provided the loan?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
e Please provide their name and address	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
Postcode	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td> </tr> </table>					-				<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td> </tr> </table>					-			
				-														
				-														

10 Compensation payment

Examples of original certified documentary evidence: › Letter/court order from compensating body, or
› Solicitor's/Advocate's letter.

	Policyholder 1	Policyholder 2																
a Who did the payment come from?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
b How much did you receive?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
c When did you receive it?	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;">d</td><td style="width: 12.5%;">d</td><td style="width: 12.5%;">m</td><td style="width: 12.5%;">m</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;">d</td><td style="width: 12.5%;">d</td><td style="width: 12.5%;">m</td><td style="width: 12.5%;">m</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
d Where have the proceeds been held since the payment was received?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
e What was the reason for it?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																

11 Other income sources

Examples of original certified documentary evidence: › Appropriate supporting documentation, or
› Signed letter detailing funds from a regulated accountant

	Policyholder 1	Policyholder 2																
a What type of income was this?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
b How much was it?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
c When did you receive it?	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;">d</td><td style="width: 12.5%;">d</td><td style="width: 12.5%;">m</td><td style="width: 12.5%;">m</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;">d</td><td style="width: 12.5%;">d</td><td style="width: 12.5%;">m</td><td style="width: 12.5%;">m</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td><td style="width: 12.5%;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
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)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
e If you received the income more than three months ago, where has it been held since?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																

F EXTERNAL MANAGER AND/OR CUSTODIAN (EMC) DETAILS

You must complete this section in all cases to provide us with the details of the EMC who will manage your additional investment and in what proportion.

A) EXISTING SINGLE EMC

Please tick this box if you currently have only one EMC linked to the bond and you would like your additional single premium to be managed by them.

If you currently have more than one EMC linked to your bond please complete section B below.

B) MULTIPLE OR NEW EMC

In the case of multiple, complete this section if you:

- 1 Currently have multiple EMCs appointed to your bond** and would like to split the additional premium between them.
- 2 Currently have multiple EMCs appointed to your bond** and would like the entire additional premium to be allocated to just one of them.

In the case of a new EMC;

If you wish to nominate a new EMC to manage part or all of this additional premium please complete the box below as well as a standalone **Delegation Nomination of External Manager and/or Custodian** form.

Name of the External Manager firm			Percentage of premium to be allocated
	Contact name		%
	Contact telephone		
	Contact Email		
	Contact name		%
	Contact telephone		
	Contact Email		

100% of the additional single premium, less any initial bond charges, must be invested. Please ensure the percentage allocations noted above reflect this i.e. 60% and 40%.

IMPORTANT INFORMATION

- › If you are investing part, or all, of your investment with an existing EMC, your existing investment objective and your EMCs investment strategy will apply to this premium unless you complete the **Delegation switch of investment objective and/or risk profile** form.
- › If you are nominating a new EMC to be appointed to manage part, or all, of the additional investment you will need to provide your investment objective and attitude to risk when you complete the standalone **Delegation Nomination of External Manager and/or Custodian** form.
- › The appointment or replacement of an EMC is subject to our agreement.
- › It is important to remember that there is a limit of one EMC appointment or switch in each rolling 12 month period.
- › Each EMC appointment to the bond incurs an additional quarterly administration fee.

G REGULAR WITHDRAWALS

OPTIONAL

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

It is important to consider how you will choose to pay adviser charges to your financial adviser when setting up any regular withdrawals. This is because any adviser charges agreed to be paid to your financial adviser, from the bond, will be treated as a withdrawal and will form part of your 5% annual tax deferred entitlement. This means any adviser charges taken in any policy year will be added to any withdrawals requested in order to calculate whether the 5% entitlement has been exceeded. Please refer to the **Product Guide** and our **Guide to charges** for the level of charges, tax implications, maximum withdrawals and minimum fund values for taking regular withdrawals.

Regular withdrawals will be taken equally across all policy segments.

Minimum £400 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.

PART 1 - AMEND EXISTING WITHDRAWALS

Would you like your existing withdrawals to increase in line with this additional investment? Yes No

PART 2 - 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 <input type="text"/> %	or	per payment <input type="text"/>								
2	Payment frequency	<input type="checkbox"/> Yearly	<input type="checkbox"/> Half-yearly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly								
3	Payment to start	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td> </tr> </table> <input type="checkbox"/> As soon as possible			d	d	m	m	y	y	y	y
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.

PART 3 - 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	<input type="text"/>
2	Account number (for BACS payments this must be 8 digits)	<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"/>
3	Bank sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
4	Building Society roll number (if applicable)	<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"/>
5	Bank BIC/Swift code (required for all payments outside the UK)	<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"/>
6	IBAN number (required for all payments to 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"/> <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"/>
9	Telephone number (including international dialling code)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/>
10	How long has the account been held?	<input type="text"/> <input type="text"/> 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 the account holder, plus certified identification for the account holder, which is listed in Section J.

H DATA PROTECTION

Insurance data

The information you provide in this Additional Single Premium Application Form is required by Utmost Ireland dac ("Utmost Ireland"), as data controller, to process this application, administer the product, to carry out statistical analysis, and to comply with legal obligations imposed on us. If you do not fully complete the details, it may not be possible for the application to be processed. This will mean that your additional premium will not be invested.

Storage of data

We store the personal data you provide in the Additional Single Premium Application Form. If your application is not accepted, we will still retain this information. After the Bond has terminated, we will continue to hold personal data to satisfy audit and statutory accounting requirements as well as any other requirements of applicable law.

Confidentiality and authorisation

All the personal data that is provided will be treated with confidence.

Disclosures of data

During the course of the Bond, we will pass relevant details to:

1. The relevant adviser appointed by you. We will not pass your personal information to any other party claiming to act for you unless you give us authority in writing to do so.
2. Other companies within the Utmost Group or other non Utmost Group companies including those located inside or outside the European Economic Area. Utmost Ireland dac will only pass details to third parties if it is necessary in order to arrange or administer the Bond, for statistical analysis purposes, or to carry out Utmost Ireland dac's legal or regulatory obligations or as set out in this Application Form or otherwise agreed with you. If we transfer your personal data outside of the European Economic Area, we will ensure that such transfer complies with applicable data protection legislation.
3. Interested reinsurers/personal insurers.
4. To a competent regulatory or governmental authority as required by law and in response to any reasonable request including Irish Revenue for the information you provide on your tax residency. These authorities may pass the data on to other regulatory or government authorities. For more information, you can refer to the AEOI webpage on www.revenue.ie.
5. **For UK resident policyholders**, we will notify the UK HM Revenue & Customs if a chargeable event occurs which creates a chargeable gain.

Your Rights

You have the right to access all the personal data held by us regarding you. If you would like a copy of the details we hold on you, please write to us at the address provided below. We may charge you an administrative fee. If you require further information please contact us on **+44 (0)1624 643 345**.

You also have the right to correct any errors in the information we hold about you, block certain uses or object to the processing of your personal data. If you exercise the aforementioned rights to block or object to our processing of your personal data and this impacts on our ability to administer your bond, we shall not be liable or responsible for any losses you may incur.

By signing this application form you consent to the use of your personal data as described herein. You are also confirming that you have fully explained to each person whose personal data is supplied to us in connection with your Bond why we asked for this information, what we will use it for and that they have agreed to this.

If you require further information about these rights, you can get this from either:

The Data Protection Co-ordinator at Utmost Ireland dac, Block E, Iveagh Court, Harcourt Road, Dublin 2, Ireland or the **Office of The Data Protection Commissioner, Canal House, Station Road, Portarlinton, Co Laois, Ireland.**

Having read these notes, please read the Declaration and sign in the appropriate boxes in Section I.

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 Delegation Product Guide, our 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, "I", "me" and "my" mean the policyholder or policyholders and "the Company" means Utmost Ireland dac.

I apply for an additional investment to my existing contract in accordance with the Policy Terms & Conditions and Policy Schedule.

I hereby confirm that I have not relied upon any statement made by my adviser which is not supported in the literature.

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

ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of Funds - Policyholder Statement of Truth

I 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 my 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 - I fully acknowledge and agree that if the Company discovers that I 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 me 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 me in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at the Company's discretion concerning me 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 my 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

I 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.

I understand and agree that the Company may collect information about each investor's tax residency in accordance with regulations created to enable automatic exchange of information, including Foreign Account Tax Compliance Act provisions contained in the US H.I.R.E Act 2010, and various agreements to improve international tax compliance entered into between Ireland, the US and other countries.

I also understand and agree that in certain circumstances the Company may be obliged to share this information with the Central Bank of Ireland.

I agree to inform the Company immediately should any information within this application change, **and understand** that I am obliged to do so.

I 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 my home country tax and/or other government authorities my identity and any relevant information considered necessary or appropriate, in the Company's discretion, concerning the bond.

I 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

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

I understand also 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 me or on my behalf was misleading or incomplete, then this might invalidate my contract and adversely affect my right to the payment of policy benefits. I 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.

I 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 additional investment has been received by the Company and the Company has expressly confirmed in writing that it accepts the additional investment.

I authorise the Company to perform electronic and other identity check searches. The Company will now as a result of gaining the authorisation, perform searches to verify my identity. This includes checking the details I supply against those held on any databases that a credit reference agency has access to and information from the Electoral Register and fraud prevention agencies. The Company may use scoring methods to verify my identity. Records of such searches will be kept and may be used to help other companies to verify my identity.

The Company may also pass information to financial and other organisations involved in fraud prevention to protect itself and its customers from theft and fraud. If I give the Company false or inaccurate information and the Company suspects fraud, the Company will record this and may share this information with other organisations.

I further authorise the Company to store and process the data relating to this application and to pass it on for these purposes to appropriate third parties and other members of the Utmost Group inside or outside the European Economic Area. The Company will only pass details to third parties if it is necessary in order to arrange the additional investment, to carry out any of these actions I have authorised in this declaration or carry out the Company's or Utmost Group's legal obligations. This authorisation applies whether or not the contract is actually entered into as well as in respect of insurance contracts applied for elsewhere and in respect of future applications. If requested, the address of the party receiving the data will be provided.

I understand that the Company may share some of my information with other Utmost Group companies and other carefully selected organisations located inside or outside the European Economic Area to send me details of products and services. I may be contacted by post, telephone or email.

If I tick this box, I confirm the Company can do this.

I acknowledge that selection of investments is the responsibility of the EMC appointed to my bond 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.

I understand that the Company and I 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 I 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.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
INDIVIDUAL POLICYHOLDERS

I 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.

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

I confirm that I am not ordinarily resident in Ireland and I am resident (that is I normally live) in the UK and confirm that, to the best of my knowledge and belief, I am not subject to any legislation which would make such an investment unlawful. I hereby undertake to inform the Company of any change in my country of residence during the lifetime of the bond.

I further confirm and declare that I am tax resident in the jurisdiction entered in Section C on page 4 of this application form and that if I am a US tax resident, I have indicated this in Section C and have provided my T.I.N.

Where there is more than one policyholder, please state the number of policyholders who will be required to sign for the following changes:

Change of standing data, e.g. change of address, change of bank details or change of financial adviser or EMC

Please note that if this is left blank, we will assume that all signatures are required for these changes.

	Policyholder 1	Policyholder 2																
SIGNATURE																		
Print full name																		
Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											

SIGNATURE

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

Once you have signed and dated the above boxes and your financial adviser has completed pages 20 - 22 please go to page 23 if you would like us to facilitate any adviser charges to your financial adviser.

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 addresses of all individuals related to a contract (e.g. policyholders, power of attorney).

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

We require **one suitably certified copy document** from **Part 1** together with **one 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 will require an explanation of why this is not available.

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

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

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

* Please complete for any other party to the application for which identification has been provided. 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

	Policyholder 1	Policyholder 2	*
1 A recent utility bill, rates, or council tax bill 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"/>
2 A recent mortgage statement, giving the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 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"/>
4 A state pension, benefit or other government produced document showing benefit entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 A recent tax assessment document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 An account statement from bank or bank credit card which is dated no more than 3 months old and certified (Store cards are not acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Proof of ownership or rental of the residential address	<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

Where relevant,
please tick
this box.



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

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 policyholder. Yes
- c) Where I have an existing relationship, the policyholders' 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 policyholders 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

SECTION 3 – POLICYHOLDER MUST COMPLETE IF THEY WOULD LIKE UTMOST IRELAND TO FACILITATE ANY ADVISER CHARGE PAYMENTS TO THEIR FINANCIAL ADVISER.

L ADVISER CHARGING

IMPORTANT INFORMATION BEFORE COMPLETING THESE PAGES.

This section should only be completed if you wish for us to facilitate the payment of any adviser charges to your financial adviser in relation to product advice, from your bond. Such charges should match the information shown in your Personal Illustration that will have been provided to you. You can choose to pay adviser charges in one of the following ways:

› **Direct adviser charge** – The adviser charges are paid by you directly to your financial adviser, in which case you will not need to complete this section.

Or facilitated by us:

› **Outside of the bond** – The initial adviser charge is paid as a flat amount through Utmost Ireland before the additional premium is invested into the bond. The additional premium must meet the minimum additional premium requirements after adviser charges have been deducted.

› **Inside the bond** – The adviser charges are paid to your adviser through Utmost Ireland either on an initial, ongoing or ad hoc basis from the bond, after the additional premium has been invested.

Please note

Any adviser charges that are facilitated by completing the following pages will be paid from your bond. As these relate to advice to you they will form part of your 5% annual tax deferred entitlement. This could have potential tax consequences and you should discuss this with your financial adviser before agreeing such payment or making subsequent surrender or withdrawal requests from your bond. Please note tax rules may change in the future and are subject to individual circumstances.

Adviser charges which you have agreed to pay from your bond can only be made through a partial surrender (withdrawal across all segments).

For detailed information about adviser charges and how these may be applicable to you please see our **Guide to charges** available on our website www.utmostwealth.com or from your financial adviser on request. Your financial adviser will also be able to answer any questions you may have.

ADVISER CHARGING

This section should only be completed if you wish for us to facilitate the payment of adviser charges to your financial adviser. We can do this in different ways, and as explained above the types of adviser charges available are detailed in our **Guide to charges**.

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, depending on the options you select, make adviser charge payments on your behalf to your financial adviser for the services they provide to you. We will continue to do this until this instruction ends or you tell us to cancel it. Once your additional single premium has been applied we require a month's notice of any changes to adviser charge payments that we facilitate.

Payments must not be taken from your bond in advance of the service being received by you from your financial adviser, and you should remember this when choosing the start date for any ongoing payments.

CANCELLATION OF ADVISER CHARGES

If you want to stop paying adviser charges from your bond you can cancel this Agreement by writing to us. We will cancel any future adviser charges that would be due. We will confirm any instructions to cancel an adviser charge to you and your financial adviser. You will need to make other arrangements with your financial adviser to pay any outstanding charges, or to discuss the refund of any payments made whilst we process your request.

If you decide to cancel your additional single premium 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.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
INDIVIDUAL POLICYHOLDERS

INITIAL ADVISER CHARGE

Please select one of the following payment options

Transaction type	Monetary amount*	% of premium
1 Adviser charge to be paid outside of the bond by taking it from the payment, with the remaining balance being invested as an additional premium into the bond	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	N/A
2 Adviser charge to be taken from the value of the bond	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	or <input style="width: 100%; height: 20px;" type="text"/> %

*the amount you enter will be deducted in the currency of your bond.

ONGOING ADVISER CHARGE

Please complete **(a)** and/or **(b)** below if you have agreed with your financial adviser to make a **regular** payment for ongoing advice or services you receive.

1 Please select the frequency of the payments: Yearly Half-yearly Quarterly Monthly

2 Enter details of adviser charge amount in either A) Monetary **OR** B) Percentage

A) Total annual monetary amount* of adviser charge to be taken from the value of the bond .

If you choose this option please state the total monetary amount you wish to pay per year. For example, if you wish to pay £200 on a half-yearly basis, the amount you should state here is £400 as the annual total.

OR

B) Total annual percentage of adviser charge to be taken from the value of bond %

If you choose this option please state the total percentage of bond value you wish to pay per year. For example, if you wish to pay 0.1% payable on a half yearly basis, the amount you should state is 0.2% as the annual total. Where a percentage (%) of bond value is chosen, the % will be calculated on the frequency of the payment that you've selected. For frequencies other than annual, the overall total % for the year may be lower or greater than the % you have chosen because of fluctuations in the bond value.

3 When would you like the adviser charge payments to start? / /

*the amount you enter will be deducted in the currency of your bond.

L 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, 'I', 'me' and 'my' mean the policyholder and 'the Company' means Utmost Ireland dac.

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

I understand and accept that where the adviser charge is being facilitated through the bond:

- › The adviser charge will only be paid when there is sufficient value, and cleared funds, in the bond to cover the payment in full.
- › If the total withdrawals taken from the bond, including any adviser charge payments, as prescribed in this form, exceeds 5% per annum of the premium(s) paid, then a chargeable event may arise and I may be subject to UK Income Tax on any excess over the 5% annual tax deferred entitlement.
- › The adviser charges apply to the bond as a whole and will not be reduced if I surrender one or more policy segments, unless I specifically request this to happen at the time of the segment surrender.
- › I can cancel the instruction to pay any future adviser charges due from my bond at any time by writing to the address shown on the back of this form.
- › Until you receive written notification to cancel this instruction, you will continue to make payments to my adviser.
- › If I change the adviser shown in section K, cancel payment of any adviser charges from my bond, cancel my application for the additional single premium within the cancellation period, assign the bond or any other situation where it is not reasonably possible for you to facilitate a payment it will be my responsibility to settle any outstanding adviser charges directly with my adviser.
- › I should contact my adviser in the first instance to discuss any adviser charges I believe should not have been applied to my bond.
- › I cannot cancel an adviser charge after it has been paid, even if I decide to cancel my additional single premium during the cancellation period, and acknowledge I will need to contact my adviser to discuss whether a refund is payable in full or in part.

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

- › The facilitation is in consideration of my application for an additional single premium;
- › The payment is subject to my application being accepted;
- › Should my application not proceed then I will be refunded my premium together with the adviser charge and it will be my responsibility to settle any outstanding adviser charges, if any, with my adviser;
- › No interest is payable or owed in respect of adviser charge money held by the Company to either me or my adviser;
- › The adviser charge relates to advice received in connection with the additional single premium;
- › I cannot cancel an adviser charge after it has been paid, even if I decide to cancel my additional single premium during the cancellation period, and acknowledge I will need to contact my adviser to discuss whether a refund is payable to me directly from my adviser in full or in part.

As the bond is linked to an External Managed Account, I acknowledge and agree that:


- › Any fund based adviser charge payments will be based on the last available fund value for the External Managed Account held in the Company's records.
- › Due to timing differences there may be significant market movements between the date when the Company's records were last updated with the fund value of the External Managed Account and the date the adviser charge is calculated as a percentage of the whole bond value.
- › Where I require any adjustment in adviser charges paid by the Company, the Company will not be responsible for making such adjustments and I will liaise directly with the adviser.
- › The actual amounts paid by the Company as adviser charges will be treated as the withdrawals from the bond and will be used in any chargeable event calculations.

By signing this box below I confirm that:

- › The adviser charges set out in this form match the Personal Illustration I have received from my adviser.
- › It will create legally binding obligations on me in connection with my bond.
- › This instruction is subject to the terms and conditions of the bond.

	Policyholder 1	Policyholder 2
SIGNATURE	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>
Print full name	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>
Date	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> ddmmyyyy </div>	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> ddmmyyyy </div>

SIGNATURE

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

Please ensure your financial adviser has completed and signed Section K on page 22.

M NOTES

N 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 for the policyholder.
- › If you would like us to facilitate any adviser charge payments to your financial adviser for the advice and service in relation to this bond, please complete and sign Section 3, Adviser charging, on page 23.
- › If you are also nominating or changing an External Manager and/or Custodian (EMC), the please enclose a fully completed and signed **Delegation Nomination of External Manager and/or Custodian (EMC)** 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 Faster Payment, BACS, CHAPS or telegraphic transfer, please contact your bank separately to send the payment to us. Details of our bank account are on page 5.

WHAT TO DO NEXT

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Ireland dac at: **Utmost Ireland dac, Block E, Iveagh Court, Harcourt Road, Dublin 2, Ireland.**