

# MANAGED CAPITAL ACCOUNT



## APPLICATION FORM - NEW BUSINESS AND TOP-UP

For the individual investor Life assurance or Capital redemption Not available in Hong Kong, Singapore, the USA or Latin America

THIS DOCUMENT WAS LAST UPDATED IN FEBRUARY 2024.

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 Type of application	3	<input type="checkbox"/>
B Details of individual applicant(s)	4	<input type="checkbox"/>
C Details of the life/lives assured (if you are applying for a life assurance policy and the life assured is different from the applicant(s))	6	<input type="checkbox"/>
D Source of Funds - Bank details where funds are being remitted from	7	<input type="checkbox"/>
E Source of Funds - Activity which generated amount to be invested	8	<input type="checkbox"/>
F Investment details	14	<input type="checkbox"/>
G Investment choice	14	<input type="checkbox"/>
H Regular withdrawals (Optional)	16	<input type="checkbox"/>
I Declaration and application	17	<input type="checkbox"/>
J Verification of customer identity – financial adviser/suitable certifier to complete	19	<input type="checkbox"/>
K Financial adviser/Suitable certifier declaration	21	<input type="checkbox"/>
L Payment instructions	23	<input type="checkbox"/>

CUSTOMER ID NUMBER(S)

Utmost International policy/  
account number

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(if reserved or if adding to an existing policy/account)

FINANCIAL ADVISER DETAILS

Utmost International account  
number

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Name of financial adviser

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Company name

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Address

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Telephone number

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Fax number

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E-mail address

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Utmost International only accepts business introduced by companies which have Terms of Business with us.

**We only sell our products through financial advisers as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser, you need to bear in mind that they are acting on your behalf and not on behalf of Utmost International. You are responsible for their actions or omissions.**

All references to Utmost International, **we**, **us** and **our** in this application form mean Utmost International Isle of Man Limited.

TAXATION INFORMATION

Under Automatic Exchange of Information (AEOI) regulations Utmost International 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 individual investors'. 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.

IMPORTANT INFORMATION FOR YOU - THE APPLICANT

**This application form is for individual applicants only.** If you are a trustee or corporate applicant you should use the alternative application form which is available from your financial adviser. Please note this application form must not be used by applicants resident in Hong Kong, Singapore, the United States of America or its territories or Latin America.

Before completing the application form, please make sure you receive and read through the relevant product information:

- › the brochure entitled **Flexibility and Freedom**
- › the Managed Capital Account at a glance - life assurance version or redemption version, and
- › the Managed Capital Account Terms (MCB4 or MCR2).

**For ease of reference we have used an arrow ► to highlight certain facts and sometimes to let you know that you can find further information.**

## KEY INFORMATION DOCUMENT (KID)

A KID is a short document that describes the product's key features and target market, as well as the cost of owning the product and the risks associated with investment. It allows you to make comparisons with similar products from Isle of Man Financial Services Authority authorised insurers.

Under the Isle of Man Financial Services Authority's Insurance (Conduct of Business) (Long Term Business) Code 2021, Utmost International is required to provide you with a KID, if you are applying for a new account or adding to an account that you started after 31st December 2001. Where it's applicable, you should make sure you read your KID before completing this application. It can be obtained from your financial adviser.

If you are starting a new account, you must sign and return the KID to Utmost International before we can accept your application.

If you are adding to an existing account, you do not need to return the KID to us.

## YOUR RIGHT TO CANCEL

You have the right to cancel your Managed Capital Account or additional investment and obtain a refund of any premium(s) paid, less any applicable charges\* and any fall in the value of the assets linked to your Managed Capital Account. You have 30 days from the date that you receive the Schedule for the initial premium, or letter accepting the additional investment to let us know you want to cancel. Further information on how to cancel can be found in the Managed Capital Account Terms & Conditions.

*\*Where relevant, applicable charges include non-refundable fund charges, fees we have paid to your financial adviser on your behalf and bank charges.*

## COMPLETING THE FORM

To complete this form:

- › use CAPITAL LETTERS only
- › use blue or black ink
- › specify choices as appropriate
- › complete all relevant sections
- › do not use correction fluid; any amendments should be crossed out, dated and initialled by all applicants.

We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

## A TYPE OF APPLICATION

### NEW INVESTMENT

If this is an application for a NEW Managed Capital Account, please indicate which type of policy/account you are applying for (✓)

The type of policy/account cannot be changed after it has been set up.

Life assurance

Capital redemption

Applicants for the capital redemption version do not need to complete section C.

Nature and purpose of  
Investment (e.g. saving for  
retirement)

### ADDITIONAL CONTRIBUTION

If this is an application for an ADDITIONAL CONTRIBUTION, please provide your existing Managed Capital Account number: (you can find this in your schedule)

► Unless your details have changed, you only need to complete the full forename(s) and surname of each policyholder/ accountholder and life assured (if applicable) in sections B and C. YOU MUST ALSO COMPLETE SECTIONS D, E, F, G, AND I, and your financial adviser will complete sections J and K. Complete section H and L if applicable.

**B** DETAILS OF INDIVIDUAL APPLICANT(S)

In this section, please give details of all individual applicant(s). Applicants must be at least 18 years old and the maximum age is 85.

	Applicant 1		Applicant 2 (If any)	
Title (✓)	Mr	Mrs Miss	Mr	Mrs Miss
	Other	<input type="text"/>	Other	<input type="text"/>
Full forename(s)	<input type="text"/>		<input type="text"/>	
Surname	<input type="text"/>		<input type="text"/>	
Maiden name, previous name or alias, if applicable <sup>1</sup>	<input type="text"/>		<input type="text"/>	
Sex (✓)	Male	Female	Male	Female
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	
Nationality	<input type="text"/>		<input type="text"/>	
Dual nationality (if applicable)	<input type="text"/>		<input type="text"/>	
Passport number/national identity card number	<input type="text"/>		<input type="text"/>	
Country of residence	<input type="text"/>		<input type="text"/>	
Residential address (Where you are currently living. Please note we do not accept c/o and PO Box addresses.)	<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"/> Postcode		<input type="text"/> Postcode	
Correspondence address (If left blank we will use your residential address for correspondence)	<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"/> Postcode		<input type="text"/> Postcode	

► Utmost International accepts no responsibility for the consequences of sending correspondence to the address provided. Utmost International reserves the right to send correspondence to your residential address where regulations prevent it being sent to any other address.

Telephone number including area code (daytime)	<input type="text"/>	<input type="text"/>
Telephone number including area code (evening)	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>

If you are applying for a life assurance policy, is this applicant also going to be a life assured? (✓)	Yes	No	Yes	No
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<sup>1</sup> If not completed we will assume you have never been known by another name.

## EMPLOYMENT DETAILS

**This section must be completed in all instances. Please note this section continues on the next page.**

Please give details of your employer or your own company if self-employed.

If you have retired, please include details of your previous employer or your own company before retirement. Please also enter your final year's salary/income and bonus, if any, before retirement.

	Applicant 1		Applicant 2 (if any)	
Employment status (✓)	Employed	Self Employed	Employed	Self Employed
	Retired	Not employed	Retired	Not employed
date of unemployment or retirement (if applicable)	<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>	
Occupation (including role, e.g. Director and sector, e.g. Accountancy. If you have retired please include your occupation before retirement. Please check that the industry is not a high or very high risk industry as confirmed in our <b>Anti-Money Laundering and Source of Wealth Requirements</b> .				
Name of employer or your own company				
Address of employer or your own company				
Postcode				
Country				
Website address of employer or your own company (if any)				
Last year's gross salary/income amount				
Currency (✓)	£	US\$	€	£
	Other (state currency)			Other (state currency)
Last year's bonus amount (if applicable)				
Currency (✓)	£	US\$	€	£
	Other (state currency)			Other (state currency)
If you receive income from another source, please provide full details here (e.g. dividend, investment, rental income including their nature and source)				
Currency (✓)	£	US\$	€	£
	Other (state currency)			Other (state currency)

## POLITICALLY EXPOSED PERSON

Under our current anti-money laundering obligations, we are required to identify persons associated with this application who could be classed as a Politically Exposed Person ("PEP"). 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. Immediate family members or close associates of a PEP should be considered a PEP in their own right. Provide details in the box below of any persons that could be considered a PEP (as defined above) in relation to this application. Non-completion confirms that there are no associated PEPs.

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## ADDITIONAL REQUIREMENTS FOR POLITICALLY EXPOSED PERSONS

Where any party to the application is considered a PEP (as defined above), you will be required to complete and submit a Source of Wealth Information Questionnaire alongside this application. This questionnaire can be obtained via [www.utminternational.com](http://www.utminternational.com) or by contacting us.

## EXISTING CONTRACT

Please provide details of any existing Utmost International contract you have or are making payments to (if applicable)

Type of contract	<input type="text"/>
Policy/Account number	<input type="text"/>

**All applicants must complete and sign the declaration in section I.**

► **Additional documents are needed to evidence your identity.**

## C DETAILS OF THE LIFE/LIVES ASSURED (IF YOU ARE APPLYING FOR A LIFE ASSURANCE POLICY AND THE LIFE ASSURED IS DIFFERENT FROM THE APPLICANT(S))

Please note you do not need to complete this section if the applicant(s) will be the only life/lives assured, if this is the case please just tick where indicated in section B.

The maximum age for a life assured is 85. If there are two or more lives assured, the policy/account will end on the death of the last life assured.

	First additional life assured (if any)	Second additional life assured (if any)
Title (✓)	<div>Mr Mrs Miss</div> <div>Other <input type="text"/></div>	<div>Mr Mrs Miss</div> <div>Other <input type="text"/></div>
Full forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Maiden name, previous name or alias, if applicable <sup>2</sup>	<input type="text"/>	<input type="text"/>
Sex (✓)	<div>Male Female</div>	<div>Male Female</div>
Date of birth	<div> <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                 </div>	<div> <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                 </div>
Nationality	<input type="text"/>	<input type="text"/>

<sup>2</sup> If not completed we will assume you have never been known by another name.

Dual nationality (if applicable)		
Residential address (Where you are currently living. Please note we do not accept c/o and PO Box addresses.)		
	Postcode	Postcode
Relationship to applicant(s)		

	Third additional life assured (if any)	Fourth additional life assured (if any)
Title (✓)	<div>MrMrsMiss</div> <div>Other<input type="text"/></div>	<div>MrMrsMiss</div> <div>Other<input type="text"/></div>
Full forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Maiden name, previous name or alias, if applicable <sup>3</sup>	<input type="text"/>	<input type="text"/>
Sex (✓)	<div>MaleFemale</div>	<div>MaleFemale</div>
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>
Nationality	<input type="text"/>	<input type="text"/>
Dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
Residential address (Where you are currently living. Please note we do not accept c/o and PO Box addresses.)	<div><input type="text"/></div> <div><input type="text"/></div> <div>Postcode<input type="text"/></div>	<div><input type="text"/></div> <div><input type="text"/></div> <div>Postcode<input type="text"/></div>
Relationship to applicant(s)	<input type="text"/>	<input type="text"/>

## D SOURCE OF FUNDS - BANK DETAILS WHERE FUNDS ARE BEING REMITTED FROM

**This section must be completed in all instances.**

► The contribution payment must come from an account held in the name of the applicant(s).

Bank account holder(s) (Name as stated on bank account)	
Bank account number/IBAN*	
Sort code** (if applicable)	
SWIFT or BIC code** (if applicable)	
Bank name	
Bank address	
	Postcode

<sup>3</sup> If not completed we will assume you have never been known by another name.

Country

How long have you held this account?  years  months

\*\* IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC).

\*\* A sort code is used in the UK in conjunction with a bank account number. A SWIFT code is used outside Europe in conjunction with a bank account number. A BIC code is used in Europe in conjunction with an IBAN.

## E SOURCE OF FUNDS - ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

### 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

For details of our documentary evidence requirements refer to our [Anti-Money Laundering and Source of Wealth Requirements](#).

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

Total amount received Currency  Amount

Number of years income accumulated  years

Institution holding the funds

Name of account where funds have been held

Account number

Length of time funds have been in this account  years  months

Nature of business

Main occupation during the accumulation period (e.g. Director. If you have retired please include your occupation before retirement. Please check that the industry is not a high or very high risk industry as confirmed in our [Anti-Money Laundering and Source of Wealth Requirements](#).

Main employer's name

Employer's address

Postcode

Average annual salary over the accumulation period Currency  Amount

Average annual bonus over the accumulation period 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:

- › 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

Address of loan provider   
  
  
Postcode

Total amount borrowed Currency  Amount

Date of loan

**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   months

**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

**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 Currency  Amount

Surrender penalty (if applicable)

Date received

#### 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

If the portfolio/investment 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 portfolio/investment. Please complete an additional relevant section to confirm this.

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"/>
	<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

If the property 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 property. Please complete an additional relevant section to confirm this.

Date of sale 

d	d	m	m	y	y	y	y
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Total sale amount Currency 

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 Amount 

--

Net amount applicant received from sale Currency 

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 Amount 

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#### 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 

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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:

- › 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

**F INVESTMENT DETAILS**

► **Your Managed Capital Account and your chosen funds must be denominated in the same currency that you pay your contributions in.**

POLICY/ACCOUNT CURRENCY

Payment currency (✓)                      £                      US\$                      €

The currency cannot be changed after your managed capital account is set up.

CONTRIBUTION PAYMENT

Lump sum contribution                                   
(Minimum amount £10,000/US\$15,000/€15,000)

Regular contribution                      

Monthly	<input type="text"/>
---------	----------------------

Quarterly	<input type="text"/>
-----------	----------------------

  
(Minimum amount £300/US\$450/€450)                      (Minimum amount £900/US\$1,350/€1,350)

Revised regular contribution (Total amount)                      

Monthly	<input type="text"/>
---------	----------------------

Quarterly	<input type="text"/>
-----------	----------------------

  
(Minimum amount £100/US\$150/€150)                      (minimum amount £300/US\$450/€450)

Initial payment method (✓)                      Credit card                      Telegraphic Transfer

Regular payment method (✓)                      Credit card                      Telegraphic Transfer

► **The contribution payment must come from an account in the name of the applicant(s).**

► **Please remember to enclose a copy of receipt of your Telegraphic Transfer or credit card payment authority (your financial adviser can provide you with the necessary details) with this application form.**

NUMBER OF POLICIES/ACCOUNTS - NEW CONTRACTS ONLY

Please enter the number of policies/accounts you would like:                     

The number of policies/accounts cannot be changed after the managed capital account is set up. (Minimum 1, maximum 100)

► **We normally issue 10 policies/accounts.**

**G INVESTMENT CHOICE**

Please use this section to list the funds which your contribution should be invested in. We have shown the UTM GBP Deposit Fund as an example. Your Managed Capital Account and your chosen funds must be denominated in the same currency that you pay your contributions in. You can invest a minimum of 1% in any fund (whole numbers only) and up to 10 funds.

**Please note if we do not receive sufficient details, this will delay your investment.**

MANAGED CAPITAL ACCOUNT  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

INVESTMENT CHOICE

Lump sum contribution

FUND NUMBER	FUND NAME - PLEASE ENTER NAMES IN FULL.	LUMP SUM CONTRIBUTION (WHOLE % NUMBERS ONLY)
For example, 85012	For example, UTM GBP Deposit Fund	%
		%
		%
		%
		%
		%
		%
		%
		%
		%
Total		100%

Regular contribution

FUND NUMBER	FUND NAME - PLEASE ENTER NAMES IN FULL.	LUMP SUM CONTRIBUTION (WHOLE % NUMBERS ONLY)
For example, 85012	For example, UTM GBP Deposit Fund	%
		%
		%
		%
		%
		%
		%
		%
		%
		%
Total		100%

In the absence of complete investment instructions, or if a selected fund is not currently available, Utmost International will make efforts to obtain valid investment instructions. Failing which Utmost International will allocate part or all of the contributions to a deposit-based fund.

In case we need to clarify the investment choice details above, please provide us with a contact name and contact details.

Contact name

Telephone number  
including area code  
(day time)

Telephone number  
including area code  
(evening)

Fax number

E-mail address

## H REGULAR WITHDRAWALS (OPTIONAL)

Please complete this section if you wish to receive regular withdrawals from your policy/account. NOTE: regular withdrawals are not available when you pay regular contributions into your policy/account. Withdrawals must be in the same currency as the Managed Capital Account.

Please note that the minimum payment for any regular withdrawal payment, regardless of frequency, is £500 (or other currency equivalent).

► **Additional investments: if this is an application for an additional contribution into your existing Managed Capital Account and you wish to change the amount of withdrawal on your Managed Capital Account, please enter the revised total withdrawal amount required. If this is a new request for withdrawals you can base a percentage amount on either your original or total contribution paid.**

### WITHDRAWAL AMOUNT

Amount to be withdrawn each year

or

Percentage of premium to be withdrawn each year  %

Percentage to be based on your (✓) ☐ original contribution or ☐ total contribution invested in the policy/account

Withdrawal frequency (✓) ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Date of first payment

The first withdrawal must be made at least one month after the policy/account starts. If no date is specified, the regular payment date will be fixed by reference to the policy commencement date/account start date.

### PAYEE DETAILS

► Please note if the payee details below differ from the bank details you gave us relating to your original source of funds for your contribution, as detailed in section F of this application form, then we may need additional documentation. This may delay the payment you have requested.

Until further notice, I/we would like income payments to be made to:

Bank account holder (Name as stated on bank account)

Bank account number/IBAN\*

Sort code\*\* (if applicable)  -  -  Branch code for non-UK payments

SWIFT or BIC code\*\* (if applicable)  ABA number\*\*\*

Personal address of bank account holder(s)   
  
  
  
 Postcode  
 Country

\*IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC).

\*\* A sort code is used in the UK in conjunction with a bank account number. A SWIFT code is used outside Europe in conjunction with a bank account number. A BIC code is used in Europe in conjunction with an IBAN.

\*\*\* Applicable for US bank accounts.



## I DECLARATION AND APPLICATION

### DATA PRIVACY 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/](http://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](mailto: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: [IOMFMDPO@Utmmostgroup.com](mailto:IOMFMDPO@Utmmostgroup.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.

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## IMPORTANT INFORMATION

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Please read the following declaration carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Managed 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 we can assess its possible significance. If you become aware of such a fact while we are considering your application, you should notify us immediately.

You should satisfy yourself that under any taxation, exchange control or insurance law to which you may be subject, you are able to effect the proposed contract.

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## DECLARATION - BY EACH APPLICANT

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1. I understand and agree that the contract I am applying to enter with Utmost International will be subject to Isle of Man law and that the Policy/Account Terms and Conditions will be provided in the English language.
2.
  - a. If a policy/account number is not shown in section A of this form, I request that the amount shown in section F be invested as an initial premium for policies comprising an Utmost International Managed Capital Account, and request Utmost International to issue the policies in my name, and jointly with the other applicants, if any; or
  - b. I request that the amount shown in section F be invested as an additional premium for the policies currently in force bearing policy/account numbers consisting of the policy/account number, as shown in section A of this form, followed by two more digits.
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 that I have not concealed any material fact.
4. Where this application is for a Managed Capital Account, I confirm that each life assured (or parent where parental consent is required) consents to this application and agrees to my acting as their agent for the purposes of the information provided in this application.
5. I authorise and request Utmost International to effect the transaction detailed in section H and confirm that such payments will discharge Utmost International from all liabilities and claims arising from those regular withdrawals. I understand that this authority supersedes any authority previously given.
6. I confirm that I am not a resident in Hong Kong, Latin America, Singapore or the United States of America or any of its territories. If I become a resident in the United States of America or any of its territories, I understand that Utmost International will not accept any further premiums until after I cease to be a resident of the United States of America or any of its territories.
7. I understand that Utmost International 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 International reserves the right to send correspondence to my residential address where regulations prevent it being sent to a third party.
8. I confirm that I have received a copy of Flexibility and Freedom for the Managed Capital Account product brochure, The Managed Capital Account at a glance - life assurance or redemption version and I have had the opportunity to read them when completing this application form.
9. I confirm that I am aware of the fees (if applicable) payable for the chosen investment(s) held in my policy. I understand that the fees exist partly to meet the promotion and distribution expenses of the product, including commission paid to a financial adviser and/or fund adviser. I understand that Utmost International may receive payments in the form of fund manager rebates, from an investment provider in respect of the investments held, and which Utmost International may share with my financial adviser.

10. I confirm that in cases where the fund(s) I have selected is not redeemable for a certain period of time, Utmost International may not be able to return that part of my payment until the end of that period. The description of the fund(s) I have chosen will give details if this applies. I may invest immediately into non-daily dealing funds with the understanding that in the event of cancellation or requiring early access that:
- i. I may not get my money back immediately and payment may be delayed for sometime.
  - ii. the institution may impose penalties and therefore I may get back less than I invested.
11. I appoint the financial adviser specified on page 1 of this application form to act on my behalf in accordance with the policy/account terms and conditions.
12. 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.
13. The application for an Utmost International policy/account 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.

**Please enter the country in which this application form was completed.**

This application must be completed by the applicant(s) unless you have asked your financial adviser to complete it.

**Did you complete this application form yourself? (✓)**

**Yes**

**No**

**If No, who completed it on your behalf?**

By signing this declaration you confirm that you have read through the above declaration and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

**SIGNATURE**

**Applicant 1**

**Applicant 2 (if any)**

Date

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

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

Copies of the Policy/Account Terms and Conditions and/or this completed application form are available from Utmost International on request.

A copy of the policy/account terms for your application are contained on the Utmost International website. Links to the following policy/account terms can be found here [www.utmostinternational.com](http://www.utmostinternational.com).

Managed Capital Account Life assurance (MCB4)

Managed Capital Account Capital redemption (MCR2)

**J VERIFICATION OF CUSTOMER IDENTITY - FINANCIAL ADVISER/SUITABLE CERTIFIER TO COMPLETE**

**This section must be completed in all instances.**

► **Please note that we will not be able to set the Managed Capital Account live until this section has been completed and you have provided the necessary identification documentation.**

Outlined below are the standard minimum requirements. In some circumstances we may need additional information.

We require one document from part A and one from part B. If neither document in part A is available, please provide the reason why and provide two formal documents showing appropriate personal details and verifiable reference numbers from part B.

**Identification documentation should be current and valid. Evidence of address should be the latest available, but no more than six months old.**

► **Please tick (✓) to indicate the identification you have supplied for each individual party to the Managed Capital Account. If a fund adviser has been appointed we may need to verify the identity of the appointee.**

PART A INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

1. Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document (✓)	Passport	National identity card	
Document reference	<input type="text"/>		
2. Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	Passport	National identity card	
Document reference (✓)	<input type="text"/>		
3. Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	Passport	National identity card	
Document reference (✓)	<input type="text"/>		
4. Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	Passport	National identity card	
Document reference (✓)	<input type="text"/>		

PART A - REASON WHY DOCUMENTS ARE NOT PROVIDED (IF APPLICABLE)

PART B - PROOF OF RESIDENCE INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

These must be less than six months old	1	2	3	4
1. A recent utility, rates or council tax bill (mobile/cell phone bills not acceptable)				
2. A recent mortgage statement, giving the residential address				
3. An extract from the official register of electors				
4. A state pension, benefit or other government produced document showing benefit entitlement				
5. A recent tax assessment document				
6. A recent account statement from bank or credit card (store cards not acceptable)				
7. Proof of ownership or rental of the residential address				

Please contact us if you are unable to supply any of the above-mentioned documents.

## PART C - FINANCIAL CRIME - RISK RATING

► Please refer to the Source of Funds and Source of Wealth guidelines (available from Utmost International) for information on how to complete the table below.

As part of the global effort to prevent financial crime, Isle of Man authorised life companies may adopt a 'risk-based approach' when obtaining evidence of the source of a client's wealth. In order to speed up the application process we have provided you with the table below to allow you to find out your client's risk rating before submitting the application form to us. **We highly recommend that you complete the risk rating as it allows you to determine if you need to enclose further documentary evidence with the application form or not. If we do not receive the necessary documentary evidence with the application form, then it will take longer to process the business.**

In order to decide what risk rating applies to your client's investment you need to take into account the following factors:

- a. your client's country of residence
- b. which country the contribution is paid from

(a) + (b) = total risk rating

APPLICANT	CLIENT COUNTRY OF RESIDENCE (A)	COUNTRY THAT THE PREMIUM IS PAID FROM (B)	TOTAL RISK RATING
Example	Switzerland (1)	UK (1)	2

Utmost International reserves the right to request further documentation if it is felt appropriate. Please note that each new application, or application for an additional investment, will be reviewed individually.

If you are unsure about a particular application, please contact, in the first instance, your Utmost International consultant, or alternatively contact your Utmost International Sales Support team.

## K FINANCIAL ADVISER/SUITABLE CERTIFIER DECLARATION

**This section must be completed in all instances.**

### 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
Valid identity document(s)			
Valid proof of residential address			
Source of funds			
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.

MANAGED CAPITAL ACCOUNT  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

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
---	---	---	---	---	---	---	---

**Regulatory body authorisation number** (if applicable)

**Regulator name**

**Utmost International financial adviser account number**

--	--	--	--	--	--	--	--	--	--

**SIGNATURE**

**Financial Adviser**

Full name of financial adviser

Financial adviser stamp

Date

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

**L PAYMENT INSTRUCTIONS**

**Remitting bank details** - Please note that the payment frequency must be the same as your regular contribution frequency.

To: The Manager

Name of your bank

Address of your bank



Postcode	Country
----------	---------

Please transfer the sum of

£

US\$

€

(Amount of lump sum contribution plus any initial regular contribution.)

Contributions must be in the same currency as your policy/ account.

On the

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

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

Followed by

£

US\$

€

(Please quote policy/ account number with each payment.)

on the same day: (✓)

Monthly

Quarterly

Half-yearly

Yearly

**Please charge the amount of the payment, together with any bank and agent bank's charges, to my/our bank account.**


\_\_\_\_\_

[illegible]

--	--	--	--

[illegible]

Postcode
Country

--

--

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

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

\* IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC).

*\*\* A sort code is used in the UK in conjunction with a bank account number. A SWIFT code is used outside Europe in conjunction with a bank account number. A BIC code is used in Europe in conjunction with an IBAN.*

### Banking details

STERLING PAYMENTS

Sort code: 55-91-00

Bank: Isle of Man Bank, East Region, 2 Athol Street,  
Douglas, Isle of Man

Beneficiary: Utmost International Isle of Man Limited

IBAN<sup>\*\*\*</sup>: GB89NWBK55910010934022

BACS payment account number: 10934022

SWIFT code: RBOSIMD2XXX

Sort code: 55-91-00

Bank: Isle of Man Bank, East Region, 2 Athol Street, Douglas, Isle of Man

Beneficiary: Utmost International Isle of Man Limited

IBAN: GB89NWBK55910010934022

## OTHER CURRENCY PAYMENTS (SWIFT PAYMENTS)

Payments should be made to Utmost International Isle of Man Limited's accounts held with National Westminster Bank, London.

SWIFT code: NWBKGB2LXXX

Bank: National Westminster Bank, London

IBAN: (select as applicable, see below)

1. US dollar IBAN - GB69NWBK60730167505139
2. Euro IBAN - GB11NWBK60720257005028

\*CHAPS is an electronic bank-to-bank same day value payment made in the UK in pound sterling (£).

**\*\*SWIFT** is an acronym for Society for Worldwide Interbank Financial Telecommunications.

\*\*\*IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC).

► The contribution payments must come from an account held in the name of the applicant(s).



MANAGED CAPITAL ACCOUNT  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

CREDIT CARD PAYMENT AUTHORITY

Please read the following carefully and complete all sections.

Account number  
(to be completed by Utmost  
International or your financial adviser)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I hereby authorise Utmost International to collect my contribution payment in the following currency (✓)      £      US\$      €

**Please note that an additional 1% service charge applies to payments collected in pound sterling, US dollar and euro.  
For international payments, please advise your credit card company of payments to avoid delays.**

Please collect the contribution from my account stated below (✓)

	Access	Delta	Eurocard	MasterCard	visa								
Contribution amount	<input type="text"/>												
			Initial collection date	<table border="1"><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						

If blank, initial collection will be processed when we receive your application

Please tick appropriate (✓)

	All regular contributions	Initial regular contributions only	Lump sum contributions
--	---------------------------	------------------------------------	------------------------

Frequency

	Monthly	Quarterly
--	---------	-----------

Please check the frequency for your product.

Regular collection date

	1st	7th	15th	25th
--	-----	-----	------	------

Where the date is left blank, collections will be taken on the nearest subsequent date after commencement.

Name of Utmost International policyholder(s)/  
accountholder(s)


Name of cardholder

--

Address of cardholder  
(If the address on this authority form differs to the policyholder(s)/  
accountholder(s) current residential or correspondence address, please provide an explanation).


Card number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry date

m	m	y	y
---	---	---	---

Card issuer  
(For example bank name)

--

Country of issue

--

Cardholder

SIGNATURE

--

Date

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

#### IMPORTANT NOTES

1. Please check with your credit card issuer that your credit card is authorised for international transactions and advise them of the expected payments to avoid delays.
2. Utmost International reserves the right to vary the service charge at any time. Should the service charge be increased, Utmost International will notify the cardholder in advance.
3. Payment by credit card is not permitted where the credit card is American Express.
4. This form authorises Utmost International to collect up to a maximum of three months' outstanding contributions from the above credit card on the policyholder(s)/accountholder(s) chosen collection date.
5. Maximum amount to be collected by credit card is £3,500, US\$5,000, or €5,000, per payment transaction.
6. If Utmost International is unable to collect a contribution via the credit card, you must forward the overdue amount to Utmost International's Premium Collection Department, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.
7. The renewal collection date will be the date specified above, or if it is not a working day, a default date will automatically be chosen by Utmost International if no date is specified.
8. On your credit card statement the narrative will read UIIOM for your contribution payment.
9. If you are, or you become, a resident of the United States of America or its territories, then Utmost International may refuse to accept payment or continue to collect payment.

## A WEALTH *of* DIFFERENCE

[www.utmostinternational.com](http://www.utmostinternational.com)

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

Utmost International Isle of Man Limited is registered in the Isle of Man under number 024916C.

Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Tel: +44 (0)1624 655 555 Fax: +44 (0)1624 611 715. Licensed by the Isle of Man Financial Services Authority.

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

ULQ PR 02586 | 02/24