

UNIT-LINKED POLICIES

PREMIUM AMENDMENT

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost International Isle of Man Limited.

For the individual investor.

This form is only relevant for premiums intended for Utmost International's Isle of Man/Natwest bank accounts.

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 USE WITH THE FOLLOWING PRODUCTS

Managed Savings Account

Managed Pension Account

Managed Capital Account

Executive Wealthbuilder Account

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 individual investors only. If you are a corporate investor you should use the alternative application form which is available from your financial adviser.

Before completing the application form, please make sure you receive and read through the terms and conditions and other relevant product information.

REGULATORY REQUIREMENTS APPLICABLE TO HONG KONG POLICYHOLDERS

Please ensure the completed form is accompanied by the Important Facts Statement ("IFS"), Financial Needs Analysis ("FNA") and Risk Profile Questionnaire ("RPQ") as required. Those documents have to be completed jointly by you and your appointed financial adviser.

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 charges¹ 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.

WHAT DO YOU DO WHEN YOU HAVE COMPLETED THIS FORM

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

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	3	<input type="checkbox"/>
B - Politically Exposed Persons' details	3	<input type="checkbox"/>
C - Policy and Premium details	4	<input type="checkbox"/>
D - Investment options	7	<input type="checkbox"/>
E - Regular withdrawals (optional)	8	<input type="checkbox"/>
F - Employment and Source of Funds	9	<input type="checkbox"/>
G - Identification requirements	15	<input type="checkbox"/>
H - Declaration	18	<input type="checkbox"/>
I - Payment Details	20	<input type="checkbox"/>

¹ Where relevant, applicable charges include non-refundable fund charges, fees we have paid to your financial adviser on your behalf and bank charges.

A ACCOUNTHOLDER DETAILS

In this section, please give details of individual Accountholder(s).

	Accountholder 1	Accountholder 2 (if any)
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>
First Name(s)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Surname	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Do you have a maiden name, previous name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide the other names	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide the other names
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
Country of birth	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Nationality	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Residential Address	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> Postcode	<input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> Postcode
Telephone number including area code	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
E-mail address	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

Proof of identity and verification of address will be required for the above accountholders. The required documents are outlined in Section **G** of this application. Further details of these requirements are available from our **Anti-money Laundering and Source of Wealth Requirements Guide**

B POLITICALLY EXPOSED PERSONS DETAILS

We are required to identify persons associated with this application who could be classed as a Politically Exposed Person ("PEP").

A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities. For example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary 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.

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	<input style="width: 100%;" type="text"/>
Existing Account Number	<input style="width: 100%;" type="text"/>
Nature and purpose of additional investment	<input style="width: 100%;" 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
---	---	---	---	---	---	---	---

Would you to 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	<input style="width: 100%;" type="text"/>	Amount of regular contribution increase	<input style="width: 100%;" type="text"/>
Amount of regular contribution decrease	<input style="width: 100%;" type="text"/>	Total regular contribution following change	<input style="width: 100%;" type="text"/>

Payment method for regular contributions

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

Card Payment Telegraphic transfer

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" 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 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 ²	Yearly ²	
	(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/

² For all except Managed Capital Account

D INVESTMENT OPTIONS

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 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.

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.	REGULAR 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.

E 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 policy.

Please note that the minimum payment for any regular withdrawal payment, regardless of frequency, is £50 (or other currency equivalent).

If you wish to change the amount of withdrawal on your account please enter the revised total withdrawal amount required.

WITHDRAWAL AMOUNT

Amount to be withdrawn each year

or

Percentage of contribution 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 additional contribution is applied. If no date is specified, the regular payment date will be fixed by reference to the policy commencement date/account start date.

PAYEE DETAILS

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

Bank account holder(s)
(Name as stated on bank account)

Bank account number/IBAN

Sort code (applicable to UK accounts) - - Branch code for non-UK payments

SWIFT or BIC code (if applicable) ABA number

Personal address of bank account holder(s)

Postcode Country

Bank name

Address of bank

Postcode Country

F EMPLOYMENT AND SOURCE OF FUNDS

MANDATORY

F1 EMPLOYMENT DETAILS

	Accountholder 1		Accountholder 2 (if any)	
1 Employment status	Employed	Self Employed	Employed	Self Employed
	Retired	Unemployed	Retired	Unemployed
	Homemaker		Homemaker	
Date of retirement or unemployment or became homemaker	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2 Occupation	<input type="text"/>		<input type="text"/>	
3 Last year's annual income/salary	Currency	<input type="text"/>	Currency	<input type="text"/>
	Amount	<input type="text"/>	Amount	<input type="text"/>
4 Do you receive income other than from your occupation? If "Yes" please provide details including amount and source	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	

F2 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. Independently certified documentary evidence of source of funds may be required in order to proceed with the application.

1. Savings from employment 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 earned income accumulated

Account number

Sort code - -

Length of time funds have been in this account years months

Main occupation during the accumulation period (e.g. Director)

Industry/Business sector	<input type="text"/>	
Main employer's name	<input type="text"/>	
Employer's address	<input type="text"/>	
	<input type="text"/>	
	Postcode <input type="text"/>	Country <input type="text"/>
Date employment commenced	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Average annual salary over the accumulation period	Currency <input type="text"/>	Amount <input type="text"/>
Average annual bonus over the accumulation period	Currency <input type="text"/>	Amount <input type="text"/>

2. Compensation payment

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 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"/>	

3. 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"/>	

4. 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" value="Postcode"/>	<input type="text" value="Country"/>
Relationship to applicant	<input type="text"/>	
Reason for gift	<input type="text"/>	
Description of gift	<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"/>	
Details of the activity that generated the amount received	<input type="text"/>	
Country gift was accumulated in	<input type="text"/>	

5. 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"/>	
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"/>	
Details of the activity that generated the amount received	<input type="text"/>	
Country inheritance was accumulated in	<input type="text"/>	
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" value="Postcode"/>	<input type="text" value="Country"/>

6. Loan

Name of loan provider

Address of loan provider

Postcode Country

Total amount borrowed Currency Amount

Date of loan

Purpose of loan

7. Maturing policy/policy claim/replacement policy/pension

If the source of funds is the sale of an investment rather than maturity, please complete 8 instead.

Name of policy provider

Address of policy provider

Postcode Country

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

Surrender penalty (if applicable)

Date received

8. 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 7 instead.

Description of asset portfolio or investment (e.g. 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"/>		
	Postcode	Country	
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"/>
Amount of the original investment	<input type="text"/>		
Details of the activity that generated the original investment	<input type="text"/>		
Date of sale	<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"/>

9. Company sale or sale of interest in company

Company name	<input type="text"/>		
Industry/business sector	<input type="text"/>		
Address of company	<input type="text"/>		
	<input type="text"/>		
	Postcode	Country	
Your connection with the company For example: owner, partner or shareholder	<input type="text"/>		
Date connection with the company began	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Average year dividend/income from the company over the previous three years	<input type="text"/>		
Date of sale	<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 i.e. the amount you have received after any deductions such as fees and taxes.	Currency	<input type="text"/>	Amount <input type="text"/>

10. Property sale

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)	<input type="text"/>		<input type="text"/>	
	Postcode		Country	
Length of time property owned	<input type="text"/>	years	<input type="text"/>	months
Source of funds for the original property purchase	<input type="text"/>			
Was the property your main residence?	Yes	No		
If "Yes" was an alternative main residence purchased?	Yes	No		
If "Yes" please confirm Purchase price	<input type="text"/>			
Address of new residence	<input type="text"/>		<input type="text"/>	
	Postcode		Country	
Date of sale	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	d	d	m	m
	y	y	y	y
Total sale amount	Currency	<input type="text"/>	Amount	<input type="text"/>
Net amount applicant received from sale	Currency	<input type="text"/>	Amount	<input type="text"/>

11. Other income sources

Description of the activity that generated the funds	<input type="text"/>			
Role in relation to above activities	<input type="text"/>			
Period over which the activities occurred	<input type="text"/>			
Country in which the activity occurred	<input type="text"/>			
Date received	<input type="text"/>	years	<input type="text"/>	months
Proceeds received from the activity	Currency	<input type="text"/>	Amount	<input type="text"/>

PART 2 VERIFICATION OF ADDRESS

Please confirm who is being identified in each section e.g. Accountholder 1, Accountholder 2, etc.
If there are more than four parties please copy this section and securely attach to the application.

- | | | | | | |
|---|---|--|--|--|--|
| 1 | Whose address is being verified? | | | | |
| 2 | A recent ⁵ utility bill dated and certified within the last six months | | | | |
| 3 | A recent ⁵ 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 recent ⁵ tax assessment document | | | | |
| 7 | Rates or council tax bill dated and certified within the last year | | | | |
| 8 | A recent ⁵ account statement from bank or credit card showing at least one transaction | | | | |

Mobile phone bills and store card statements are not acceptable.

Reference number				
Issuing entity ⁶				

PART 3 - 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			

⁵ 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).

⁶ To include entity name and country where the document was issued.

PART 4 - 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	<input type="text"/>								
Occupation that qualifies the individual to certify CDD	<input type="text"/>								
Date of birth	<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		
Residential address	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/> Postcode								
Registered company name	<input type="text"/>								
Registered company address	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/> Postcode								

FINANCIAL ADVISER DETAILS

Utmost International account reference	<input type="text"/>
Name of financial adviser	<input type="text"/>
Company name	<input type="text"/>
Address	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
E-mail address	<input type="text"/>
Regulatory body name	<input type="text"/>
Registration number with regulatory body	<input type="text"/>

H DECLARATION

H1 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.

H2 DECLARATION - BY EACH APPLICANT

References to the word 'I' in this declaration refer to each accountholder/policyholder.

- › 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.
- › 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.
- › 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.
- › I have read and understand the content of this document.
- › 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 additional contribution accompanying this application (if applicable) has been provided from my/our personal financial resources.
- › I understand that if I become resident 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 in the United States of America.
- › 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.
- › 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.
- › 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.

H3 DATA PRIVACY STATEMENT

Utmost International recognises that protecting your personal information including special categories of data (sometimes referred to as sensitive personal data), is very important to you and that you have an interest in how we collect, use, store and share such information. We have produced a Privacy Notice which clarifies these details and explains your rights in relation to your personal data and how to action those rights with us, including your right to make a complaint.

The Privacy Notice is available on our website www.utmostinternational.com or you can contact the Administration Support team to request a copy.

We reserve the right to change the Privacy Notice from time to time at our sole discretion and, where necessary, we will notify you in writing of any changes. We encourage you to periodically review the Privacy Notice to keep informed about how we use your personal data.

If you are providing personal information about another person, we require you to let them or their legal guardian know what information you will share with us. Please share with them our Privacy Notice and obtain confirmation from them that they have read and understood it.

By signing this form, you are confirming that you have made any other individual whose data may be provided in this form aware that their data will be shared with Utmost International and that they have read and understood our Privacy Notice.

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.

Accountholder details

SIGNATURE

Name

Date

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

SIGNATURE

Name

Date

d	d	m	m	y	y	y	y
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d	d	m	m	y	y	y	y
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I 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

Utmost International Hong Kong Office: Unit 2402C, Great Eagle Centre, 23 Harbour Road, Wanchai, Hong Kong. Tel: +852 3552 5888 Fax: +852 3552 5889. Authorised by the Insurance Authority of Hong Kong to carry on long-term business.

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. 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 03451 | 05/25