

PRIVATE WEALTH PORTFOLIO UK

CORPORATE AND TRUSTEE APPLICATION FORM

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

Complete this Application Form using black ink or blue 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.**

Capitalised terms in this Application Form will have the meaning given to them in the Terms and Conditions.

Once complete, please email a copy of the form to CCSfrontoffice@utmost.ie and send the original form and any supporting documents to the following address: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**

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.

BEFORE YOU BEGIN

Before completing this Application Form, please ensure you have read the relevant **Terms and Conditions, Key Features Illustration, Key Features document** and the **Key Information Document**.

The separate **Tax Declaration and Self-Certification for Entitles** form will need to be completed and submitted with this application. This separate form is used to identify the various requirements necessary under the Common Reporting Standards and US FATCA, including the entity type and controlling persons (if any). **Note the application cannot proceed without this form being fully completed and submitted.** To access the forms please visit www.utmostinternational.com

REQUIREMENTS TO COMPLETE AN INTERNAL TRUST REGISTER FORM AND REGISTER ON IRISH CENTRAL REGISTER OF BENEFICIAL OWNERSHIP OF TRUSTS "CRBOT"

If you are placing this policy immediately into trust then, unless your trust is administered in an EU state other than Ireland (the trust is administered in an EU state if the trustees are resident in the EU and the trust is managed there) you will need to complete the separate **Internal Trust Register Form** and send this in with this application form.

Unless your trust is administered in another EU state¹ (outside of Ireland), or has been registered in another EU state¹ (outside of Ireland) due to having a separate business relationship there, you will also need to register the trust on the Irish central register the CRBOT.

¹ Please note that administration of the trust in the UK and/or registration on the UK's central register (or exemption from registration under the UK's central register) is irrelevant for these purposes following the UK's departure from the EU.

PART 1 - TO BE COMPLETED IN ALL CASES

PAGE	SECTION	COMPLETED
2-4	1 – Trustee applicant details	<input type="checkbox"/>
5-7	2 – Lives assured	<input type="checkbox"/>
8	3 – Assurance Policy structure	<input type="checkbox"/>
8	4 – Premium details	<input type="checkbox"/>
8-9	5 – Discretionary Investment Strategy	<input type="checkbox"/>
10	6 – Regular withdrawal - optional	<input type="checkbox"/>
10-11	7 – Facilitated Adviser charges - optional	<input type="checkbox"/>
11-19	8 – Employment and source of funds	<input type="checkbox"/>
20-22	9 – Declarations by the trustee applicant	<input type="checkbox"/>
23	10 – Trustee applicant signature	<input type="checkbox"/>
24-27	11 – Intermediary section	<input type="checkbox"/>
27	12 – Introducer section	<input type="checkbox"/>

INTERMEDIARY USE ONLY

Please indicate here the reference number of any special instruction to be applied to the application:

1 TRUSTEE APPLICANT DETAILS


MANDATORY

1 Trust name

2 Correspondence address

3 Email

4 Telephone number

Include country code. 

1 TRUSTEE APPLICANT DETAILS (CONTINUED)

MANDATORY

Trustee details - individuals

If there are more than 2 trustees please provide details on an additional sheet of paper using the same format as provided in this section.

	First trustee	Second trustee
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/>	<input type="text"/>
4 Do you have a maiden name, a previous name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the other name(s)	<input type="text"/>	<input type="text"/>
5 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
6 Residential address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
7 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"/>	<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"/>
8 Place of birth	<input type="text"/>	<input type="text"/>
9 Country of residence	<input type="text"/>	<input type="text"/>
10 Please list all nationalities/ citizenships held	<input type="text"/>	<input type="text"/>
11 Marital status	<input type="text"/>	<input type="text"/>

Trustee details - trust company

Please complete this section if a trust company is acting as a trustee of the trust.

1 Company name	<input type="text"/>
2 Company number	<input type="text"/>
3 Country of incorporation	<input type="text"/>
4 Country of tax residence	<input type="text"/>
5 Registered office address	<input type="text"/>
	<input type="text"/>

1 TRUSTEE APPLICANT DETAILS (CONTINUED)

MANDATORY

Trustee details - company or partnerships

Please complete this section if a company or partnership are acting as a trustee of the trust.

Company or partnership name	<input type="text"/>
Company number (if applicable)	<input type="text"/>
Country of incorporation (if applicable)	<input type="text"/>
Country of tax residence	<input type="text"/>
Registered office address (if applicable)	<input type="text"/> <input type="text"/>
Correspondence address	<input type="text"/> <input type="text"/>
Email address	<input type="text"/>
Telephone number (incl. country code)	<input type="text"/>


Authorised signatories for correspondence


1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
5 Position in company or partnership	<input type="text"/>	<input type="text"/>

2 LIVES ASSURED

MANDATORY

	First Life Assured	Second Life Assured (if any)
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4 Do you have a maiden name, a previous name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the other name(s)	<input type="text"/>	<input type="text"/>
5 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
6 Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 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
8 Place of birth	<input type="text"/>	<input type="text"/>
9 Please list all nationalities/ citizenships held.	<input type="text"/>	<input type="text"/>
10 Marital status	<input type="text"/>	<input type="text"/>
11 Occupation and nature of employment	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12 Relationship with trust	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>


Please see section 3 for Life Assured age restrictions. 


If retired please state former occupation. 

2 LIVES ASSURED (CONTINUED)

MANDATORY

	Third Life Assured (if any)	Fourth Life Assured (if any)
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/>	<input type="text"/>
4 Do you have a maiden name, a previous name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the other name(s)	<input type="text"/>	<input type="text"/>
5 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
6 Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 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
8 Country of birth	<input type="text"/>	<input type="text"/>
9 Please list all nationalities/ citizenships held.	<input type="text"/>	<input type="text"/>
10 Marital status	<input type="text"/>	<input type="text"/>
11 Occupation and nature of employment	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12 Relationship with trust	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>


Please see section 3 for Life Assured age restrictions. 


If retired please state former occupation. 

2 LIVES ASSURED (CONTINUED)

MANDATORY

	Fifth Life Assured (if any)	Sixth Life Assured (if any)
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/>	<input type="text"/>
4 Do you have a maiden name, a previous name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the other name(s)	<input type="text"/>	<input type="text"/>
5 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
6 Address	<input type="text"/>	<input type="text"/>
7 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"/>	<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"/>
8 Country of birth	<input type="text"/>	<input type="text"/>
9 Please list all nationalities/citizenships held.	<input type="text"/>	<input type="text"/>
10 Marital status	<input type="text"/>	<input type="text"/>
11 Occupation and nature of employment	<input type="text"/>	<input type="text"/>
12 Relationship with trust	<input type="text"/>	<input type="text"/>

Please see section 3 for Life Assured age restrictions. 

If retired please state former occupation. 

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

3 ASSURANCE POLICY STRUCTURE **MANDATORY**

1 Life Assurance basis Single life Joint life, first death
 Joint life, last death Multiple lives, last death

2 Assurance Policy Currency Pound Sterling euro
 US dollar Swiss franc

3 Number of Policies¹
 (The default number is 1,000)

NOTE: Where the single life option is chosen, the Life Assured must be aged 80 or under at the Assurance Policy Commencement Date. Where the joint life first death option is chosen, then both Lives Assured must be aged 80 or under. Where the joint life last death or multiple lives last death option is chosen, at least one Life Assured must be aged 80 or under.

4 PREMIUM DETAILS **MANDATORY**

Do you want to pay the Premium through transfer of Investments? Yes No

Utmost PanEurope dac (Utmost PanEurope) will only accept Investments that have been managed by a Portfolio Manager on a discretionary basis. Please confirm by ticking the box that the Investments to be transferred were managed by a Portfolio Manager on a discretionary basis.

Confirm, by ticking the box, that you have provided a Portfolio statement that lists the Investments that are to be transferred including the security name, currency, identification code and the approximate current market value.

Please be advised that transfer and acceptance shall be at the discretion of Utmost PanEurope. If Utmost PanEurope accept Investments as Premium payment then the Policyholder cannot assume that the pre-existing portfolio will be retained in whole or part, for any period of time, or at all.

Amount to be paid in cash

Amount to be paid by transfer of investments

Total amount of Premium

Please state currency.

Please state currency.

Please state currency.

5 DISCRETIONARY INVESTMENT STRATEGY **MANDATORY**

Please complete the table below in accordance with the following notes:

- The Discretionary Investment Strategy is the Discretionary Investment Strategy you have chosen for your Assurance Policy.
- The Portfolio Manager is the name of the Portfolio Manager entity you have selected to manage the Discretionary Investment Strategy. Please include the name of the entity, not an individual.
- The Premium allocated is the percentage of the Premium allocated to the Discretionary Investment Strategy in the Assurance Policy currency.

Discretionary Investment Strategy	Portfolio Manager	Premium Allocated
		Total 100%

¹ The minimum Premium per Policy is £500 or its equivalent in another permitted Assurance Policy Currency at the time of payment. If the number of Policies you enter results in a value per Policy below £500 (or equivalent), we reserve the right to issue a lower number of Policies.

5 DISCRETIONARY INVESTMENT STRATEGY (CONTINUED)

MANDATORY

Discretionary Investment Strategy Charges

Please indicate below the charges to be applied as appropriate:

Name of the Mandate	Portfolio Manager	Portfolio Management charge	Performance charge	Exit Fees

If the fee structure is not categorised above please note the details of the fee below:

If you have chosen more than one investment strategy, please note that charges will be deducted from one strategy only.

Please name the investment strategy you wish charges to be deducted from here:

If you do not tell us which investment strategy you wish charges to be deducted from, we will deduct them from the highest valued investment strategy at the time of Assurance Policy issue. If the highest valued investment strategies chosen are valued the same at the time of Assurance Policy issue, we retain the discretion to choose which investment strategy to deduct charges from.

You can request to change the investment strategy from which charges are deducted by sending us a Written Request at least 30 days before you wish the change to take effect.

Please refer to section 5.1 of the Assurance Policy Terms and Conditions for further information.

As part of the selection of a Discretionary Investment Strategy, you may be required to complete documentation provided by the Portfolio Manager relating to matters such as your Investment aims and objectives, risk tolerance as well as the expected time horizon in order to assist the Portfolio Manager in the implementation of a Discretionary Investment Strategy.

You acknowledge that you will become the owner of an Utmost PanEurope Assurance Policy once the application has been accepted by Utmost PanEurope and a Policy Schedule is issued. Utmost PanEurope will be the legal owner of the underlying assets of the Assurance Policy and the Portfolio Manager will collect information to assist them to provide Investment services to Utmost PanEurope. The documentation completed for the Portfolio Manager does not create a contractual relationship between you and the Portfolio Manager. You understand that the Portfolio Manager is not providing Investment advice to you.


By completing of the Portfolio Manager’s documentation, you agree to comply with the Assurance Policy Terms and Conditions. In particular, you agree that you will not select or influence the selection of the Investments and agree to inform us if this does occur.

7 FACILITATED ADVISER CHARGES - OPTIONAL (CONTINUED) MANDATORY

b. After your Premium has been invested in the Policies

Please note that the payment will be made to your Intermediary immediately after your Premium is invested in the Policies.

% of the Premium, or alternatively an initial fixed fee of


Please include currency. 

ii. Ongoing facilitated adviser charge

Please note that this is an annual amount, which will be adjusted according to the frequency of payment selected below and paid to your adviser over the course of each year.

I hereby instruct Utmost PanEurope to deduct by cancellation of Units an ongoing facilitated adviser charge in respect of each Policy which shall be payable to my Intermediary on an ongoing payment basis as set out below:

On an ongoing basis which is calculated as % per annum based on the Policy value on the last Business Day of each applicable quarter. This percentage amount will be adjusted according to the frequency of payment selected below, or alternatively a fixed fee of per annum.

Please include currency. 

Frequency of payment Quarterly Half-yearly
 Annually

Commencing in

Please note that payments will be calculated on the last Business Day of each month, where applicable, and paid as soon as possible thereafter.

Provide the facilitated adviser's bank account details:

Name and address of bank

Account name

BIC

IBAN

8 EMPLOYMENT AND SOURCE OF FUNDS MANDATORY

Notice: Utmost PanEurope requires all relevant sections of this questionnaire to be completed to facilitate its compliance with its obligations under the relevant anti-money laundering (AML) legislation.

The trustee or corporate applicant should complete this section.

Source of funds means the source from which the money for the Premium will be forwarded to Utmost PanEurope.

If the Premium is being paid by transfer of assets. Please confirm the name of the financial institution used to purchase the assets if different from the financial institution from which the Premium will be paid.

BANK ACCOUNT DETAILS WHERE FUNDS ARE BEING REMITTED FROM

Please provide the account details from which the Premium will be paid:

Name and address of bank	<input type="text"/> <input type="text"/> <input type="text"/>
BIC	<input type="text"/>
IBAN	<input type="text"/>
Account holder's name	<input type="text"/>
How many years have you held this account	<input type="text"/>

If the account has been held for less than one year, please provide your previous account details:

Name and address of bank	<input type="text"/> <input type="text"/> <input type="text"/>
BIC	<input type="text"/>
IBAN	<input type="text"/>
Account holder's name	<input type="text"/>

If the Premium is paid by using an additional account, please provide the relevant details:

Address of bank	<input type="text"/> <input type="text"/> <input type="text"/>
BIC	<input type="text"/>
IBAN	<input type="text"/>
Account holder's name	<input type="text"/>
How many years have you held this account	<input type="text"/>

If the account has been held for less than one year, please provide your previous account details:

Name and address of bank	<input type="text"/> <input type="text"/> <input type="text"/>
BIC	<input type="text"/>
IBAN	<input type="text"/>
Account holder's name	<input type="text"/>

8 EMPLOYMENT AND SOURCE OF FUNDS (CONTINUED) **MANDATORY**

Are there any other parties indirectly involved with this application e.g. lender? Yes No

If yes, please provide the following details:

Name	<input type="text"/>
Relationship to trustee applicant	<input type="text"/>
Reason for involvement	<input type="text"/>

SOURCE OF WEALTH

	Applicant 1	Applicant 2 (if any)
1 Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
2 Date of retirement, unemployment, or becoming a homemaker	<input type="text" value="dd mm yyyy"/>	<input type="text" value="dd mm yyyy"/>
3 Occupation	<input type="text"/>	<input type="text"/>
4 Last year's annual income/salary	Currency <input type="text"/> Amount <input type="text"/>	Currency <input type="text"/> Amount <input type="text"/>
5 Do you receive income other than from your occupation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide details including the amount and source	<input type="text"/>	<input type="text"/>
6 Employer/Business name	<input type="text"/>	<input type="text"/>
7 Employer's/Business address	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode

Questions 2 and 3, If Retired, Unemployed or a Homemaker please provide your former occupation including role e.g. Director accountancy and include date of retirement, unemployment or becoming a homemaker.

Question 4, Income details are required for Know Your Client and AML requirements and failure to complete will result in a delay in processing the application.

G3 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost PanEurope 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:

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.

Please provide as much detail as possible. If it is not clear how the money was accumulated we will need to request further information and the Policy will not be issued until the requested information is received and a satisfactory risk assessment is completed.

1. Savings from employment income (including salary, bonus and fees)

Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>			
Number of years income accumulated	<input type="text"/> <input type="text"/>	years					
Institution holding the funds	<input type="text"/>						
Name of account where earned income accumulated	<input type="text"/>						
Account number	<input type="text"/>						
Bank sort code (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>		
Length of time funds have been in this account	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>	months			
Main occupation during the accumulation period (e.g. Director).	<input type="text"/>						
Industry or business sector	<input type="text"/>						
Main employer's name	<input type="text"/>						
Employer's address	<input type="text"/>						
	<input type="text"/>		<input type="text"/>				
	<input type="text"/>		<input type="text"/>				
Date of commencement of this employment	<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 where compensation was awarded	<input type="text"/>		
Total amount received	Currency <input type="text"/>	Amount	<input type="text"/>
Date received	<input type="text"/>		

3. Competition win

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

4. Gift

Full name of person who gave the gift	<input type="text"/>		
Date of birth	<input type="text"/>		
Nationality	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>	Country	<input type="text"/>
Relationship to Policyholder	<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"/>		
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

Relationship to Policyholder

Date of death

Details of the inheritance, tell us about the assets forming the inheritance (e.g. cash, property, shares etc.)

Amount received Currency Amount

Date received

Details of the activity that generated the amount received

Country inheritance was accumulated in

Solicitor/lawyer's (who dealt with the estate) name

Solicitor/lawyer's firm name

Solicitor/ lawyer's firm address

6. Loan

Name of loan provider

Address of loan provider

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 Section 8 instead.

Name of policy provider

Address of policy provider

Postcode	Country
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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 Section 7 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	Country
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Account name

Length of time asset portfolio or investment held years months

Amount of the original investment

Details of the activity that generated the original investment

Date of sale

Net amount received Currency Amount

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"/>
Average yearly dividend/ income from the company over previous three years	Currency	<input type="text"/>	Amount <input type="text"/>
	Date of sale	<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	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 post code if applicable)	<input type="text"/>		
	Postcode	Country	
Length of time property owned	<input type="text"/>	years	<input type="text"/>
	<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	Currency	<input type="text"/>	Amount <input type="text"/>
Address of new residence	<input type="text"/>		
	Postcode	Country	

Date of sale

Total sale amount Currency Amount

Net amount Policyholder received from sale Currency Amount

11. Other income sources

Description of the activity that generated the funds

Role in relation to above activities

Period over which the activities occurred years months

Country in which the activity occurred

Date received

Proceeds received from the activity Currency Amount

12. Company profits (trading companies only)

Company profits most recent trading year Currency Amount

Company profits prior trading year Currency Amount

It is important that you read and understand the following declarations. If you do not understand any point, please ask for further information. Before signing, please also take the time to read and understand the Key Features document, the Key Features Illustration and the Key Information Document (KID) which explain the key features of and the specific charges applicable to the Private Wealth Portfolio product to which this Application Form relates.

ASSURANCE POLICY CHARGES

Administration charge

I agree that Utmost PanEurope can deduct an administration charge in respect of each Policy payable to Utmost PanEurope on a continuing payment basis quarterly in arrears.

This is calculated as an annual percentage charge of % of the higher of the Assurance Policy Total Premium Value or the Assurance Policy Value as detailed in the Assurance Policy Terms and Conditions, Key Features document and Key Features Illustration.

Discretionary Investment Strategy charges

I agree that Utmost PanEurope can deduct from the Plan Fund Discretionary Investment Strategy charges payable to Utmost PanEurope's appointed Portfolio Manager named in Section 5 ('Discretionary Investment Strategy') and as detailed in the Key Features Illustration.

Other charges

Please note that other charges such as a Complex Asset Charge or early discontinuance charge may apply to the Policies under certain circumstances. Details of all charges can be found in the Assurance Policy Terms and Conditions.

- › I have read, understand, and accept the Assurance Policy charges as set out in Section 5 ('Discretionary Investment Strategy') and Section 6 ('Assurance Policy charges') of the Assurance Policy Terms and Conditions.
- › I confirm that I have read, understood, and accept the declarations in this Application Form, the Assurance Policy Terms and Conditions, Key Features document and the Key Information Document with which I have been provided.


I declare and agree the following:

- › To my best knowledge and belief the statements in this application are complete and true and contain all material facts and that no material fact has been omitted or concealed (a material fact is one that will influence whether and upon what terms this application is accepted by Utmost PanEurope. Failure to give complete and true answers and disclose all material facts could result in the contract(s) being void. If there is any doubt whether a certain fact is material it should be disclosed).
- › I agree that these statements, the Assurance Policy Terms and Conditions, Policy Schedule and any endorsements issued by Utmost PanEurope and agreed with me shall form the basis of the contract in accordance with the laws of England and Wales.
- › I confirm that I understand that the clauses in the assurance contract which concern insurable interest are expressly governed by and construed in accordance with the laws of the Isle of Man, without prejudice to the other clauses of the assurance contract which are governed by and construed in accordance with the laws of England and Wales.

Please issue the Assurance Policy on the basis set out in this Application Form.

DECLARATIONS

- i. I apply for Policies in an Assurance Policy with the features indicated in this document which I understand will be subject to the Policy Terms and Conditions.
- ii. I declare that this application was completed in the United Kingdom and I confirm that I am resident for tax purposes in the United Kingdom/
- iii. I hereby declare that I am neither resident nor ordinarily resident for tax purposes in Ireland. I hereby undertake to immediately inform Utmost PanEurope of any change in my country of residence during the life of the Policies.
- iv. I request that my Intermediary receive copies of all associated documentation relating to the Policies.
- v. If existing similar Policies have been or are to be replaced in full or in part by these Policies, I confirm that my Intermediary has explained to me the financial consequences of such a replacement, including the possibility of financial loss.
- vi. I have been informed of my/our right to complain and of the complaints procedure to the relevant authority to which complaints should be addressed, in the section entitled 'How can I complain?' in the Key Information Document.
- vii. I have been informed and understand my right to cancel my application for these Policies as detailed in the section entitled 'How long should I hold it and can I take money out early?' in the Key Information Document.
- viii. I understand that this contract will not commence until this completed Application Form has been received and accepted by Utmost PanEurope. I understand that this contract can only be negotiated with and accepted by an authorised official of Utmost PanEurope at Utmost PanEurope's Head Office in Ireland;
- ix. I understand that a separate Plan Fund is maintained for the Policies and that the value of the Units in this Plan Fund determines the value of the Policies. I acknowledge that the value of the Policies is not guaranteed and that Investment Values may fall as well as rise in line with fluctuations in Investment markets. I understand also that Investments that are denominated in a currency other than the Assurance Policy Currency may involve a currency risk and that the value of the Policies may fall as well as rise purely as a result of exchange rate fluctuations.
- x. I acknowledge that Utmost PanEurope reserves the right to limit the nature of the Investments allowed within the Plan Fund.
- xi. I acknowledge that, where the Investments are illiquid, Utmost PanEurope reserves the right to defer the payment of benefits, either in whole or in part, until such time as it is able to liquidate those Investments allowing for, among other things, notice periods, dealing dates and settlement dates of the Investments in question. I understand that, if Investments cannot be readily realised following Utmost PanEurope's receipt of a Surrender Request Form, Utmost PanEurope reserve the right to transfer these Investments to me as part or full payment of Surrender Benefit.
- xii. I also confirm that the original source of funds and source of wealth being used to fund the Premium(s) is derived from legitimate activities.
- xiii. I understand that I will receive Assurance Policy valuations quarterly.
- xiv. I acknowledge that the applicable anti-money laundering legislation in the Republic of Ireland is the Criminal Justice (Money Laundering) Acts 2010 and 2013 ('Acts') as may be amended or replaced. Utmost PanEurope is defined as a 'designated person' under the Acts and is required to apply measures aimed at the prevention of money laundering and terrorist financing in the Republic of Ireland. I understand that Utmost PanEurope reserves the right not to issue an Assurance Policy until such time as they have received and are satisfied with all the information and documentation required under the Acts.

Please specify country in which you are resident for tax purposes if not the United Kingdom. 

- xv.** I further instruct Utmost PanEurope to deduct the facilitated adviser charges (if any) set out in Section 7 ('Facilitated adviser charges') of this Application Form and pay these sums to my Intermediary. I understand that I can cancel these instructions by contacting Utmost PanEurope. I further understand that I can cancel a specific payment to my Intermediary by contacting Utmost PanEurope at least 10 Business Days in advance of a payment. I further confirm that I understand the tax consequences of facilitated adviser charges which have been explained to me by my Intermediary.
- xvi.** I acknowledge that information regarding my Policies may be shared with The Office of the Revenue Commissioners in Ireland and exchanged with the tax authorities of another country or countries as required under intergovernmental agreements.
- xvii.** I agree to inform Utmost PanEurope within 30 days of a change in tax residency and to complete an International Tax Compliance Self Certification form.

UTMOST PANEUROPE DATA PROTECTION

I have received, read and fully understood the Data Protection section in the Assurance Policy Terms and Conditions.

I acknowledge that the information which I provide as part of this application will be used by Utmost PanEurope for the purposes of assessing this application, for investigating and preventing fraud, and if this application is accepted, will also be used for underwriting, administration, claims handling, customer service, business analysis, and to comply with legal and regulatory obligations (including, but not limited to, legal obligations under company law and Anti-Money Laundering Legislation).

I hereby warrant and confirm that prior to my provision of information to Utmost PanEurope in respect of any other persons related to this application, the said individual has been informed of the use of this information and that I have been authorised by that individual to provide such information to Utmost. I confirm that I have informed the individual of the Utmost PanEurope privacy notices on utmostinternational.com/privacy-statements/.

I understand that I have rights in relation to my data as described in the Data Protection section of the Assurance Policy Terms and Conditions and that I can make a request in relation to my data to Utmost PanEurope's Data Protection Officer.

Data Protection - Transfer outside of the European Economic Area (EEA)

I acknowledge that where transfers of my personal data are required to countries outside of the European Economic Area (EEA) and not included in the EU Commission's approved countries list, that Utmost will take reasonable measures as outlined in the Terms and Conditions to ensure an equivalent level of data protection.

I confirm that I agree to and understand the information contained in the Application Form and that the information provided by me is truthful and accurate.

Please note that the Key Information Document and Key Features Illustration provided to you should match the Investment details in this Application Form. If there have been any changes, please ask your Intermediary for an updated Key Features Illustration. A copy of the Key Features Illustration and Key Information Document will also be provided with your Welcome Pack.

Key Information Document Confirmations

I confirm that I have received the Key Information Document for the Assurance Policy in good time before submitting this application.

I confirm that I have received the Key Information Document in paper format unless I requested that it be provided to me by email instead.

I understand that I can view the most up to date version of the Key Information Document at any time at utmostinternational.com.

Failure to provide all relevant information and documentation may result in a delay in the Application Form being processed. Further information may be required during the validation process.

	Director/ Trustee/ Partner/ First authorised signatory	Director/ Trustee/ Partner/ Second authorised signatory
SIGNATURE	<input type="text"/>	<input type="text"/>
Print full name	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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"/>	<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"/>

Intermediary details

Company name	<input type="text"/>
Name and address of intermediary	<input type="text"/> <input type="text"/> <input type="text"/>
Intermediary number	<input type="text"/>
Intermediary's regulatory body authorisation number	<input type="text"/>
Intermediary's regulatory body	<input type="text"/>
Additional information/Special instructions	<input type="text"/>
Country in which I gave the trustee applicant the advice concerning the application	<input type="text"/>
Country in which this application was subsequently completed and signed	<input type="text"/>
Date on which the application was completed and signed	<input type="text" value="dd/mm/yyyy"/>
The following documentation is attached:	
› Certified anti-money laundering documentation for all applicants	<input type="checkbox"/>
› Other	<input type="checkbox"/>
If other please specify	<input type="text"/>

Verification of company and trustee applicant identity

This section is required to verify the identity of the applicants.

All identification papers must be certified by the Intermediary, a Solicitor or a Notary Public and include a photograph of the applicants. The certifier should sign the proof of identity and all other documentation as follows:

'I hereby certify that this is a true first copy of the original document, which I have seen, and where this relates to identity documentation, I confirm that I have met the individual and that the photograph thereon is a true likeness' or similar wording.

a. For a company applicant

- 1 A certified copy of the Certificate of Incorporation (or equivalent).
- 2 A signed director's statement as to the nature of the company's business.
- 3 A certified copy of the passport for two directors or one director and one person noted on the authorised signatory list.
- 4 A certified copy of suitable proof of address for two directors or one director and one person noted on the certified authorised signatory list showing the name and current permanent residential address (e.g. utility bill, bank statement).
- 5 A certified copy of the authorised signatory list.
- 6 A certified copy of the company share register and a list of directors.
- 7 A certified copy of the company Memorandum and Articles of Association (or equivalent).
- 8 Identification and verification of the beneficial owner(s) of the company if different to the above.
- 9 If there are any holding companies or subsidiaries who hold 25% or more of the share capital or voting rights of the company, we will need to identify and verify these entities. Please provide details:

b. For a trustee applicant

- 1 List of names, dates of birth, occupation and permanent addresses of all trustees as well as certified copy of passport and suitable proof of address for two trustees or one trustee and one authorised signatory or two authorised signatories.
- 2 Where known, a list of names, dates of birth and permanent addresses of beneficiaries. If not known, please provide details of the classes of beneficiaries. Please also provide a certified copy of the passport and suitable proof of address for each beneficiary with an absolute or immediate interest of 25% or more in the capital of the Trust.
- 3 The name, date of birth, occupation and permanent address of each settlor as well as a certified copy of the passport and suitable proof of address of each settlor (if not living, please provide the name, date of birth and date of death of the settlor).
- 4 Nature and purpose of the trust (e.g. discretionary, bare, etc.).
- 5 Evidence of the above trustee's authority to make Investments on behalf of the trust;
- 6 A certified authorised signatory list for the trust.
- 7 A certified copy of the relevant extract of the trust deed detailing the proper appointment of the trustees.
- 8 If there are any holding companies or subsidiaries who hold an interest of at least 25% in the capital of the trust, we will need to identify and verify these entities. Please provide details:

c. For a partnership applicant

- 1 List of names, date of birth, occupation and permanent addresses of all partners.
- 2 A certified copy of the passport and suitable proof of address for the above partners.
- 3 Evidence of the partner's authority to make Investments on behalf of the partnership.
- 4 A certified authorised signatory list for the partnership.
- 5 A certified copy of the relevant extract of the partnership deed naming the partners;
- 6 If there are any holding companies or subsidiaries who hold 25% of the capital of the partnership, we will need to identify and verify these entities. Please provide details:

Note: Utmost PanEurope may request from the applicant such additional information to enable it to determine the applicants' compliance with applicable regulatory requirements or the applicants' anti-money laundering verification status and the applicant shall provide to Utmost PanEurope such information as may reasonably be requested. Utmost PanEurope reserves the right not to accept or issue an assurance Policy until identification and verification documents have been received to its satisfaction.

Declaration verifying corporate or trustee identity

- › I confirm that I have seen the original documents proving the applicants identity and attach a certified copy of these documents for your records.

Source of funds and source of wealth

In relation to the information provided in Section 8 ('Employment and source of funds') of this Application Form:

- › I declare that, to the best of my knowledge and belief, the applicant(s) is/are of good standing and the information given in this questionnaire is true and complete.
- › I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the Premium is derived from legitimate activities and I am unaware of any aspects arising from the applicant(s) activities which would lead me to suspect that they might be involved in money laundering.
- › I acknowledge that the applicant(s) signature on this questionnaire in no way negates my obligations in relation to providing information on the applicant(s).

I, the undersigned, declare and agree the following:

- › to my best knowledge and belief the statements in this application are complete and true and contain all material facts (a material fact is one that will influence whether and upon what terms this application is accepted by Utmost PanEurope. Failure to give complete and true answers and disclose all material facts could result in the contract being void. If there is any doubt whether a certain fact is material it should be disclosed).
- › I confirm that I have agreed the facilitated adviser charges (if any) detailed in Section 7 ('Facilitated adviser charges') with the Applicant.

11 INTERMEDIARY SECTION (CONTINUED)

MANDATORY

International tax compliance self-certification

I declare that, to the best of my knowledge and belief, that the information provided by the applicant(s) in the international tax compliance self-certification section is complete and accurate and no material fact has been omitted or concealed.

SIGNATURE **Intermediary**

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Print full name

Date

d	d	m	m	y	y	y	y
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12 INTRODUCER SECTION

MANDATORY

Name and address of
Introducer

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac is registered in Ireland, registered number 311420. Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEurope dac is regulated by the Central Bank of Ireland as a Life Insurance Undertaking.

Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

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

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