

ADDITIONAL SINGLE PREMIUM INVESTMENT

APPLICATION FORM FOR INDIVIDUAL POLICYHOLDERS (WITH FATCA SELF CERT)

IMPORTANT NOTES

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

This form contains the necessary questions to capture self cert information to comply with FATCA and Crown Dependency agreements. Please speak to your financial adviser if you have any questions about FATCA.

BEFORE YOU BEGIN

Please complete this form if you want to make an additional investment into your existing contract. Before completing this application form please ensure you have read the relevant **Product Guide**, your **Personal Illustration**, **Key Features document** and our **Guide to charges**. Your financial adviser will also be able to provide you with any relevant supporting literature in relation to your individual circumstances. The Policy Conditions and Policy Schedule detail the terms and conditions of the contract. Copies of all items are available from us, on request.

HOW TO COMPLETE THIS FORM

This form has been designed for individual policyholders only. Corporate policyholders will need to complete the **Additional Single Premium application form for corporate policyholders**.

Trustee and corporate trustee policyholders will need to complete the **Additional Single Premium application form for trustee and corporate trustee policyholders**.

Please complete this form using **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. **Please do not use correction fluid**.

This form is split into 3 sections for ease of completion. A summary of who should complete each section is outlined below:

- › **Section 1:** Additional Single Premium application - **policyholder** must complete in all cases.
- › **Section 2:** Identification Requirements & Financial Adviser details - **financial adviser** must complete in all cases.
- › **Section 3:** Adviser Charges - **policyholder** should complete this section if they would like Utmost to facilitate any adviser charge payment to the financial adviser. For bonds where an Agreement to pay Adviser Charges is already in place for your financial adviser, that agreement will continue for your existing investment. If you wish to change any existing agreement, you must complete Section 1 c) in the **Adviser charges pack** available from your financial adviser or from us on request.

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

- › **Policyholder** will need to sign page 22 in all cases.
- › **Financial adviser** will need to sign page 24 in all cases.

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions and Utmost Trustee Solutions are brand names used by a number of Utmost companies. This item has been issued by Utmost Limited.

The following companies are registered in the Isle of Man. Utmost Limited (No 056473C), Utmost Administration Limited (No 109218C) and Utmost Trustee Solutions Limited (No 106739C) are regulated or licensed by the Isle of Man Financial Services Authority. Not regulated: Utmost Services Limited (No 059248C). Each has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.

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

IMPORTANT NOTES (CONTINUED)

PAYING FOR YOUR ADVICE

Your financial adviser will have explained to you that advice in relation to this additional premium cannot be paid for by commission but only through adviser charging. As explained below, the choices you have for the payment of advice charges will depend on the type of bond you hold. Your existing investments and any existing commission paid to your financial adviser can continue unaffected.

Where, subject to your product type, you are requesting that we facilitate charges for advice to your financial adviser, you will need to complete the Adviser Charges section on page 25 to authorise us to make any adviser charging payments to your financial adviser.

- › **Evolution:** Please refer to our **Guide to charges** which explains the charging options for advice we can facilitate on your behalf.
- › **Regular Investment Account:** We will only facilitate initial adviser charges, either from the bond once the additional single premium has been invested, or outside the bond by deducting it from the payment you send to us and paying it to your financial adviser, with the balance being invested as the additional single premium into the bond.
- › **Other products:** We will not be able to facilitate any charges for advice. You will have to arrange to pay any adviser charges direct to your adviser.

PRODUCT CHARGES - FLEX-CHARGE

Your additional single premium will be set up on our Flex-Charge basis. Our product charges have changed to take account of the introduction of adviser charging rather than commission and enhanced allocations. The charges for your additional premium may be different to those described in your original policy documentation and will be shown on the Additional Single Premium Statement that we will send to you.

For further details of adviser charging and our Flex-Charge, please speak to your financial adviser or read our **Guide to charges** available on our website www.utmostwealth.com or from your financial adviser.

IDENTIFICATION REQUIREMENTS

Under Isle of Man Anti-Money Laundering regulations, we are required to verify the identity and address of all parties associated with the policy. The payment of an additional single premium represents a change to the policy, which requires us to bring evidence of verification of identity and address up to current standards.

If the application is being signed under a Power of Attorney, we will require a certified copy of the Power of Attorney document and the identity and address of the attorney will be verified as well as the policyholder. We will also need to know the reason for granting the Power of Attorney.

IMPORTANT INFORMATION ABOUT THIS CONTRACT

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

If you hold a policy that started before 17 March 1998 such as the Prime Redemption Bond, Prime Portfolio Bond or International Portfolio Bond, then making an additional investment may have adverse tax consequences. Please consult your financial adviser for further information.

The contract for the additional investment could be invalidated by any failure to disclose facts which might influence our assessment of this application. If you have any doubt as to whether a fact is relevant then you should disclose it. Any additional information should be detailed in the notes section at the back of this form or on a separate sheet, dated and signed by all policyholders.

WHAT TO DO NEXT

Using the checklist on the final page please ensure you have completed all of the relevant sections and that you have attached any supporting documents to submit.

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Limited.

Alternatively, you can post this form to: **Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.**

SECTION 1 – POLICYHOLDERS MUST COMPLETE IN ALL CASES

A CONTRACT DETAILS

1 I apply to increase the existing investment under policy numbered

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3 Territory Guideline decision reference number
(If applicable)

T	G	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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All non-UK applicants require referral to our Customer Support team please call +44 (0)1624 643 333.

4 Bond charge

What is your chosen Product Management Charge (Flex-Charge) option?

<input type="checkbox"/> Full initial charge	<input type="checkbox"/> Full ongoing charge
<input type="checkbox"/> Combination of initial and ongoing	

Please note that this is not the adviser charge (please see page 25 for more details of adviser charges).

If you choose a combination of initial and ongoing Product Management Charge, please enter your chosen combination to a maximum of 3 decimal places:

<input type="text"/> % Initial	<input type="text"/> % Ongoing (per annum)
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The Product Management Charge for each new premium is based on the total premiums paid, therefore an additional premium may have lower charges than the initial premium.

The Personal illustration provided to you should match the investment details mentioned in this application. If there have been any changes in the investment details between the date of that illustration and the submission of this additional application form, please ask your financial adviser for an updated illustration.

B POLITICALLY EXPOSED PERSONS

We are required to identify Politically Exposed Persons under Anti-Money Laundering regulations, and apply enhanced customer due diligence procedures. Please answer the following questions:

- Are you (or either of you under a joint application), or any other party to the application, now, or have any such parties been in the past; a Head of State; a holder of a political or government post (including the diplomatic service); a member of the Judiciary or the Military; an employee of a State Owned Corporation or a board member of a Central Bank? Yes No
- Have any parties to the application been connected with any international organisations? Yes No
- Does any close relative or business associate of any party to this application fall into any of the categories mentioned in question 1 and 2 above? Yes No

Please see our separate document entitled 'Information on Politically Exposed Persons' which is available from your financial adviser who can obtain this on our website, www.utmostwealth.com. This includes a list of those parties considered to be close relatives.

If the answer is 'yes' to any of the above questions, please give details of any organisation involved, and the relevant person, including country, the position held, when held and a brief description of the role undertaken. Based on the information provided, we reserve the right to request further information or documentation.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
INDIVIDUAL POLICYHOLDERS

C POLICYHOLDER DETAILS

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

If there are more than two policyholders please photocopy this section, complete all the details for the additional policyholders and attach securely to this form.

Applicants must be 18 years or over.

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

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

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

	Policyholder 1		Policyholder 2	
17 If retired, previous occupation and name of last employer	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
18 Total annual income (including salary, pension and investment income)	<input type="checkbox"/> up to £20,000	<input type="checkbox"/> £50,001 to £100,000	<input type="checkbox"/> up to £20,000	<input type="checkbox"/> £50,001 to £100,000
	<input type="checkbox"/> £20,001 to £50,000	<input type="checkbox"/> £100,001+	<input type="checkbox"/> £20,001 to £50,000	<input type="checkbox"/> £100,001+


D ADDITIONAL INVESTMENT AMOUNT (please complete in all cases)


1 - ADDITIONAL SINGLE PREMIUM AMOUNT

(*delete as applicable)

Please speak to your financial adviser for details of the minimum additional single premium amount applicable for your policy.

If the premium is received in a currency that is different to the bond it will be converted to the currency of your contract at the exchange rate applicable at the time. If you are paying by cheque, please make it payable to Utmost Limited. If it is a non-personalised cheque, your name must be written on the front (e.g. Utmost Limited ref: Mr John Smith). **If the payer of the premium is not the policyholder then we will need to know why a third party is making the payment, and will normally require verification of the identity of the payer. Third party premium payments are subject to our approval.**

 Non-sterling cheques can take a considerable period of time to clear through the banking system and will result in a delay in investment. Sterling cheques over £100,000 require three days clearance.

 We will only make payment of any initial charge for advice to your financial adviser once the additional application and any additional supporting documentation has been fully accepted by us. No interest will be paid on any charges for advice being facilitated by us outside of the bond.

If you ask us to pay the initial adviser charge to your financial adviser before the premium is invested, the amount you send to us must total at least the minimum additional premium amount as stated in the product literature, plus the agreed initial adviser charge. Please speak to your financial adviser for the current minimum amounts.


Once your premium has been received in our bank account, if any interest is earned on your premium before the additional single premium is issued, an extra allocation of units may be added to your investment at the time the additional single premium is issued. Where you exercise your right to cancel the additional investment during the 30 day cancellation period the amount you receive back will be less any adviser charges paid. Please speak to your financial adviser for further details.

Important Note: your additional single premium will not be invested until we have received all outstanding requirements, including cleared funds.

If you want to pay by BACS, CHAPS or telegraphic transfer, please contact your bank separately to send the payment to us. Our bank details are below, please ensure that the payment is sent DIRECT to Utmost's bank account.

2 - OUR BANK DETAILS

Address Royal Bank of Scotland International Limited, PO Box 151, Royal Bank House, 2 Victoria Street, Douglas, Isle of Man, IM99 1NJ, British Isles.
Swift code RBOSIMDX
Sort code 16-58-80
Account number 58098652
Account name Utmost Limited, Premium Collection Account.

 These are our preferred payment methods but please note that your bank may charge you for some of these services.

Please reference your policy number on the bank payment.

E SOURCE OF INVESTMENT (Please complete in all cases)

Please confirm the sources of your investment. Simply tick one box if the investment comes from one source. If it comes from several sources, tick the appropriate boxes and enter the percentage from each source. Then answer the relevant questions below. If necessary, continue on a separate sheet of paper, sign the sheet and attach it to this form.

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

Please give as much detail as possible about the source of your investment as insufficient information at outset may delay the additional single premium being invested.

If the payment is from an account outside the UK, we will require independent documentary evidence verifying the answers to the source of investment questions.

All investments are assessed on a case by case basis; depending on the answers provided in this section we may request evidence of Source of Wealth.

If it is unclear how the money was accumulated, we will request further information.

If you require further information please contact our Customer Support team on **+44 (0)1624 643 345**.

Please refer to our Source of Wealth table available from your financial adviser for examples of the additional documentary evidence we may require.

1 Savings from employment income

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

	Policyholder 1	Policyholder 2
a What was your income last year?	Salary <input type="text"/>	Salary <input type="text"/>
	Bonus <input type="text"/>	Bonus <input type="text"/>
b Nature of your employer's business	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c Name and address of employer	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2 Maturing investments or policy claims

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

	Policyholder 1	Policyholder 2
a Which company did the proceeds come from?	<input type="text"/>	<input type="text"/>
b How much was received?	<input type="text"/>	<input type="text"/>
c When did you receive the proceeds?	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>
d If you received the proceeds over three months ago, where did you hold the proceeds?	<input type="text"/>	<input type="text"/>
e How long did you hold the investment/policy?	<input type="text"/>	<input type="text"/>
f If you held the investment for less than five years, where did you hold the funds previously?	<input type="text"/>	<input type="text"/>

3 Share sale

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

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

4 Property sale

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

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

5 Company sale or the sale of your interest in the company

Examples of original certified documentary evidence: › Signed letter from solicitor or regulated accountant, or
› Copy of contract sale and sight of investment monies on bank statements.

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

6 Inheritance

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

	Policyholder 1	Policyholder 2
a What was the name of the person who left the inheritance?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b What was your relationship with this person?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c How much did you personally receive?	<input type="text"/>	<input type="text"/>
d When did you receive the inheritance?	<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"/>
e If you received the inheritance over three months ago, where did you hold the proceeds?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

7 Loan

Examples of original certified documentary evidence: › Loan agreement, stating the name and address of the applicant; date of the loan and how much it was for. It should be clear who the loan provider is, or
 › Recent loan statements dated less than 3 months old which show the applicant’s name and address.

	Policyholder 1	Policyholder 2
a Why was the loan required?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b How much was it for?	<input type="text"/>	<input type="text"/>
c What was the date of the 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"/>	<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"/>
d Who provided the loan?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e Please provide their name and 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"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

8 Gift

Examples of original certified documentary evidence: › Letter from donor confirming details of gift and acknowledging the source of the donated funds.

	Policyholder 1	Policyholder 2
a Who was the gift from?	<input type="text"/>	<input type="text"/>
b Please provide their address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
c How much was the gift?	<input type="text"/>	<input type="text"/>
d What was the reason for it?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
e What is your relationship to the person?	<input type="text"/>	<input type="text"/>
f How were the funds originally accumulated?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

9 Competition or gambling win

Examples of original certified documentary evidence: › Letter from relevant organisation (lottery headquarters/betting shop/Casino), or
› Bank statements showing funds deposited by the named organisation.

	Policyholder 1	Policyholder 2
a Where and how did you win the money?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
b How much was your win?	<input type="text"/>	<input type="text"/>
c When was the win?	<input type="text"/>	<input type="text"/>
d Which organisation or company paid you the prize money?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

10 Compensation payment

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

	Policyholder 1	Policyholder 2																
a Who did the payment come from?	<input type="text"/>	<input type="text"/>																
b How much did you receive?	<input type="text"/>	<input type="text"/>																
c When did you receive it?	<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	<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											
d	d	m	m	y	y	y	y											
d Where have the proceeds been held since the payment was received?	<input type="text"/>	<input type="text"/>																
e What was the reason for it?	<input type="text"/>	<input type="text"/>																
	<input type="text"/>	<input type="text"/>																
	<input type="text"/>	<input type="text"/>																
	<input type="text"/>	<input type="text"/>																

11 Other income sources

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

	Policyholder 1	Policyholder 2																
a What type of income was this?	<input type="text"/>	<input type="text"/>																
b How much was it?	<input type="text"/>	<input type="text"/>																
c When did you receive it?	<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	<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											
d	d	m	m	y	y	y	y											
d Where did the income come from? If a full and detailed explanation is not provided this will result in a delay in the investment. One word answers are not acceptable. For further information on source of wealth please speak to your financial adviser.	<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"/>																
e If the income was received more than three months ago, where has it been held since?	<input type="text"/>	<input type="text"/>																
	<input type="text"/>	<input type="text"/>																
	<input type="text"/>	<input type="text"/>																

PART 1 – NOMINATION OF INVESTMENT ADVISER OR EXTERNAL
MANAGER AND/OR CUSTODIAN (EMC)

A) Do you wish to nominate an investment adviser to choose or change your investments?

If **no**, please see B below.

If **yes**, please complete a separate **Nomination of investment adviser** form available from either your financial adviser or on request from us. To avoid any delay in processing the application, you will still need to complete the fund selection on this form after consulting with your investment adviser.

B) Is your policy to be managed by an EMC?

If **no**, please give details of your initial fund selection in Part 2 below, choosing either Guided Architecture or Open Architecture as appropriate.

If **yes**, a fund choice is not required. If you wish for your investment to be managed by an EMC already linked to your policy please supply details of the EMC including contact telephone number and contact name (if any).

Name of firm	<input type="text"/>
Contact telephone number	<input type="text"/>
Contact name (if any)	<input type="text"/>
How much of this additional single premium would you like to invest with your existing EMC?	<input type="text" value="£/US\$/€"/>

If you would like to request the appointment of a new EMC, please ensure that you have completed the separate **Nomination of External Manager and/or Custodian** form. This form is also available from your financial adviser or on request from us.



On adding further investment into an existing External Managed Account, all advice provided on the linked investments by an investment adviser or EMC, including that related to the original premium, will be treated as an EMC Investment Adviser Charge (EMC IAC).

PAYING FOR INVESTMENT ADVICE

The charge applicable for investment advice provided by an investment adviser or EMC can be paid:

- › directly by you to the relevant party, or
- › you can request that we (Utmost) facilitate the payment of such charges as non-taxable withdrawals from the bond.
- › Additionally, charges for advice on the underlying investments provided by the EMC can be paid from the value of the bond as non taxable withdrawals taken by the EMC directly from the External Managed Account. In this circumstance you, or where appropriate your trustee, will agree the payments with the EMC directly. As the EMC facilitates the payment of such charges you will not be required to complete the Adviser Charges Pack.

Any charges for investment advice that we, or the EMC, facilitate from the value of the bond, will not form part of the 5% annual tax deferred entitlement. Please see our **Guide to charges** for more information.

PART 2 – GUIDED ARCHITECTURE OR OPEN ARCHITECTURE

Please refer to your product literature to ensure these options are available to you:

- › **A - Guided Architecture with Drip-feeding or Portfolio Rebalancing**
- › **B - Guided Architecture without Drip-feeding or Portfolio Rebalancing**
- › **C - Open Architecture (Drip-feeding or Portfolio Rebalancing will not be available). A Dealing Account will be set up if you invest in one or more external funds or in a cash deposit.**

Please only complete **one** of the following sections outlining your investment choice. Do not complete all sections.

C – OPEN ARCHITECTURE

Open Architecture is not available with the Regular Investment Account.

This section allows the value of your bond to be linked to the performance of numerous external funds and cash deposits in addition to a limited amount of funds within our Utmost Fund Collection. Please refer to our website www.utmostwealth.com for details of the funds available.

For funds within the Utmost Fund Collection the minimum investment per fund is £2,500. Please note that funds within the Tailored Selection range are not available. Please see our **Guide to charges** for further details of charges for buying and selling external funds and cash deposits. We do not currently apply a charge for buying and selling funds from the Utmost Fund Collection.

For external funds and cash deposits, the minimum investment varies according to the fund manager. Your investment will be governed by the rules of the underlying investment as applied by the fund or deposit provider.

Where relevant, we will purchase accumulation units unless otherwise instructed. If income units are selected, the fund manager will be requested to pay all income as cash which will be credited to the Dealing Account.

It is important to write the percentage of the net premium to be invested in each chosen fund, after any initial charges for advice have been deducted if applicable, rather than a monetary amount.

FUND SELECTION – UTMOST FUND COLLECTION

Please refer to our website www.utmostwealth.com for details of the funds available and the relevant fund reference codes.

Fund name (please give full fund name)	Fund reference	%		

FUND SELECTION – EXTERNAL FUNDS

Please refer to our website www.utmostwealth.com for details of the funds available and the relevant SEDOL or ISIN codes. Please ensure that the full fund name and SEDOL or ISIN codes are provided, any missing information will result in a delay in investment.

Certain funds require completion of the **Investor Declaration** form which is available from your financial adviser on request. Please contact our Customer Support team on **+44 (0) 1624 643 345** if you need more information.

Fund name (please give full fund name)	SEDOL/ISIN	%		

G REGULAR WITHDRAWALS

OPTIONAL

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

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

Where requested, VAT can be added automatically (at the applicable rate) to adviser charges taken from the policy. The additional VAT will then increase the level of withdrawal accordingly and may further impact the tax position as described above.

Should the VAT rate change you should be aware that we are only able to apply the VAT rate applicable at the date we make the adviser charge payment and not the date of any invoice raised by your adviser. To avoid any VAT rate differences, the date of any invoice raised by your adviser should align with the payment date. Should any differences arise, any under or overpayments must be resolved between you and your adviser. Please speak to your financial adviser for more information.

Regular withdrawals are taken equally across all policy segments.

Minimum £200 per payment (or currency equivalent). Payments will only be made in the currency of the bond.

If a regular withdrawal would take the bond to a surrender value lower than the minimum value required to be kept in the bond, withdrawals will stop.

SET UP WITHDRAWALS


Please tick the appropriate box that applies to you

I do not currently take withdrawals and I would like to set them up

1 Amount to be withdrawn from the whole bond per annum % **or** per payment

2 Frequency of payments Yearly Half-yearly Quarterly Monthly

3 Payment to start d d m m y y y y


The earliest the first withdrawal can be taken is 30 days after the additional single premium documents have been issued. 

AMEND EXISTING WITHDRAWALS

If you wish for your current withdrawals arrangement to remain unchanged, please leave this section blank and proceed to section H.

Please tick the appropriate box that applies to you


I currently take withdrawals and I would like to amend this figure

If you have any existing withdrawals, these will cease and be replaced with the new amount/percentage stated below. 

1 Amount to be withdrawn from the whole bond per annum % **or** per payment

2 Frequency of payments Yearly Half-yearly Quarterly Monthly

3 Payment to start d d m m y y y y

The earliest the first withdrawal can be taken is 30 days after the additional single premium documents have been issued. 

BANK DETAILS

Payment method will be BACS transfer for sterling payments to UK clearing banks only or telegraphic transfer for other currencies or banks outside the UK. A charge will be levied by our bankers for telegraphic transfer payments and this will be deducted from the value of the bond.

PLEASE PROVIDE DETAILS BELOW OF THE ACCOUNT THAT YOU WANT PAYMENTS TO BE SENT TO:

1	Account name	<input type="text"/>
2	Account number (for BACS payments this must be 8 digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Bank sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
4	Building Society roll number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	Bank BIC/Swift code (required for all payments outside the UK)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	IBAN number (required for all payments to the EU)	<input type="text"/>
7	Bank/Building Society name	<input type="text"/>
8	Address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	Telephone number (including international dialling code)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	How long has the account been held?	<input type="text"/> <input type="text"/> Years

Payments to third parties are not normally allowed. However in exceptional circumstances, they may be considered. We will need to know why the payments are required, details of the relationship between the policyholder and the account holder, plus certified identification for the account holder, which is listed in Section J.

H DATA PROTECTION

Introduction

We can only provide the level of service that our customers require with the help of electronic data processing (EDP). This enables us to ensure that insurance contracts can be arranged correctly, quickly and efficiently. The use of EDP also provides better protection against fraud than the manual processing that previously took place.

Covering legislation

Processing of the information provided to us regarding you and the life/lives assured is governed by the Isle of Man Data Protection Act 2002. This lays down the rules and principles under which the processing of personal data is allowed. The primary purpose of the Act is to provide protection for the individual against unacceptable EDP practices.

Insurance data

The information that you provide is required for the processing of this application. If you do not fully complete the details then it may not be possible for the additional application to be processed. This will mean that your additional premium will not be invested.

Storage of data

We store the personal data regarding you and the life/lives assured that is necessary for the processing of your additional application and the administration of the bond. If your additional application is not accepted, then we will still retain a record of this application. After the bond has terminated, data will continue to be held in order to satisfy audit and statutory accounting requirements.

Confidentiality and authorisation

All the data that is provided will be treated in confidence. This application contains a Declaration that gives authorisation for us to request access, where necessary, to confidential information regarding you held by others. Without this authority, we may not be able to properly complete the processing of your application or any claim. By signing the declaration below you consent to us having the ability to carry out any or all of the following actions set out below.

Disclosures of data

1. We may need to contact doctors who certify death or examined or treated you in the year preceding death, regarding the cause of death or illness which led to death.
2. During the existence of the bond we will pass appropriate details to the relevant adviser appointed by you unless we are informed that the relevant adviser is no longer appointed. We will not pass your personal information to any other party claiming to act for you unless you give us authority in writing to do so.
3. We will disclose appropriate information to other companies within the Utmost Group from time to time in order to fulfil our contractual duties to you, our legal obligations including those of Utmost Group, as well as assist in the appropriate administration and operation of your bond.
4. We will disclose appropriate information, which may include details of any benefits taken or deemed gains made, to the Isle of Man Government and any Government or Tax Authority outside the Isle of Man as necessary to fulfil our legal obligations.
5. **For UK resident policyholders**, we will notify the UK HM Revenue & Customs if a chargeable event occurs which creates a chargeable gain.
6. Utmost Limited is a member of the Utmost Group. To set up and administer your policy we will hold and use information about you supplied by you. We may send it in confidence for processing to other companies in the Utmost Group (or companies acting on our instructions) including those located inside or outside the European Economic Area.

Isle of Man Money Laundering and Terrorist Financing Code 2013 (as modified, amended or replaced)

To comply with Anti-Money Laundering regulations, we may verify your identity by carrying out an online check with a reference agency. The agency will add a note to your credit file to show that an identity check has been made but this information will not affect your credit rating. Financial and other organisations may discover this information if they assess you, or the people with whom you are financially associated, for the purpose of preventing fraud, money laundering or in order to trace debtors.

Your Rights

These are as defined in the Isle of Man Data Protection Act 2002. They include the right to revoke your authorisation or to challenge any process or personal information regarding you that has not been accepted by you, either explicitly or implicitly. The rights also include that of access to all the personal data held regarding you.

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

The Data Protection Co-ordinator at **Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles** or the **Office of the Data Protection Supervisor, ODPS, PO Box 69, Douglas, Isle of Man, IM99 1EQ, British Isles.**

I DECLARATION

This is our standard client declaration upon which we intend to rely. For your own benefit and protection you should read these terms and the data protection notes section of this form carefully before signing below.

Please read carefully the Product guide, Guide to charges, a Personal illustration and Key features document, all of which should have been provided to you, as they contain important information about the bond.

If you do not understand any part of these terms, the Data Protection notes or the product literature listed above, please ask your adviser to explain it to you before signing below.

In this declaration, "I", "me" and "my" mean the policyholder or policyholders and "the Company" means Utmost Limited.

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

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

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

ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of funds - policyholder statement of truth

I truthfully confirm that:

- i) all funds invested in the bond applied for have been or will be properly declared to the relevant tax authorities in the jurisdiction of my tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and
- ii) none of the funds invested derive, directly or indirectly, from illegal activities or sources and/or tax evasion.

Potential Consequences of Misleading the Company - I fully acknowledge and agree that if the Company discovers that I misled the Company in respect of any part of the statements confirmed above, that the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the contractual ability to:

- i) terminate the bond immediately and, regardless of the actual date of bond termination, impose the maximum encashment and any other relevant charges which may be imposed on me under the bond as if the bond had been encashed immediately after issue. Such charges shall be applied to the extent that they cover any costs, expenses or losses caused by the Company being misled, without limiting the Company's ability to seek additional recompense from me in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at the Company's discretion concerning me and/or the bond; and
- iii) if considered appropriate after consultation with government authorities and/or legal counsel, either
 - a) subject to satisfying the Company's further reasonable requirements, refund my premium(s) and other amounts paid to the Company to the date of such termination less applicable encashment and other charges in accordance with clause (i) above (the 'Refund Amount'), or
 - b) if legally required to do so by competent government authorities, freeze or pay over to relevant government authorities all or a portion of the Refund Amount or take such other actions as competent government authorities may legally require.

Consent to disclose information to Tax and other Government Authorities

I have been advised that the Utmost Group and the Company have a longstanding policy of co-operating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities.

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

I also understand and agree that in certain circumstances the Company may be obliged to share this information with the Isle of Man Government.

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

I consent and agree that in cases where the Company suspects that the funds invested in the bond are wholly or partly derived from illegal activities/sources and/or tax evasion, then the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the ability to disclose to my/our home country tax and/or other government authorities my identity and any relevant information considered necessary or appropriate, in the Company's discretion, concerning the bond.

I understand and agree that the Company's obligations under the policy, including the payment of benefits, will be suspended either in whole or in part, to the extent that performance of any policy obligation may expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

Further consents and confirmations

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

I understand that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to the Company by me or on my behalf was misleading or incomplete, then this might invalidate my contract and adversely affect my right to the payment of policy benefits. I understand the requirement to provide accurate and relevant information in my dealings with the Company is continuous and binding upon me or any subsequent holder of the policy.

I understand that no contract shall be issued in respect of this application and the Company shall be under no obligation in respect of this application until the additional premium has been received by the Company and the Company has expressly confirmed in writing that it accepts the additional investment.

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

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

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

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

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

I accept that selection of investments is my responsibility (or, where appropriate, that of my investment adviser or any appointed EMC) and the Company makes no representations or guarantees in relation to the future performance of any assets linked to the bond and accordingly has no legal responsibility in respect of future performance of such linked assets.

I understand that the Company and I have a free choice about the law that can apply to any contract relating to this application. The Company proposes to choose the laws of the Isle of Man and by completing this application form I agree that the laws of the Isle of Man shall apply and that Isle of Man Courts shall be the sole forum to consider disputes in relation to any contract arising from this application.

I agree that any decision to alter the Isle of Man Courts' jurisdiction shall be in the discretion of the Company such discretion being exercised reasonably.

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

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

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

- a. Change of standing data, e.g. change of address, or change of bank details
- b. Switching of funds within the policy

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

	Policyholder 1	Policyholder 2																
SIGNATURE	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>																
Print full name	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>																
Date	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											

SIGNATURE

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

Once you have signed and dated the above boxes please go to page 25 if you would like us to facilitate adviser charges to your financial adviser.

SECTION 2 – POLICYHOLDERS MUST COMPLETE IN ALL CASES

J IDENTIFICATION REQUIREMENTS

Under Isle of Man Anti-Money Laundering regulations we are required to verify the identity and address of all individuals related to a contract (e.g. policyholders, trustees, power of attorney).

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

We require **one suitably certified copy document** from **Part 1** together with **one suitably certified copy document** from **Part 2**. If an individual does not hold either of the documents listed in **Part 1** then, under certain circumstances, we **may** be able to accept **two suitably certified copy documents** from **Part 2**, showing verifiable reference numbers. Please also note that if no documentation is supplied from **Part 1**, we require an explanation of why this is not available.

Please tick in the boxes below to indicate the identification you have supplied for each party to the policy.

This information is required to satisfy Anti-Money Laundering regulations.

PART 1 - PERSONAL IDENTITY

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

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

* Please complete for any other party to the application for which identification has been provided. Please continue on a separate sheet of paper should there be more individuals to be identified than the space provided.

If you cannot supply an item from **Part 1**, please tell us why in the box below.

PART 2 - VERIFICATION OF ADDRESS

	Policyholder 1	Policyholder 2	*
1 A recent utility, rates, or council tax bill The document must be the most recent available and dated no more than 3 months old, and must also be certified. (Mobile bills are not acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 A recent mortgage statement, giving the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence (Paper & card. Both documents are required.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 A state pension, benefit or other government produced document showing benefit entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 A recent tax assessment document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 An account statement from bank or bank credit card dated and certified within the last 3 months (Store cards are not acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Proof of ownership or rental of the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(EVOLUTION OR REGULAR INVESTMENT ACCOUNT ONLY - FOR ALL OTHER PRODUCTS, ALL ADVISER CHARGES MUST BE PAID DIRECTLY TO YOUR ADVISER).

L ADVISER CHARGES

This section should only be completed if you wish to pay adviser charges to your financial adviser directly from your bond. Such charges should match the information shown in your Personal illustration that will have been provided to you. You can choose to pay adviser charges in one of the following ways:

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

Or facilitated by us:

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

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

Please note

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

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

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

AGREEMENT TO PAY ADVISER CHARGES

Please ensure you fully complete this section, as any omissions may delay our ability to carry out your instructions. Once we have received the application form with this section fully completed, and depending on the options you select, we will make adviser charge payments on your behalf to your financial adviser for the services they provide to you. We will continue to do this until this instruction ends or you tell us to cancel it. Once your additional single premium has been applied we require a month's notice of any changes to adviser charge payments that we facilitate.

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

CANCELLATION OF ADVISER CHARGES

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

If you decide to cancel your additional single premium during the cancellation period (please see the **Key features document** for details) any refund to you will be less any adviser charges paid on your behalf. If you believe you are due a refund of such payments from your adviser, you will need to contact them direct to discuss the exact terms of the adviser charging arrangement you have with them.

BEFORE YOU BEGIN

Please be aware that through this section, the monetary amount or percentage should be entered excluding VAT. If the adviser charge attracts VAT, please tick the relevant box to indicate VAT applies. For example, if the adviser charge is 1% plus VAT, please enter 1% rather than 1.2% assuming 20% VAT is included, and tick the box to indicate that VAT applies.

INITIAL ADVISER CHARGE

Please select one of the following payment options

Transaction type	Monetary amount (£, US\$, €, other)	% of premium
1 Adviser charge to be paid outside of the bond by taking it from the payment, with the remaining balance being invested as an additional premium into the bond.	<input type="text"/> . <input type="text"/> <input type="text"/>	N/A
2a Adviser charge to be taken from the value of the additional single premium.	<input type="text"/> . <input type="text"/> <input type="text"/> or	<input type="text"/> %
2b Does the initial amount to be taken from inside the bond attract VAT?	<input type="checkbox"/> Yes	

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

ONGOING ADVISER CHARGE

Please complete the table below if you have agreed with your financial adviser to make a **regular** payment for ongoing advice or services you receive. **Not available for Regular Investment Account.**

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

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

A) Total annual monetary amount of adviser charge to be taken from the additional single premium £/US\$/€* .

If chosen please state the total monetary amount you wish to pay per year. For example, if you wish to pay £200 on a half year basis, the amount you should state here is £400 as the annual total. You must enter your chosen monetary amount in the currency of your bond.

OR

B) Total annual percentage of adviser charge to be taken from the value of additional single premium tranche as a proportion of the total bond value . %

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

3 When would you like the adviser charge payments to start? d d m m y y y y

4 Does the ongoing adviser charge attract VAT? Yes

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

M ADVISER CHARGING DECLARATION

Please read this section carefully before you sign it as it affects your rights and creates a legally binding agreement with Utmost Limited in connection with your bond. If you do not understand any aspect of this agreement please ask your adviser to explain its effect to you before you sign the form.

Throughout this declaration, 'I' 'me' and 'my' mean the applicant and 'the Company' means Utmost Limited.

I authorise the Company to pay the adviser charges as set out in this Agreement. Where I have indicated that the initial and/or ongoing adviser charge attracts VAT, I also authorise you to automatically adjust future payments if the rate of VAT changes without any further authority from me.

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

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

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

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

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

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

By signing this box below I confirm that:

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

	Policyholder 1	Policyholder 2
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"/>

SIGNATURE

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

Please ensure your financial adviser has completed and signed Section K on page 24.

N NOTES

O CHECKLIST

We want to process your application as quickly as possible. To help us do this please remember that on completion of this form we will need the following:

- › Certified copies of the identification and address verification documents for the policyholder.
- › If you would like us to facilitate any adviser charge payments to your financial adviser for the advice and service in relation to this bond, please complete and sign Section 3, Adviser Charges, on page 25.
- › If you would like to request the appointment of an investment adviser, then please enclose a fully completed and signed **Nomination of investment adviser** form, which is available from us or your financial adviser on request.
- › If you would like to request the appointment of an External Manager and/or Custodian (EMC), please enclose a fully completed and signed **Nomination of External Manager and/or Custodian (EMC)** form, which is available from us or your financial adviser on request.
- › If you are sending any additional instructions or documentation, please attach them securely to the back of the form.
- › If you want to pay by BACS, CHAPS or telegraphic transfer, please contact your bank separately to send the payment to us.

WHAT TO DO NEXT

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Limited. Utmost's address is: **Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.**