

UNIT LINKED POLICIES

PREMIUM AMENDMENT

This form can be used to increase or decrease regular premiums, to pay an additional single premium (top-up), to change frequency or to reinstate a policy.

For a corporate investor.

FOR USE WITH THE FOLLOWING PRODUCTS

Managed Savings Account

Managed Pension Account

Managed Capital Account

Executive Wealthbuilder Account

THIS DOCUMENT WAS LAST UPDATED IN SEPTEMBER 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.

FINANCIAL ADVICE

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.

IMPORTANT INFORMATION FOR YOU - THE APPLICANT

This application form is for corporate investors only. If you are a personal investor 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 terms and conditions and other relevant product information.

In addition to this form you will need to complete the [Tax Declaration and Self-Certification for Entity Investors](#)

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 31 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.

As 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 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 policy. You have 30 days from the date that you receive the letter accepting the additional investment to let us know you want to cancel. Further information on how to cancel can be found in the relevant policy 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.

HOW TO SUBMIT THIS FORM

Electronic version

Completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at IOMnewbusinessheritage@utmostgroup.com

Paper version

If you are completing a hard copy of this form, please use blue or black ink and BLOCK CAPITALS. If you make a mistake cross it out, put in the correct words and sign your initials next to the correction. Do not use correction fluid.

Once completed, arrange for your Financial Adviser to return this form and any supporting documents to: Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

SECTION	PAGE	COMPLETED
A Accountholder details	2	<input type="checkbox"/>
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A ACCOUNTHOLDER DETAILS

A1 CORPORATE APPLICANTS

- 1 Company name
- 2 Company registration number
- 3 Registered address (PO Boxes and 'care of' addresses are not acceptable)

	Postcode
- 4 State the jurisdiction in which the company is liable for tax
- 5 Full correspondence address

	Postcode
- 6 If the correspondence address is different from the registered address, give a reason

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

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

9 Is the company a trading company? Yes No
If "Yes", state its main business

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

11 Is the company quoted on a recognised stock exchange? Yes No
If "Yes", which one?

12 Has the company been established or owned by a Government Department, Political Party, Local Council Authority, Trade Union or State Owned Industry? Yes No
If "Yes", give a description.

For this purpose, a holding company or a collective investment scheme is not an investment company.

Question 12, refer to our separate document **Politically Exposed Persons**

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

FULL NAME	DATE OF BIRTH							
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y

Directors

From the list, supply the details of two directors, including at least one executive director. You will need to provide suitable verification of their identity and residential address at Section G.

	Executive Director		Director	
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>		<input type="text"/>	
2 Gender	Male	Female	Male	Female
3 Forenames (in full)	<input type="text"/>		<input type="text"/>	
4 Surname	<input type="text"/>		<input type="text"/>	
5 Do you have a maiden name, previous name or alias?	Yes	No	Yes	No

6	If "Yes" provide the other name(s)	<input type="text"/>	<input type="text"/>
7	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"/>
		<input type="text"/>	<input type="text"/>
		Postcode	Postcode

Shareholders

If there is a corporate shareholder or any of the shares are held within a Trust, contact our Heritage Team on **+44 (0) 1624 655 655**.

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

	Shareholder 1		Shareholder 2		
1	Percentage share		<input type="text"/>		
2	Title (Mr, Mrs, Miss or Other)		<input type="text"/>		
3	Gender	Male	Female	Male	Female
4	Forenames (in full)		<input type="text"/>		
5	Surname		<input type="text"/>		
6	Do you have a maiden name, previous name or alias?	Yes	No	Yes	No
7	If "Yes" provide the other name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>	<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

	Shareholder 3		Shareholder 4		
1	Percentage share		<input type="text"/>		
2	Title (Mr, Mrs, Miss or Other)		<input type="text"/>		
3	Gender	Male	Female	Male	Female
4	Forenames (in full)		<input type="text"/>		
5	Surname		<input type="text"/>		
6	Do you have a maiden name, previous name or alias?	Yes	No	Yes	No
7	If "Yes" provide the other name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>	<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

Proof of identity and verification of addresses will be required for the above-named shareholders. The required documents are outlined in Section **G** of this application. Further details of these requirements are available from us on our website www.utmostinternational.com

B POLITICALLY EXPOSED PERSON

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. **Where information as to the PEP's occupation and current employer or previous employer, as relevant, is not captured elsewhere in the application form, please provide this information below. Please include the name of the employer and the employer's address.**

Is there anyone associated with this application who could be considered a PEP? Yes No

If "Yes" please provide details

C POLICY AND PREMIUM DETAILS

C1 POLICY DETAILS

Product

Existing Account Number

Nature and purpose of investment

	<input type="checkbox"/> Succession Planning	<input type="checkbox"/> Retirement Planning
	<input type="checkbox"/> Other	<input style="width: 450px; height: 25px;" type="text"/>

C2 PREMIUM DETAILS

Please complete the section below with your contribution amount(s) and their currency. Please note you cannot change your policy or payment currency. Please refer to your policy terms and conditions for frequencies and minimum amounts.

We may require additional documentary evidence to support your change in contribution instructions before we can process it. Your financial adviser can establish if further documentary evidence is needed by contacting us before sending in this form.

C2.1 POLICY REINSTATEMENT

Do you want to reinstate your policy? Yes No

If "Yes", What date would you like to reinstate your policy from?

d	d	m	m	y	y	y	y
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Would you us to collect all missed premiums from your payment card? Yes No

If "Yes" please note this collection will be in addition to the amount listed in Regular Contributions below.

C2.2 REGULAR CONTRIBUTIONS

Current payment frequency Monthly Quarterly Half-yearly* Yearly*

(*For all except Managed Capital Account)

Do you want to change the payment frequency? Yes No

If "Yes" please confirm the future payment frequency Monthly Quarterly Half-yearly* Yearly*
(*For all except Managed Capital Account)

Currency £ US\$ € HK\$

Current regular contribution level Amount of regular contribution increase

Amount of regular contribution decrease Total regular contribution following change

Payment method for regular contributions

Please tick your **current** payment method for regular contributions.

Card Payment Telegraphic transfer

C2.3 AUTOMATIC CONTRIBUTION INCREASE OPTION (AVAILABLE ON CARD PAYMENTS ONLY)

Please refer to your Account terms and conditions to see if this option is applicable to your Account.

If you would like your regular contributions to automatically increase on each Account anniversary, please tick the appropriate option below:

5% each Account year

10% each Account year

Please note that this form cannot be used to change your payment frequency. Any increase in premium must be equal or greater than the minimum additional premiums applicable to the product at that time. We will apply the additional contribution(s) to your account following receipt of your payment. If the increased payment is not received within 60 days of receipt of this document, your request will not be processed.

C2.4 ADDITIONAL LUMP SUM CONTRIBUTIONS (TOP-UP)

(minimum amount relevant to your account, please refer to the terms and conditions)

Currency £ US\$ € HK\$

Additional lump sum contribution amount

Payment method for additional lump sum contribution

Please tick the method with which you would like to make your lump sum contribution.

Card payment Telegraphic transfer

If you have ticked card payment above please complete section C4

Please tick to confirm that you understand that any increase to your regular contribution/additional lump sum amount will be allocated to your Account in accordance with the terms and conditions of your Account.

If you would like to change your current fund selection please contact your financial adviser to obtain the relevant switch form.

C3 TELEGRAPHIC TRANSFER DETAILS

The contribution payment must come from an account held in the name of the Accountholder.

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

Country

How long have you held this account? years months

C4 CARD PAYMENTS

Please read the following carefully and complete all sections.

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

Please note we do not accept pre-paid credit cards or pre-paid debit cards.

A 1% card charge may apply. Please check with your card provider.

For international payments, please advise your card company of payments to avoid delays.

Please collect the contribution from my account stated below

Card type	Debit	Credit			
	Access	Delta	Eurocard	Mastercard	Visa
Contribution amount	<input type="text"/>		Initial collection date	<input type="text"/>	
				If blank, initial collection will be processed when we receive this application	
Collection	All regular contributions		Initial regular contributions only	Lump sum contributions	
Please confirm the frequency for your collection.	Monthly	Quarterly	Half-yearly ¹	Yearly ¹	
	(Only applicable when adding regular contributions to an existing single premium contract.)				
Regular collection date	1st	7th	15th	25th	

For new contributions, where the date is left blank, collections will be taken on the nearest subsequent date after commencement. Collections for amended contribution payments will be taken on the same date as the existing collection.

Link to set up card payment

Please select either the QR code or URL link to enable you to upload your card details. Please choose the relevant currency link.

PLAN CURRENCY	US DOLLAR	EURO	GBP	HONG KONG DOLLAR
QR CODE				
URL	www.utmostinternational.com/pay-by-link-iom-usd/	www.utmostinternational.com/pay-by-link-iom-eur/	www.utmostinternational.com/pay-by-link-iom-gbp/	www.utmostinternational.com/pay-by-link-iom-hkd/

¹ For all except Managed Capital Account.

D INVESTMENT OPTIONS

Please use this section to list the funds which your contribution should be invested in. 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.

INVESTMENT CHOICE

Lump sum contribution

FUND NUMBER	FUND NAME - PLEASE ENTER NAMES IN FULL.	LUMP SUM CONTRIBUTION (WHOLE % NUMBERS ONLY)
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
TOTAL :		100 %

Regular contribution

FUND NUMBER	FUND NAME - PLEASE ENTER NAMES IN FULL.	REGULAR CONTRIBUTION (WHOLE % NUMBERS ONLY)
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
TOTAL :		100 %

Address of bank

Postcode	Country

F SOURCE OF FUNDS

F1 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 their origin.

Documentary evidence requirements:

All investments are assessed on a case-by-case basis. Depending on the answers provided in the application we may request independent evidence of source of funds. We can accept original or suitably certified copies of source of funds evidence. Guidance on how to certify documents is available in our [Anti-Money Laundering and Document Certification Requirements document](#). Please provide as much detail as possible. If it is not clear how the funds were accumulated we will need to request further information and the Bond will not be issued until the requested information is received and a satisfactory risk assessment is completed.

1. Compensation payment

Name of organisation or individual that paid compensation	<input type="text"/>	
Reason for compensation	<input type="text"/>	
Country where compensation was awarded	<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"/>	

2. Loan

Name of loan provider	<input type="text"/>	
Address of loan provider	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Total amount borrowed	Currency <input type="text"/>	Amount <input type="text"/>
Date of loan	<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"/>	
Purpose of loan	<input type="text"/>	

3. Maturing policy/policy claim/replacement policy/pension

If the source of funds is the sale of an investment rather than maturity, please complete 4 instead.

Name of policy provider

Address of policy provider

 Postcode

Policyholder's full name

Length of time policy held years months

Amount of the original investment

Details of the activity that generated the original investment

Reason for policy claim or replacement policy (if applicable)

Total amount received Currency Amount

Date received d d m m y y y y

If a surrender penalty was applied, please indicate the amount

4. 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 3 instead.

Description of asset portfolio or investment (e.g. government bonds, equities etc.)

Name of the company that held it

Registered address of company

 Postcode

Account name

Length of time asset portfolio or investment held years months

7. Company profits (trading companies only)

Company profits (currency and amount) most recent trading year

Company profits (currency and amount) most prior trading year

8. Share sale

If the source of funds is the sale of an investment rather than maturity, please complete 4 instead.

What shares were held

Amount of sales proceeds Currency Amount

How they were sold (bank, stockbroker, etc.)

Address of bank, stockbroker etc.

 Postcode

Date received

How long were the shares held years months

9. Other income sources

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

- 3 A recent⁷ mortgage statement, giving the residential address
- 4 A current driving licence
- 5 A state pension, benefit or other government produced document showing benefit entitlement
- 6 A recent⁷ tax assessment document
- 7 Rates or council tax bill dated and certified within the last year
- 8 A recent⁷ account statement from bank or credit card showing at least one transaction

Mobile phone bills and store card statements are not acceptable.

Reference number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing entity ⁸	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 3 - CORPORATE ENTITIES

A copy of the Certificate of Incorporation

Company Memorandum and Articles of Association

Evidence of the registered office of the Company

Copy of annual reports and accounts (only required where not a public company)

An authorised signatory list including specimen signatures and signing powers

A list of all shareholders holding 25% or more of the issued share capital

A certified copy of the Board Resolution appointing the authorised signatories (for public registered companies only)

PART 4 - 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 'who has met the client face to face' also includes via live video stream.

	Obtained by the adviser who has met the client face to face	Obtained via a third party who has met the client face to face	Provided direct to Utmost by the client
Valid identity documents			
Valid proof of residential address			

⁷ Recent generally means not more than six months old, if issued on a monthly basis. If the document is issued less frequently, e.g. annually, recent means the most recently issued document (for example mortgage statements are usually issued annually).

⁸ To include entity name and country where the document was issued.

PART 5 - THIRD-PARTY DETAILS

If you have not met the person being identified face to face or customer due diligence (CDD) has been obtained via a third party who has met the person being identified face to face, please provide the following details:

Third-Party Details

Name of individual who obtained the CDD or met the person being identified face to face

Occupation that qualifies the individual to certify CDD

Date of birth

Residential address

 Postcode

Registered company name

Registered company address

 Postcode

Was another third party involved in obtaining CDD details? Yes No

If "Yes" please photocopy this page and attach the completed section securely to the form.

H FINANCIAL ADVISER DETAILS

Utmost International account reference

Name of financial adviser

Company name

Address

Telephone number Fax number

E-mail address

Regulatory body name Registration number with regulatory body

I DECLARATION AND APPLICATION

IMPORTANT INFORMATION - THIS SECTION MUST BE COMPLETED

Please read this declaration carefully.

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

If you are uncertain whether a fact is material, you should give full details so that Utmost International can assess its possible significance.

If you become aware of such a fact while Utmost International is considering your application, you should notify Utmost International immediately.

DECLARATION - BY EACH APPLICANT

References to the word 'I' in this declaration refer to:

1. each director/authorised signatory on behalf of the company.
 1. I understand and agree that this policy/account with Utmost International will be subject to Isle of Man law and that the Policy Terms will be in the English language.
 2. I declare that to the best of my knowledge and belief the statements made in this application are true and complete and together with any statements made or to be made by me or a life assured in any other document shall form the basis of the contract between me and Utmost International Isle of Man Limited.
 3. I confirm that:
 - i This application form was signed in (country)
 - ii I have received a copy of and had the opportunity of reading the relevant product brochure before completing this application.
 4. I have read and understand the content of this document.
 5. I confirm that neither I nor each life assured am/are, or will become a resident of the Isle of Man. I confirm that the company is not incorporated in the Isle of Man and will not be incorporated in the Isle of Man.
 6. I confirm that the additional contribution accompanying this Application (if applicable) has been provided from my/our/the company's personal financial resources.
 7. I understand that if I become resident or the company becomes incorporated in the United States of America, Utmost International may not be able to accept any further contributions until after I cease to be a resident or the company ceases to be incorporated in the United States of America.
 8. 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.
 9. I confirm that each life assured (or their parent where parental consent is required) consents to this application, and agrees to my acting as their agent for the purpose of the information provided in this application.
 10. I am aware of the charges payable on the policy/account, including the charges payable in respect of the investments which may be held within it. I understand the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and on-going payments (such as commission) made to the financial adviser. These payments could be in addition to any commission payable by the investment provider to the financial adviser in respect of the investments held. 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.

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, and / or Utmost PanEurope dac (Utmost International) will process personal information about me and any other party whose personal information I have provided.

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

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

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

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

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

I may ask Utmost International to:

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

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

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

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

Or email: dataprotection@utmost.ie

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

Or email: IOMFMDPO@Utmostgroup.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 Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, D02 RD28, 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.

Corporate Accountholder details

SIGNATURE

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d	d	m	m	y	y	y	y										
d	d	m	m	y	y	y	y										

SIGNATURE

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A copy of this completed application is available 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 are provided on our website www.utmostinternational.com

J PAYMENT DETAILS

BANK DETAILS

STERLING PAYMENTS			
From UK banks (CHAPS payments)		From non-UK banks (SWIFT payments)	
Sort Code:	55-91-00	SWIFT code:	RBOSIMD2XXX
Bank:	Isle of Man Bank, East Region, 2 Athol Street, Douglas, Isle of Man	Sort code:	55-91-00
Beneficiary:	Utmost International Isle of Man Limited	Bank:	Isle of Man Bank, East Region, 2 Athol Street, Douglas, Isle of Man
IBAN***:	GB89NWBK55910010934022	Beneficiary:	Utmost International Isle of Man Limited
BACS payment account number:	10934022	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	BAN - GB69NWBK60730167505139
2. Euro	IBAN - GB11NWBK60720257005028

IMPORTANT

Please make sure that the applicant name and/or policy number is/are quoted in the payment field.

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

A WEALTH *of* DIFFERENCE

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 11341 | 09/24