

# SILK LIFE PLAN

utmost™

## APPLICATION FOR A NEW POLICY OR AN ADDITIONAL INVESTMENT

FOR SINGAPORE ACCREDITED INVESTORS ONLY.

**WARNING:** PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 OF SINGAPORE, AS MAY BE AMENDED FROM TIME TO TIME, IF YOU DO NOT FULLY AND FAITHFULLY DISCLOSE IN THIS APPLICATION FORM ALL FACTS WHICH YOU KNOW, OR OUGHT TO KNOW, THE POLICY ISSUED MAY BE VOID AND YOU MAY RECEIVE NOTHING FROM THE POLICY.

### INTRODUCTION

**Use this form to purchase a new policy or make an additional investment.**

This document contains links to relevant documents, websites and email addresses. Click on the **bold gold** words to access these links.

### 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.

### IMPORTANT NOTES

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

Utmost is the brand name used by a number of Utmost companies. The Silk Life Plan is issued by Utmost International Isle of Man Limited Singapore Branch on behalf of Utmost International Isle of Man Limited.

In this form any reference to words in the singular shall include words in the plural and vice versa. References to 'I', 'me', 'my', 'you' or 'your' mean you, the Applicant (including individuals acting on behalf of a Trust or entity). All references to 'we', 'us', 'our' or 'Utmost' in this form refer to Utmost International Isle of Man Limited or Utmost International Isle of Man Limited Singapore Branch. Capitalised terms not defined in this document have the meaning given to them in the **Details of Your Silk Life Plan - Singapore** (Policy Terms and Conditions).

Email digitally signed and/or scanned applications and supporting evidence, to us at:

**IOMaskingsingapore@utmostgroup.com**. Alternatively, post paper applications and supporting evidence to: **Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909**.

We only sell our products through financial advisers as we believe it is important Applicants receive independent financial advice. As the Applicant chooses the Financial Adviser Representative, the Applicant needs to bear in mind that they are acting on the Applicant's behalf and not on behalf of Utmost International Isle of Man Limited or its branches. The Applicant is responsible for the Financial Adviser Representative's actions or omissions.

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

### IF YOU NEED ASSISTANCE

Your Financial Adviser will be able to provide further information and assistance with completing this form. Alternatively, you may contact our relevant Customer Service team as follows:

#### Head Office

☎ +44 (0) 2038 685 300

✉ **IOMask@utmostgroup.com**

#### Singapore Office:

☎ +65 6018 3797

✉ **IOMaskingsingapore@utmostgroup.com**

### IMPORTANT NOTICE: PROTECTING YOURSELF FROM SCAMS

Please be aware of increasing impersonation scams in the market. Fraudsters are using increasingly sophisticated methods, including video calls, phone calls and fake documents, to impersonate trusted organisations.

For your safety, note the following:

- › **We will never ask you to transfer money to any regulatory authority**, including the Monetary Authority of Singapore (MAS).
- › **We will never request payment transfers over the phone**. Always refer to our official website or approved documents for premium payment instructions.
- › **We do not make calls on behalf of MAS** or any other regulatory body.

If you receive any suspicious communication, please contact us directly through our official channels.

	PAGE	SECTION	COMPLETED
<b>Introduction</b>	2	Important Information	
<b>Applicant and Policy details</b>	4	A Type of application	<input type="checkbox"/>
	5	B Applicant details	<input type="checkbox"/>
	13	C Life Assured details	<input type="checkbox"/>
	14	D Ultimate beneficial ownership	<input type="checkbox"/>
	15	E Politically exposed persons details	<input type="checkbox"/>
	15	F Policy details	<input type="checkbox"/>
	19	G Investment Choice	<input type="checkbox"/>
	21	H Remittance details, employment details and source of funds	<input type="checkbox"/>
	29	I Insurability information	<input type="checkbox"/>
<b>Declarations</b>	45	J Standard declarations	<input type="checkbox"/>
<b>Financial Adviser Representative to complete</b>	53	K Identification requirements	<input type="checkbox"/>
	58	L Financial adviser representative details and declarations	<input type="checkbox"/>

## IMPORTANT INFORMATION

### IMPORTANT TAX INFORMATION

Under Automatic Exchange of Information (“AEOI”) regulations Utmost International Isle of Man Limited is required to obtain information about an Applicant’s tax status.

If any of the information contained in the self-certification changes, please advise Utmost International Isle of Man Limited promptly so we can determine if a new self-certification is required.

You should satisfy yourself under any taxation, exchange control or insurance law to which you may be subject that you are able to effect the proposed contract. You are responsible for any tax reporting and liability in relation to your Policy required by the relevant tax authorities. Your country of residence could vary how your Policy is taxed, and you should seek professional tax advice before moving to a new country.

### IMPORTANT INFORMATION FOR ALL APPLICANTS

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

- › [Silk Life Plan Product Brochure](#)
- › [Silk Life Plan At a Glance](#)
- › [Silk Life Plan Product Summary](#)
- › [Details of Your Silk Life Plan - Singapore](#) (Policy Terms and Conditions)
- › [Policy Illustration](#)

You will also need to read ‘Your Guide to Life Insurance’ and the ‘Code of Life Insurance Practice’ (these can be downloaded from the Life Insurance Association’s website: [www.lia.org.sg](http://www.lia.org.sg)).

**REPLACEMENT OF LIFE POLICIES**

If more than one policy is to be replaced, please photocopy this section, attach the details with this application form and tick here.

**1** Is this Policy to replace or intended to replace any insurance(s) or other Designated Investment Product(s), such as a unit trust or life policy, held with another financial institution including insurance companies and banks? Yes No

If "Yes" please provide the following details

a. Name of existing policy/ product replaced (or to be replaced)

b. Name of financial institution policy/ product is held with

c. Reason for replacement policy

d. Surrender penalty incurred

e. Length of time the existing policy/ product held   years   months

**WARNING:** It is usually disadvantageous to replace existing life insurance policies with a new one. Some of the disadvantages include:

- › You may incur transaction costs without gaining any real benefit from the switch.
- › The new life policy may offer a lower level of benefit at a higher cost or the same cost or offer the same level of benefits at a higher cost.
- › You may incur penalties for terminating the existing life policy.
- › The new life policy may be less suitable for you.
- › The new life policy will have different terms and conditions.

In your interests, we would advise that you consult your financial adviser or representative before making a final decision.

**IMPORTANT INFORMATION FOR THE LIFE ASSURED**

Before completing Sections C and I of this application form, please make sure you understand the nature and purpose of this application. Should you need more information please talk to the Applicant and consult the Financial Adviser Representative via the Applicant.

**IMPORTANT INFORMATION ON COVERAGE DURING ASSET TRANSFER  
 (TO BE READ BY ALL APPLICANTS AND LIVES ASSURED)**

**INTERIM COVER BENEFIT**

The Interim Cover Benefit applies where we have agreed to the payment of all or part of the Premium by Asset transfer for a new Utmost International Isle of Man Limited Silk Life Plan – it does not apply to any request by you to pay an additional Premium.

**This benefit will start on the Working Day that we receive the last of the following items:**

- › Fully completed and duly signed application, including all the required and necessary documents provided they are accepted by Utmost International Isle of Man Limited;

- › Terms of Acceptance that are issued by Utmost International Isle of Man Limited; and
- › Confirmation from the bank that the Asset transfer process has started.

If the Relevant Life Assured dies we will provide the Sum Assured, provided the Relevant Life Assured’s death did not result either directly or indirectly, voluntarily, or involuntarily, from:

- any self-inflicted injury or suicide, whether the Relevant Life Assured was mentally capable or not; or
- any exclusion which is included within your Terms of Acceptance.

And we will return any Premium paid by Asset transfer.

Please refer to the **Details of Your Silk Life Plan - Singapore** (Policy Terms and Conditions) for the definition of Relevant Life Assured.

**WHEN DOES THIS COVER END?**

The Interim Cover Benefit ends on the earliest of:


- › The date we accept the application, the Contract Date;
- › The date the Applicant or the relevant Financial Adviser Representative tells us the application is not going ahead; or
- › 90 calendar days from the date this coverage starts.

We must be notified within three months of the death of the Relevant Life Assured.

**A TYPE OF APPLICATION MANDATORY**

If you are adding an investment to an existing Policy please complete Subsection A1.


**A1 ADDITIONAL INVESTMENT**

 Any request to increase the Sum Assured may require further medical or non-medical evidence to be provided.

1 Existing Policy number

2 Do you wish to increase your sum assured?      Yes      No

3 If "Yes" how much do you want the total sum assured to be after the increase (in Policy currency)?

**Question 1**, you can find this in your policy documentation. 

The minimum additional Premium amount is USD50,000, GBP37,500, SGD75,000 or currency equivalent subject to Utmost International Isle of Man Limited’s approval.

4 Additional Premium amount in Policy Currency

5 Payment type      Cash only transfer      Payment includes Premium in-Kind transfer

**A2 PREMIUM IN KIND TRANSFER**

Only investments that have been managed by a Discretionary Fund Manager (“DFM”) or an Investment Adviser Representative are permitted via an in-kind transfer. Before specifying the amount you wish to transfer by way of Premium-in-kind, please ensure you have read the important notes section below carefully.

Approximate amount to be paid by re-registration of investment assets	Currency	<input style="width: 95%;" type="text"/>	Amount	<input style="width: 95%;" type="text"/>
Amount to be paid in cash	Currency	<input style="width: 95%;" type="text"/>	Amount	<input style="width: 95%;" type="text"/>

A detailed list of any assets must be supplied with the application and approved by Utmost before any transfer takes place.

Please be aware that transferring assets under these arrangements may constitute a disposal for tax purposes. Utmost accepts no responsibility for any financial costs or risks arising from the transfer. You are advised to consult your financial adviser for further guidance.

**B APPLICANT DETAILS**

**MANDATORY**

For additional investment applications, please only complete section B if any of the details requested have changed since the original application.

Throughout this form, the term “Applicant” refers jointly and severally to the persons applying for a new investment. The Applicants can be individuals, corporates, Trustees (individual or corporate). When a new Policy is issued, an Applicant becomes a “Policyholder”.

In the case of an additional investment application, the term “Applicant” refers to the existing Policyholder(s).

Individual Applicants including individuals acting in the capacity of a Trustee must complete Subsection B1. Corporate Applicants including Corporate Trustees must complete Subsection B2.

**You will need to provide suitable verification of identity and residential address at Section K.**

1 Applicant type

<input type="checkbox"/> Individual/ Joint	<input type="checkbox"/> Individual Trustees
<input type="checkbox"/> Corporate/ Corporate Trustee	

**B1 INDIVIDUAL APPLICANTS**

The Applicants must be at least 18 years old, and the maximum age is 75 (as at last birthday).

If there are any further Applicants, please photocopy this section, attach the details with this application form and tick here.

	Applicant 1	Applicant 2 (if any)
1 Role		
2 Title (Mr, Mrs, Ms, etc.)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3 Gender	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4 First name(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
5 Surname(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
6 Do you have a maiden name, previous name or alias?	Yes      No	Yes      No
If “Yes” provide the other name(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<b>7</b> Date of birth	d d m m y y y y	d d m m y y y y
<b>8</b> Place and Country of birth		
<b>9</b> Please list all nationalities/citizenships held (if applicable)		
Have you held a previous nationality?	Yes No	Yes No
If "Yes", provide details		
<b>10</b> Permanent residential address		
	Postcode Country	Postcode Country
<b>11</b> In the past 3 years, did the residential address change?	Yes No	Yes No
If "Yes" please provide all previous address details		
	Postcode Country	Postcode Country
<b>12</b> Is correspondence address the same as permanent residential address?	Yes No	Yes No
If "No" please provide correspondence address		
	Postcode Country	Postcode Country
<b>13</b> Contact telephone number (international format)		
<b>14</b> Email address		
<b>15</b> What is the relationship between the Applicants		

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

**Question 12,** We accept no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently.

Utmost International Isle of Man Limited reserves the right to send correspondence to the registered office address where regulations prevent it being sent to any other address.

**Question 13,** Your telephone number is used as a fraud prevention control.

**B2 CORPORATE APPLICANTS**

**Only to be completed if there is a Corporate Applicant.**

<b>1</b>	Entity type	Private company	Public Company								
	Other	<input type="text"/>									
<b>2</b>	Corporate name	<input type="text"/>									
<b>3</b>	Contact person	<input type="text"/>									
<b>4</b>	Company registration number	<input type="text"/>									
<b>5</b>	Date of incorporation	<table border="1" style="border-collapse: collapse; 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				
<b>6</b>	Country of registration	<input type="text"/>									
<b>7</b>	Country of creation (if different from country of registration)	<input type="text"/>									
<b>8</b>	Principal place of business	<input type="text"/>									
<b>9</b>	Registered office address (PO Box or 'care of' addresses are not acceptable)	<input type="text"/>									
		<input type="text"/>									
		Postcode	Country								
<b>10</b>	Correspondence address	<input type="text"/>									
		<input type="text"/>									
		Postcode	Country								
<b>11</b>	If the correspondence address is different from the registered address, please give a reason	<input type="text"/>									
<b>12</b>	Telephone number (international format)	<input type="text"/>									
<b>13</b>	Corporate email address	<input type="text"/>									
<b>14</b>	Corporate website address	<input type="text"/>									
<b>15</b>	Please state the company's main business/activities	<input type="text"/>									
<b>16</b>	If the company has no activities, please confirm company status e.g. dormant, holding company or asset holding company	<input type="text"/>									
<b>17</b>	Is the company in the process of being dissolved, struck off, wound up or terminated?	Yes	No								

**Question 10**, We accept no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently.

Utmost International Isle of Man Limited reserves the right to send correspondence to the registered office address where regulations prevent it being sent to any other address.

**18** Is the company quoted on a recognised stock exchange?      Yes      No

If "Yes" which one?

**19** Confirm the minimum number of authorised signatories needed to give instructions

**DIRECTORS**

List all the current directors of the company. If there are any further directors, please photocopy this section, attach the details with this application form and tick here.

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

From the list, supply the details of two directors, one of whom must be an executive director. **You will need to provide suitable verification of their identity and residential address at Section K.**

	Executive Director	Director
<b>1</b> Role		
<b>2</b> Title (Mr, Mrs, Ms, etc.)	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
<b>3</b> Gender	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
<b>4</b> First Name(s)	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
<b>5</b> Surname(s)	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
<b>6</b> Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes      No	Yes      No
	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
<b>7</b> Date of birth	d d m m y y y y	d d m m y y y y
<b>8</b> Place and country of birth	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
<b>9</b> Please list all nationalities/citizenships held (if applicable)	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
Have you held a previous nationality? If "Yes", provide details	Yes      No	Yes      No
	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
<b>10</b> Permanent residential address (PO Box and 'care of' addresses are not acceptable)	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
	<input style="width: 235px; height: 20px;" type="text"/>	<input style="width: 235px; height: 20px;" type="text"/>
	Postcode      Country	Postcode      Country

**11** In the past 3 years, did the residential address change?  
 If "Yes" please provide all previous address details

Yes		No	
Postcode	Country	Postcode	Country

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

**SHAREHOLDERS**

If there is a corporate shareholder or any of the shares are held within a trust, contact us.

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

**You will need to provide suitable verification of their identity and residential address at Section K.**

	Shareholder 1		Shareholder 2 (if any)	
<b>1</b> Role				
<b>2</b> Percentage share	<input type="text" value=""/> %		<input type="text" value=""/> %	
<b>3</b> Title (Mr, Mrs, Ms, etc.)	<input type="text"/>		<input type="text"/>	
<b>4</b> Gender	<input type="text"/>		<input type="text"/>	
<b>5</b> First name(s)	<input type="text"/>		<input type="text"/>	
<b>6</b> Surname(s)	<input type="text"/>		<input type="text"/>	
<b>7</b> Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	
<b>8</b> 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"/>		
<b>9</b> Place and country of birth	<input type="text"/>		<input type="text"/>	
<b>10</b> Please list all nationalities/citizenships held (if applicable) Have you held a previous nationality? If "Yes", provide details	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	
<b>11</b> Permanent residential address(PO Box and 'care of' addresses are not acceptable)	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	Postcode	Country	Postcode	Country

**12** In the past 3 years, did the residential address change?

If "Yes" please provide all previous address details

Yes		No		Yes		No	
Postcode		Country		Postcode		Country	

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

**1** Role

**Shareholder 3 (if any)**

**Shareholder 4 (if any)**

**2** Percentage share

 %

 %

**3** Title (Mr, Mrs, Ms, etc.)

**4** Gender

**5** First name(s)

**6** Surname(s)

**7** Do you have a maiden name, a previous name or alias?

Yes No Yes No

If "Yes", provide the other name(s)

**8** Date of birth

**9** Place and country of birth

**10** Please list all nationalities/citizenships held (if applicable)

Have you held a previous nationality?

Yes No Yes No

If "Yes", provide details

**11** Permanent residential address (PO Box and 'care of' addresses are not acceptable)

Postcode		Country	

**12** In the past 3 years, did the residential address change?

If "Yes" please provide all previous address details

Yes		No		Yes		No	
Postcode		Country		Postcode		Country	

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.



<b>6</b> Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	
<b>7</b> Date of birth	<input type="text" value="d d m m y y y y"/>		<input type="text" value="d d m m y y y y"/>	
<b>8</b> Place and country of birth	<input type="text"/>		<input type="text"/>	
<b>9</b> Please list all nationalities/citizenships held (if applicable)  Have you held a previous nationality? If yes, provide details	<input type="text"/>		<input type="text"/>	
	Yes	No	Yes	No
<b>10</b> Permanent residential address (PO Box and 'care of' addresses are not acceptable)	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	Postcode		Country	
<b>11</b> In the past 3 years, did the residential address change? If "Yes" please provide all previous address details	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
Postcode		Country		
<input type="text"/>		<input type="text"/>		
Postcode		Country		
<b>12</b> If deceased, date of death	<input type="text" value="d d m m y y y y"/>		<input type="text" value="d d m m y y y y"/>	

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

**B5 TAX CLASSIFICATION OF APPLICANT**

If you are acting as an individual, please complete our **Tax Declaration and Self-Certification for Individual Investors**.

If you are acting on behalf of a Trust as an Individual, please complete our **Tax Declaration and Self-Certification for Trusts Where the Trustees are all Individuals**.

If you are acting on behalf of an entity including corporate trustee, please complete our **Tax Declaration and Self Certification for Entity Investors (for Corporate and Trustee Investors)**.

Alternatively, you can contact us at **+65 6018 3797** with regards to your tax classification.

**C LIFE ASSURED DETAILS**

**MANDATORY**

For additional investment applications please only complete section C if any of the details requested have changed since the original application.

To be completed by the Lives Assured.

- 1 Contract Basis
- Single life
  - Joint life first death
  - Joint life second death

	<b>Applicant 1</b>		<b>Applicant 2 (if any)</b>	
2 Has the Applicant opted to be a Life Assured?	Yes	No	Yes	No

Please note you do not need to complete the below if the Applicant(s) are going to be the only Lives Assured. The maximum age for a Life Assured is 75 (as at last birthday).

**There must be an insurable interest between the Applicant and the Life Assured where the Applicant would suffer loss in the event of the death of the Life Assured.**

**You will need to provide suitable verification of their identity at Section K.**

	<b>Additional Life Assured 1</b>		<b>Additional Life Assured 2</b>	
3 Title (Mr, Mrs, Ms, etc.)	<input type="text"/>		<input type="text"/>	
4 Gender	<input type="text"/>		<input type="text"/>	
5 First name(s)	<input type="text"/>		<input type="text"/>	
6 Surname(s)	<input type="text"/>		<input type="text"/>	
7 Do you have a maiden name, previous name or alias?	Yes	No	Yes	No
If "Yes" provide the other name(s)	<input type="text"/>		<input type="text"/>	
8 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"/>	
9 Place and country of birth	<input type="text"/>		<input type="text"/>	
10 Please list all nationalities/ citizenships held(if applicable)	<input type="text"/>		<input type="text"/>	
Have you held a previous nationality?	Yes	No	Yes	No
If "Yes", provide details	<input type="text"/>		<input type="text"/>	
11 Permanent residential address(PO Box and 'care of' addresses are not acceptable)	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	Postcode	Country	Postcode	Country

12 In the past 3 years, did the residential address change?

If "Yes" please provide all previous address details

Yes		No	
Postcode	Country	Postcode	Country

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

13 What is the relationship to the Applicant(s)?

--	--

**D ULTIMATE BENEFICIAL OWNERSHIP**

**MANDATORY**

A "Beneficial Owner" as defined in MAS Notice 314, on Prevention of Money Laundering and Countering the Financing of Terrorism - Life Insurers, means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

You will need to provide suitable verification of identity and residential address at Section K.

If there are more than two beneficial owners, please photocopy this section, attach the details with this application form and tick here.

	Applicant 1		Applicant 2	
1 Are you the ultimate beneficial owner of the Policy?	Yes	No	Yes	No

If 'No' please provide details of the beneficial owner(s) below.

Please note that the following is NOT a nomination of beneficiary(ies) under the Policy.

	Beneficial Owner 1	Beneficial Owner 2
2 Title (Mr, Mrs, Ms, etc.)		
3 Gender		
4 First name(s)		
5 Surname(s)		
6 Do you have a maiden name, previous name or alias?	Yes	No
	Yes	No
If "Yes" provide the other name(s)		
7 Date of birth	d d m m y y y y	d d m m y y y y
8 Place and country of birth		
9 Permanent residential address(PO Box and 'care of' addresses are not acceptable)		
	Postcode	Country
		Postcode
		Country

<b>10</b> In the past 3 years, did the residential address change? If "Yes" please provide all previous address details	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	Postcode	Country	Postcode	Country
<b>11</b> Please list all nationalities/citizenships held (if applicable)  Have you held a previous nationality? If yes, provide details	<input type="text"/>		<input type="text"/>	
	Yes	No	Yes	No
<b>12</b> Country of tax residence	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
<b>13</b> Other tax reference numbers(s)	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
<b>14</b> What is the relationship to the Applicant(s)?	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	

If there is more than one previous address in the last 3 years, photocopy this page, complete and attach it securely to this form.

**E POLITICALLY EXPOSED PERSONS DETAILS** **MANDATORY**

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. Family members or close associates of a PEP must also be considered PEPs themselves.

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

If "Yes", provide the name of the identified person(s)

**F POLICY DETAILS** **MANDATORY**

**F1 WEALTH INTERACTIVE AND LEAD POLICYHOLDER**

**Wealth Interactive and Lead Policyholder**

If you provide your email address, when you apply for your Silk Life Plan, we set up a Wealth Interactive online service account. You will receive an e-mail from us containing a link that allows you to activate this service.

Once your Policy and online service account are live, you can sign in to Wealth Interactive to review the Policy. All the information you need about your investment will be available in the Wealth Interactive online service account ([www.utmostgroup.com](http://www.utmostgroup.com)).

We will usually communicate with you e.g. policy valuations, via the Wealth Interactive account, although there will be times when we will communicate through other methods.

If in the future you wish to receive correspondence in hard copy form, please see our [FAQ's Frequently Asked Questions - Utmost International](#) or email us at [IOMaskingapore@utmostgroup.com](mailto:IOMaskingapore@utmostgroup.com) for further information.

**For joint applicants:** each applicant can set up their own online service account, however, each applicant must agree to select the same Lead Policyholder.

Please note, once appointed, the Lead Policyholder will be able to request Policy transactions on behalf of all Policyholders, including the ability to:

- › View Policy data and transaction history on screen
- › Obtain valuations
- › Retrieve Policy and client documents
- › Submit dealing instructions directly on behalf of all Policyholders, Corporate or Trust entity<sup>1</sup>
- › Change correspondence and residential address
- › Add and change bank details<sup>2</sup>

**Q For trustee and/or corporate applicants**

Please ensure that the trust deed or articles of association (as applicable) allow for the delegation of authority to a named individual to act as Lead Policyholder on your behalf in respect of the Policy. If this authority is not available or the Trust or Company specifically ask that we always correspond by post please tick this box and move to the 'Premium and Sum Assured' subsection.

- 1 Full name of nominated Lead Policyholder
- 2 The specific<sup>3</sup> email address to be used for the Wealth Interactive account

If you are not registered for Wealth Interactive, we will send you monthly valuations by post. You can generate valuations through Wealth Interactive by registering for our online service ([www.utmostgroup.com](http://www.utmostgroup.com)).

If in the future you wish to change the way you access monthly valuations, including receipt in hard copy form, please see our FAQ's [Frequently Asked Questions - Utmost International Isle of Man Limited](#) webpage or email us at [IOMaskingsingapore@utmostgroup.com](mailto:IOMaskingsingapore@utmostgroup.com) for further information

**F2 UTMOST INTERNATIONAL ISLE OF MAN LIMITED CHARGES**

Before completing this section, please ask your Financial Adviser Representative for a copy of the charging structure details recommended to you.

The charging structure for your Silk Life Plan is based upon the reference code provided on your application; this will dictate the level, term and type of charges that apply, and these will be confirmed to you in your Policy documents. These charges will include our administration costs together with those incurred in making any initial commission payment to your Financial Adviser Representative.

If you have agreed to pay your Financial Adviser Representative an ongoing commission payment (referred to as Ongoing Service Charge) then this will be reflected in the deduction of an additional Ongoing Service Charge equivalent to the amount paid.

- 1 Please enter the code for the Utmost International Isle of Man Limited charge structure that your Financial Adviser Representative has explained will apply to your Silk Life Plan (For new Policies only)
- 2 Please enter Allocation Percentage for this Policy  %


**Question 1,** Do not use the Policy Illustration reference; only the appropriate Utmost International Isle of Man Limited charging structure code should be used. Failure to provide the right code could result in the incorrect charging structure being applied and/or delays.

<sup>1</sup> Except where a fund adviser/discretionary asset manager has been appointed.  
<sup>2</sup> Changing bank account details goes through a referral process before being accepted, and this may include carrying out security calls.  
<sup>3</sup> To protect the security of your information, this should not be a shared mailbox. Note that an email address cannot be used on multiple Wealth Interactive accounts.

3 Please enter Ongoing Service Charge (if applicable)  %

F3 NEW APPLICATIONS ONLY

1 Type of Policy Life Cover Only Life Cover Plus

 **Life Cover Only** means the Death Benefit payable will be the higher of the Sum Assured or the Policy Value, less any outstanding charges except any early surrender charge.

**Life Cover Plus** means the Death Benefit payable will be the Sum Assured plus the Policy Value, less any outstanding charges except any early surrender charge.

2 I wish my Policy to be denominated and valued in USD GBP SGD  
 Other (state currency)

3 Please enter the number of policies you would like


4 Sum Assured must be in the same currency as the Policy currency stated at Question 2 above. For Life Cover Only, the minimum sum assured is USD2,000,000, GBP1,500,000, SGD3,000,000 (or currency equivalent) and the Sum Assured must at least USD1,000,000, GBP750,000, SGD1,500,000 (or currency equivalent) above the initial Premium. For Life Cover Plus, the minimum sum assured is USD1,000,000, GBP750,000, SGD1,500,000 (or currency equivalent).  
 Required Sum Assured


5 The minimum initial Premium amount is USD1,000,000, GBP750,000, SGD1,500,000 or currency equivalent subject to Utmost International Isle of Man Limited's approval.  
 Premium Amount   
USD GBP SGD  
 Other (state currency)

6 The Premium payment must come from an account or transferred assets held in the name of the Applicant(s).  
 Please remember to enclose a copy of receipt of your electronic bank transfer payment or your assets transfer form (your Financial Adviser Representative can provide you with the necessary details) with this application form.

Premium Payment Method and Amount  Electronic bank transfer  
 Currency  Amount

Asset transfer  
 Currency  Amount

 **Question 3,** The number of policies cannot be changed after the Silk Life Plan is set up. We normally issue one policy schedule per contract. If you would like a different number of policies to enhance the future flexibility of your Silk Life Plan, you should discuss this with your financial adviser representative. We will issue one policy if left blank.

 **Question 5,** Please confirm the total amount to be invested. If the investments are in multiple payment methods and in different currencies, please state the total in the chosen Policy currency at the latest applicable exchange rates.

F4 NATURE AND PURPOSE OF INVESTMENT

**Q IMPORTANT NOTE**

The responses provided below are required to meet our obligations under applicable **Anti-Money Laundering and Countering the Financing of Terrorism regulations**.

Please note that it is your responsibility, after taking any necessary legal or tax advice from external professional parties such as your appointed financial adviser, to ensure that the product is a suitable investment and remains suitable based on your needs, objectives and risk appetite.

1 What is the investment purpose for selecting an Utmost Policy?

Please select which options apply:

- Life assurance protection
- Estate and succession planning to pass wealth to next generation
- Estate tax and death duties mitigation
- Other

2 If you are not resident in Singapore, what influenced your decision to invest in Singapore rather than your country of residence?

Please select which options apply:

- Strong regulatory framework overseeing financial services business
- Long history of economic stability
- Political autonomy and legislative freedom
- Skilled financial services workforce
- Favourable tax environment
- Other

3 How many years do you anticipate holding the Utmost policy?

(An early surrender charge may apply if the policy is surrendered within the first ten years. Please consult your advisor for details.)

Please select which option applies:

- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 20 years +
- Unknown at present

4 How many additional premiums do you anticipate making into the policy each year?

(Please consult your advisor to determine whether the additional premiums may impact the Sum Assured of the Policy.)

Please select which option applies:

- 0
- 1 to 2
- 3 to 4
- 5+
- Unknown at present

- 5 What percentage of the value of the policy do you expect to withdraw each year? Please select which option applies:
- 0 %
  - 1 - 5%
  - 6 - 10%
  - 11 - 20%
  - 20%+
  - Unknown at present
- 6 Do you intend to transfer the policy to another party at some future point? If so, what is their relationship to you? Please select which options applies:
- Not planning to transfer
  - Spouse
  - Children
  - Grandchildren
  - Parent
  - Business Associate/Partner
  - Unknown at present
  - Other
- 7 Do you intend to use the policy for collateral for a loan at any point? Please select which option applies:
- Yes
  - No
  - Unknown at present
- If "Yes", please indicate the purpose of the loan
- 8 Do you have plans to relocate to, or work in, another country? Please select which option applies:
- Yes
  - No
  - Unknown at present
- If "Yes", please indicate the country

**G** INVESTMENT CHOICE

**MANDATORY**

You may only choose one of the following investment options for your Policy. Therefore, please only complete those sections applicable to your investment selection.

Utmost International Isle of Man Limited is not responsible for any reduction in the value of investments arising directly or indirectly from the Policyholders' investment decisions or those of a properly nominated third party (such as, but not limited to Discretionary Asset Manager or Investment Adviser Representative or Custodian).

**G1 APPOINTMENT OF CUSTODIAN**

1 Do you wish to appoint an authorised custodian Yes No

If "Yes", please complete a **Request for Utmost International Isle of Man Limited to Appoint an Authorised Custodian(s)** form and attach it to this application and tick here. Please note, asset transfers must be sent directly to the Authorised Custodian. Electronic transfer payments can be made to Utmost International Isle of Man Limited to forward on, or directly to the Authorised Custodian.

Complete a **Transferring Assets to Your Bond/Account** form and attach it to this application and tick here.   
 Please note that electronic bank transfers and asset transfers must be made directly to Utmost International Isle of Man Limited.

Please confirm how much of your Premium will be held with the Custodian selected and Utmost International Isle of Man, if applicable.

**Authorised Custodian**

Asset transfers

Currency

Amount

Electronic bank transfers

Currency

Amount

**Utmost International Isle of Man Limited**

Asset transfers

Currency

Amount

Electronic bank transfers

Currency

Amount

Where you want to provide investment instructions directly to an authorised custodian a **Letter of Authorisation** form must be completed.

**G2 INVESTMENT SELECTION (FOR OUR DEFAULT CUSTODIAN ONLY)**

You or your investment adviser representative, if applicable, should provide any future investment instructions online via Wealth Interactive in the first instance. Alternatively, please use this section to list the investments which your cash premium should be invested in.

Utmost International does not provide investment advice and has no responsibility for the performance of your selection of investments. For individual/joint applicants, it is for you and your investment adviser representative to choose the investments most suitable for you. For corporate/trustee applicants, it is for you and your investment adviser representative and appointed custodian to choose the investment most suitable for you.

- › Please note that you can invest in as many assets as you wish, subject to a minimum of S\$5,000 / US\$2,750 / €3,750 / £2,500 or currency equivalent of £2,500 in each holding. Some asset providers may have a higher minimum investment requirement and this minimum will prevail.
- › Please note that we will allocate the premium to the cash transaction account if this section is left blank.

A delay in investing your premium may occur if the instructions are illegible, unclear or relate to an asset which is not normally permitted. Please note that we are unable to backdate transactions resulting from the delay caused in clarifying your instructions.



Bank account number/  
IBAN<sup>4</sup>

Bank sort code<sup>5</sup>   -   -

SWIFT or BIC code<sup>6</sup>

Bank name

Bank address

Postcode  Country

Country

How long have you held  
this account?   years

**H2 EMPLOYMENT DETAILS**



Include previous occupation where you are retired, unemployed or a homemaker.

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

Role	Applicant 1		Applicant 2 (if any)	
1 Employment status	Employed	Self Employed	Employed	Self Employed
	Retired	Unemployed	Retired	Unemployed
	Homemaker		Homemaker	
Date of employment, self-employment, retirement, unemployment or became a homemaker	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2 Occupation	<input type="text"/>		<input type="text"/>	
3 Last year's annual income/salary	Currency	<input type="text"/>	Currency	<input type="text"/>
	Amount	<input type="text"/>	Amount	<input type="text"/>
4 Last year's annual bonus	Currency	<input type="text"/>	Currency	<input type="text"/>
	Amount	<input type="text"/>	Amount	<input type="text"/>

<sup>4</sup> IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC).

<sup>5</sup> A sort code is used in the UK in conjunction with a bank account number.

<sup>6</sup> A SWIFT code is used outside Europe in conjunction with a bank account number. A BIC code is used in Europe in conjunction with an IBAN.



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

Industry or business sector

Main employer's name

Employer's address

Postcode	Country

Date of commencement of this employment

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

Average annual salary over the accumulation period

Currency	<input style="width: 100%;" type="text"/>	Amount	<input style="width: 100%;" type="text"/>
----------	---	--------	---

Average annual bonus over the accumulation period

Currency	<input style="width: 100%;" type="text"/>	Amount	<input style="width: 100%;" type="text"/>
----------	---	--------	---

**2. Compensation payment**

Name of organisation or individual that paid compensation

Reason for compensation

Country where compensation was awarded

Total amount received

Currency	<input style="width: 100%;" type="text"/>	Amount	<input style="width: 100%;" type="text"/>
----------	---	--------	---

Date received

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

**3. Competition win**

Name of competition organiser

Description of competition

Country where competition was held

Total amount won

Currency	<input style="width: 100%;" type="text"/>	Amount	<input style="width: 100%;" type="text"/>
----------	---	--------	---

Date of win

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

#### 4. Gift

Full name of person who gave the gift	<input type="text"/>	
Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Nationality	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	Postcode	Country
Relationship to Applicant	<input type="text"/>	
Reason for gift	<input type="text"/>	
Description of gift	<input type="text"/>	
Total amount received	Currency <input type="text"/>	Amount <input type="text"/>
Date received	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Details of the activity that generated the amount received	<input type="text"/>	
Country gift was accumulated in	<input type="text"/>	

#### 5. Inheritance

Deceased's full name	<input type="text"/>	
Relationship to Applicant	<input type="text"/>	
Date of death	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Details of the inheritance, tell us about the assets forming the inheritance (e.g. cash, property, shares etc.)	<input type="text"/>	
Amount received	Currency <input type="text"/>	Amount <input type="text"/>
Date received	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Details of the activity that generated the amount received	<input type="text"/>	
Country inheritance was accumulated in	<input type="text"/>	
Solicitor/lawyer's (who dealt with the estate) name	<input type="text"/>	

Solicitor/lawyer's firm name

Solicitor/ lawyer's firm address   
  
Postcode  Country

**6. Loan**

Name of loan provider

Address of loan provider   
  
Postcode  Country

Total amount borrowed Currency  Amount

Date of loan

Purpose of loan

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

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

Name of policy provider

Address of policy provider   
  
Postcode  Country

Policyholder's full name

Length of time policy held   years   months

Amount of the original investment

Details of the activity that generated the original investment

Reason for policy claim or replacement policy (if applicable)

Total amount received Currency  Amount

Surrender penalty (if applicable)

Date received

**8. Sale of asset portfolio or investment**

If the source of funds is a maturing investment rather than one that you are choosing to sell, please complete 7 instead.

Description of asset portfolio or investment (e.g. government bonds, equities etc.)	<input type="text"/>		
Name of the company that held it	<input type="text"/>		
Registered address of company	<input type="text"/>		
	<input type="text"/>		
	Postcode	Country	
Account name	<input type="text"/>		
Length of time asset portfolio or investment held	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>
			months
Amount of the original investment	<input type="text"/>		
Details of the activity that generated the original investment	<input type="text"/>		
Date of sale	<input type="text"/>	<input type="text"/>	<input type="text"/>
	d	d	m
	m	y	y
	y	y	y
	y		
Net amount received	Currency	<input type="text"/>	Amount <input type="text"/>

**9. Company sale or sale of interest in company**

Company name	<input type="text"/>		
Industry/business sector	<input type="text"/>		
Address of company	<input type="text"/>		
	<input type="text"/>		
	Postcode	Country	
Your connection with the company, for example: owner, partner or shareholder	<input type="text"/>		
Date connection with the company began	<input type="text"/>	<input type="text"/>	<input type="text"/>
	d	d	m
	m	y	y
	y	y	y
	y		
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"/>	<input type="text"/>
	d	d	m
	m	y	y
	y	y	y
	y		
Sale amount	Currency	<input type="text"/>	Amount <input type="text"/>
Net amount received i.e. the amount you have received after any deductions such as fees and taxes	Currency	<input type="text"/>	Amount <input type="text"/>

**10. Property sale**

**If you are not the beneficial owner of this property, please select a different option for source of funds that is more appropriate.**

Address of property sold (including post code if applicable)   
  
 Postcode  Country

Length of time property owned  years  months

Source of funds for the original property purchase

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  Amount

Address of new residence   
  
 Postcode  Country

Date of sale

Total sale amount Currency  Amount

Net amount Applicant 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	<input type="text"/>	Amount	<input type="text"/>
Company profits prior trading year	Currency	<input type="text"/>	Amount	<input type="text"/>

<b>I INSURABILITY INFORMATION</b>	<b>MANDATORY</b>
-----------------------------------	------------------

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 OF SINGAPORE, AS MAY BE AMENDED FROM TIME TO TIME, IF YOU DO NOT FULLY AND FAITHFULLY DISCLOSE IN THIS APPLICATION FORM ALL FACTS WHICH YOU KNOW, OR OUGHT TO KNOW, THE POLICY ISSUED MAY BE VOID AND YOU MAY RECEIVE NOTHING FROM THE POLICY.

**To be completed by the Lives Assured. In this section "I" or "you" refers to a Life Assured.**

Please make sure you understand the nature and purpose of this application. Should you need more information, please talk to the Applicant, and consult the Financial Adviser Representative via the Applicant.

Must be completed by each Life Assured in all instances.

**I1 FINANCIAL INSURABILITY FOR INDIVIDUALS**

	Life Assured 1		Life Assured 2 (if any)	
<b>1</b> Have you ever been declared insolvent/bankrupt? If "Yes" please provide details (Include date of rehabilitation, if applicable)	Yes	No	Yes	No
	<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>	
<b>2</b> Have you ever been investigated for or committed tax fraud in any jurisdiction? If "Yes" please provide details	Yes	No	Yes	No
	<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>	
<b>3</b> Have you ever been charged or convicted for any criminal offence? If "Yes" please provide details	Yes	No	Yes	No
	<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>	
<b>4</b> How was the sum assured calculated? Please explain all assumptions	<input style="width: 100%; height: 100%;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>	

**5 Details of dependants**

FIRST LIFE ASSURED			SECOND LIFE ASSURED		
NAME OF DEPENDANT	RELATIONSHIP TO LIFE ASSURED	AGE	NAME OF DEPENDANT	RELATIONSHIP TO LIFE ASSURED	AGE

**6 Details of income**

Currency income is stated in

USD                  GBP                  SGD

Other (please specify)

INCOME	FIRST LIFE ASSURED		SECOND LIFE ASSURED	
	Previous year	Current year	Previous year	Current year
ANNUAL EARNINGS	<input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
SALARY, INCLUDING ALLOWANCES AND BENEFITS PAID BY THE EMPLOYER				
BONUSES (AVERAGE OVER TWO YEARS)				
INVESTMENT INCOME				
RENTAL INCOME				
DIVIDENDS				
OTHER SOURCES (PLEASE SPECIFY BELOW)				
TOTAL INCOME				

**7 Details of assets and liabilities**

Assets expressed in

USD                      GBP                      SGD

Other (please specify)

ASSETS	FIRST LIFE ASSURED		SECOND LIFE ASSURED	
ASSET DESCRIPTION	Previous year	Current year	Previous year	Current year
	y y y y	y y y y	y y y y	y y y y
REAL ESTATE <sup>7</sup>				
VALUABLES (MOTOR VEHICLES, FURNITURE, JEWELLERY, ETC.)				
INVESTMENTS (STOCKS AND BONDS)				
BUSINESS INTEREST				
CASH AND SAVING ACCOUNTS				
OTHER SOURCES (PLEASE SPECIFY BELOW)				
TOTAL ASSETS				

Liabilities expressed in

USD                      GBP                      SGD

Other (please specify)

LIABILITIES	FIRST LIFE ASSURED		SECOND LIFE ASSURED	
LIABILITY DESCRIPTION	Previous year	Current year	Previous year	Current year
	y y y y	y y y y	y y y y	y y y y
MORTGAGES				
PERSONAL LOANS				
CREDIT CARDS				
OVERDRAFT FACILITY				
OTHER SOURCES (PLEASE SPECIFY BELOW)				

<sup>7</sup> If you own any property, please complete question 8.

APPLICATION FOR A NEW POLICY OR AN ADDITIONAL INVESTMENT  
SILK LIFE PLAN

LIABILITIES	FIRST LIFE ASSURED		SECOND LIFE ASSURED	
TOTAL LIABILITIES				

**8 Schedule of Properties owned**

FIRST LIFE ASSURED				
ADDRESS	YEAR ACQUIRED	PERCENTAGE OWNERSHIP	CURRENCY (E.G. USD, GBP, SGD, ETC.)	MARKET VALUE
	y   y   y   y			
	y   y   y   y			
	y   y   y   y			
	y   y   y   y			
	y   y   y   y			

SECOND LIFE ASSURED				
ADDRESS	YEAR ACQUIRED	PERCENTAGE OWNERSHIP	CURRENCY (E.G. USD, GBP, SGD, ETC.)	MARKET VALUE
	y   y   y   y			
	y   y   y   y			
	y   y   y   y			
	y   y   y   y			
	y   y   y   y			

**9** Do you have concurrent applications for life assurance applied for or pending with other insurance companies?

	<b>Life Assured 1</b>		<b>Life Assured 2 (if any)</b>	
	Yes	No	Yes	No

If "Yes" please provide the amount of life insurance coverage that you intend to place with each company.

LIFE ASSURED 1				
NAME OF INSURANCE COMPANY	COUNTRY OF ISSUANCE	TYPE OF COVER	YEAR OF ISSUANCE	SUM ASSURED (PLEASE STATE CURRENCY)

LIFE ASSURED 2				
NAME OF INSURANCE COMPANY	COUNTRY OF ISSUANCE	TYPE OF COVER	YEAR OF ISSUANCE	SUM ASSURED (PLEASE STATE CURRENCY)

What is the total amount of life insurance coverage to be placed with all companies (including existing life insurance coverage)?

Currency

Amount

Currency

Amount

**10** Do you have existing life insurance coverage?  
If "Yes" provide details

	<b>Life Assured 1</b>	<b>Life Assured 2 (if any)</b>
	Yes      No	Yes      No

LIFE ASSURED 1				
NAME OF INSURANCE COMPANY	COUNTRY OF ISSUANCE	TYPE OF COVER	YEAR OF ISSUANCE	SUM ASSURED (PLEASE STATE CURRENCY)
			y   y   y   y	
			y   y   y   y	
			y   y   y   y	
			y   y   y   y	
			y   y   y   y	

LIFE ASSURED 2				
NAME OF INSURANCE COMPANY	COUNTRY OF ISSUANCE	TYPE OF COVER	YEAR OF ISSUANCE	SUM ASSURED (PLEASE STATE CURRENCY)
			y   y   y   y	
			y   y   y   y	
			y   y   y   y	
			y   y   y   y	
			y   y   y   y	

**11** Have you travelled outside your country of residence for 14 days or more (in total) in the last 12 months?  
If "Yes" provide details

	Yes      No	Yes      No
--	-------------	-------------

LIFE ASSURED 1				
COUNTRY	CITY	NUMBER OF TRIPS PER YEAR	TOTAL DURATION PER TRIP	PURPOSE OF TRAVEL (E.G. LEISURE, BUSINESS OR OTHER PLEASE SPECIFY)

APPLICATION FOR A NEW POLICY OR AN ADDITIONAL INVESTMENT  
SILK LIFE PLAN

LIFE ASSURED 2				
COUNTRY	CITY	NUMBER OF TRIPS PER YEAR	TOTAL DURATION PER TRIP	PURPOSE OF TRAVEL (E.G. LEISURE, BUSINESS OR OTHER PLEASE SPECIFY)

	<b>Life Assured 1</b>		<b>Life Assured 2 (if any)</b>	
<b>12</b> Do you have plans to travel outside your country of residence for 14 days or more (in total) in the next 12 months?	Yes	No	Yes	No

If "Yes" please provide details of any planned travel in the next 12 months.

LIFE ASSURED 1				
COUNTRY	CITY	NUMBER OF TRIPS PER YEAR	TOTAL DURATION PER TRIP	PURPOSE OF TRAVEL (E.G. LEISURE, BUSINESS OR OTHER PLEASE SPECIFY)

LIFE ASSURED 2				
COUNTRY	CITY	NUMBER OF TRIPS PER YEAR	TOTAL DURATION PER TRIP	PURPOSE OF TRAVEL (E.G. LEISURE, BUSINESS OR OTHER PLEASE SPECIFY)

	Life Assured 1		Life Assured 2 (if any)	
<b>13</b> Do you participate or expect to participate in any of the following activities				
a. Flying other than as a fare paying passenger on a schedule airline route	Yes	No	Yes	No
b. Piloting an aircraft	Yes	No	Yes	No
c. Skydiving or Parachuting without a static line	Yes	No	Yes	No
d. Automobile, motorcycle racing or power boat racing	Yes	No	Yes	No
e. Professional sports	Yes	No	Yes	No
f. Mountain and/or rock climbing	Yes	No	Yes	No

If you have answered "Yes" to any of the above, please complete the applicable **Sports and Hazardous Activities Questionnaire**, which is available from your Financial Adviser Representative.

**12 INSURABILITY INFORMATION FOR CORPORATES**

**Business details of Life Assured (to be completed for business cover only)**

<b>1</b> What is the purpose of this application/business insurance?	Partnership	Key Person	Business Loan Protection
	Other (Please specify)		
<b>2</b> Type of business entity	Limited company	Partnership - Limited	Partnership - General
<b>3</b> Business details			
a. Business name			
b. Business Registration number or Certificate of Incorporation number			
c. Registered address			
	Postcode	Country	
d. Web address			
e. Life assured's percentage ownership of this business	%		
f. Value of business interest	Currency		Amount
g. How long has the business been in operation?			years
			months

**4 Details of business assets and liabilities**

Assets/Liabilities expressed in

USD

GBP

SGD

Other (please specify)

**Evidence required** Please submit audited financial statement with this Application.

ASSET DESCRIPTION	PREVIOUS YEAR				CURRENT YEAR				LIABILITY DESCRIPTION	PREVIOUS YEAR				CURRENT YEAR			
	y	y	y	y	y	y	y	y		y	y	y	y	y	y	y	y
FIXED ASSETS									LONG TERM (MORE THAN THREE YEARS)								
CURRENT ASSETS									SHORT TERM (UP TO THREE YEARS)								
INVESTMENTS									-								
OTHER ASSETS PLEASE SPECIFY BELOW									OTHER LIABILITIES PLEASE SPECIFY BELOW								

Net Worth

Currency

Amount

**5 Business income details:**

	CURRENCY	PREVIOUS YEAR								CURRENCY	CURRENT YEAR							
YEAR		d	d	m	m	y	y	y	y		d	d	m	m	y	y	y	y
TURNOVER																		
GROSS PROFIT																		
NET PROFIT (AFTER TAX AND EXPENSES)																		
NET PROFIT (BEFORE TAX AND EXPENSES)																		

**6 Please complete below if applying for key person cover**

a. What special skills does the life assured have to qualify as a key person?

b. What is the life assured's percentage ownership in the business?

 %

c. What is the life assured's contribution to the business's profits?

Currency

Amount

d. Please provide the calculations for the key person's cover applied for

e. Is there any existing, concurrent or planned cover for other key person(s) in the business?

Yes No

If "Yes" please provide details

**7** Is this an application for partnership cover?

Yes No

If "Yes" please provide details below

a. What is the current value of the business?


Currency  Amount

b. Please provide calculations of cover and value of business

c. Is there a signed Buy and Sell agreement in place?

Yes No

If "No" explain why there is no agreement in place

**Question 7c.** If you answered "Yes", please provide a copy. 

d. Are reciprocal benefits in place, or being applied for, in relation to the other business partner(s)?

Yes No

If "Yes" please complete below

PARTNER'S NAME	INSURER'S NAME	POLICY NUMBER	TYPE OF COVER	COVER AMOUNT

**8** Please provide all calculations if applying for estate duty cover or any other tax implications

13 HEALTH INSURABILITY INFORMATION

FAMILY QUESTIONS

- |  | Life Assured 1 |    | Life Assured 2 (if any) |    |
|--|----------------|----|-------------------------|----|
| 1 Have any of your immediate family members (i.e. siblings or parents) ever suffered from cancer, diabetes, high blood pressure, heart or kidney disease, nervous or mental disorder, tuberculosis or any hereditary disorder? | Yes            | No | Yes                     | No |

If "Yes" please provide the following details

LIFE ASSURED 1 OR 2	YOUR RELATIONSHIP TO FAMILY MEMBER	CONDITION (IF CANCER INCLUDE TYPE)	AGE AT ONSET	AGE IF LIVING	AGE AT DEATH	CAUSE OF DEATH

Should you require a medical examination at one of our designated medical clinics, it is not necessary to complete the following medical questions. Please consult your Financial Adviser Representative for further details.

PLEASE PROVIDE THE FOLLOWING DETAILS OF YOUR REGULAR DOCTOR AND/OR ANY HOSPITAL OR CLINIC YOU HAVE CONSULTED

	Life Assured 1	Life Assured 2 (if any)
1 Name, address and contact number of the hospital or clinic		
2 Date and reason for last consultation		
3 Diagnosis and result of visit		
4 List of current medications (prescription or non-prescription)		

**SMOKING AND ALCOHOL STATUS**

	<b>Life Assured 1</b>		<b>Life Assured 2 (if any)</b>	
<b>1</b> Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, pipe, chewing tobacco, nicotine patches, gum or shisha)?	Yes	No	Yes	No

FIRST LIFE ASSURED										
PRODUCT	QUANTITY/ FREQUENCY	CURRENT USER	PAST USER	DATE LAST USED						
Cigarettes		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y
Cigars		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y
Others (please specify)		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y

SECOND LIFE ASSURED										
PRODUCT	QUANTITY/ FREQUENCY	CURRENT USER	PAST USER	DATE LAST USED						
Cigarettes		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y
Cigars		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y
Others (please specify)		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y

	<b>Life Assured 1</b>		<b>Life Assured 2 (if any)</b>	
<b>2</b> Have you ever consumed alcoholic beverages?	Yes	No	Yes	No

FIRST LIFE ASSURED										
PRODUCT	QUANTITY/ FREQUENCY	CURRENT USER	PAST USER	DATE LAST USED						
Beer		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y
Wine		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y
Others		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y

SECOND LIFE ASSURED										
PRODUCT	QUANTITY/ FREQUENCY	CURRENT USER	PAST USER	DATE LAST USED						
Beer		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y
Wine		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y
Others		<input type="checkbox"/>	<input type="checkbox"/>	d	d	m	m	y	y	y

**PERSONAL HEALTH QUESTIONS**

For any questions below which are answered 'Yes', please provide details at the end of this section.

	<b>Life Assured 1</b>		<b>Life Assured 2 (if any)</b>	
<b>1</b> Have you ever had or been treated for or been told you had:				
a. epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders?	Yes	No	Yes	No
b. diabetes, thyroid disorders or any other endocrine disorders?	Yes	No	Yes	No
c. ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat?	Yes	No	Yes	No
d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/ discomfort or any other lung disorders?	Yes	No	Yes	No
e. raised cholesterol, high blood pressure, heart attack, heart murmur, cardiomyopathy, mitral valve prolapse or other heart valve disorder, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorders of the heart or blood vessels?	Yes	No	Yes	No
f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	Yes	No	Yes	No
g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	Yes	No	Yes	No
h. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	Yes	No	Yes	No
i. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?	Yes	No	Yes	No
j. cancer, tumours, cysts or growths of any kind?	Yes	No	Yes	No
k. anaemia, any other disorders of the blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?	Yes	No	Yes	No
l. any other illness, disorder, operation, physical disability or accident not mentioned above?	Yes	No	Yes	No

<p><b>2</b> Have you or your spouse been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?</p>	Yes	No	Yes	No
a. Have you ever had HIV testing done?	Yes	No	Yes	No
If "Yes" please state reason, date and results				
b. In the last 3 months have you had any of the following symptoms for more than one week continuously fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions?	Yes	No	Yes	No
If "Yes" please state reason, date and results of any investigations				
<b>3</b> Are you awaiting or intending to have any medical consultations, investigations or treatment; or experiencing any symptoms that might cause you to seek medical treatment in the near future?	Yes	No	Yes	No
<b>4</b> In the past 5 years, have you had any (other than for immunization or vaccination):				
a. tests such as blood test, biopsy, chest X-ray, CT scan, ECG, ultrasound, mammogram, angiogram, endoscopy, etc.?	Yes	No	Yes	No
If "Yes" please state reason, date and results				
b. illness, operation, medical advice or hospital treatment not mentioned above?	Yes	No	Yes	No
If "Yes" please state reason, date and results				

**5 Genetic Testing**

You are only required to disclose the results of genetic tests as set out in the questions below. Please refer to our Underwriting Guidelines for further information.

At your discretion, favourable (negative) genetic test results can be provided for consideration regardless of the amount of insurance cover you are applying for.

**For Singapore Residents:**

The below questions are only required where the total sum assured on all policies issued by insurers in Singapore (including this and concurrent applications) for you is S\$ 2,000,000 or higher.

Have you ever had a predictive genetic test for Huntington's disease?	Yes	No	Yes	No
If yes, please provide the results of the test:	Negative		Negative	
	Positive		Positive	

**For non-Singapore Residents:**

The below questions are required regardless of the total sum assured.

Have you ever had a predictive genetic test? Yes No Yes No

If yes, please provide the results of the test:

LIFE ASSURED 1 OR 2 (PLEASE SELECT ONE)	TYPE OF TEST	RESULT OF TEST (PLEASE STATE NEGATIVE OR POSITIVE)

**6 Build**

a. Height	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> cm	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> cm
b. Weight	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> kg	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> kg
c. Weight change over past 12 months	No change	No change
	Lost	Lost
	Gained	Gained
	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> kg	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> kg

**FOR FEMALES ONLY**

	Life Assured 1		Life Assured 2 (if any)	
<b>7</b> Have you suffered from or are you aware of any lumps or any other disorders of the breasts?	Yes	No	Yes	No
<b>8</b> Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?	Yes	No	Yes	No
<b>9</b> Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	Yes	No	Yes	No
<b>10</b> Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or other gynaecological investigations?	Yes	No	Yes	No
If "Yes" please state type, reason, date of test done and result of test (copy to be submitted if available)	<input style="width: 100%; height: 30px; border: 1px solid black;" type="text"/>		<input style="width: 100%; height: 30px; border: 1px solid black;" type="text"/>	

**11** Are you pregnant? Yes No Yes No



J STANDARD DECLARATIONS

MANDATORY

It is important that the Applicant reads this section carefully. This application forms the basis of Utmost International Isle of Man Limited's agreement with the Applicant, along with the **Details of Your Silk Life Plan - Singapore** (Policy Terms and Conditions).

If the Applicant does not understand any part of this application, the Applicant should ask the Financial Adviser Representative for further information.

Before signing, the Applicant should also read the **Details of Your Silk Life Plan - Singapore** (Policy Terms and Conditions), the Policy Illustration and the **Silk Life Plan Product Summary** (a Chinese version is available on request) where applicable, which explains the key features of and the specific charges applicable. Statements made by the Financial Adviser Representative are not to be relied on, if they are not supported in the literature. The Applicant's Financial Adviser Representative will provide these documents and copies are also available from Utmost International Isle of Man Limited.

Utmost International Isle of Man Limited proposes that the laws of Singapore shall apply to any contract relating to this application and that the Singapore Courts shall be the sole forum to consider disputes in relation to any contract arising from this application. Any decision to alter the Singapore Courts' jurisdiction shall be at the discretion of Utmost International Isle of Man Limited.

Silk Life Plan will be issued in accordance with the **Details of Your Silk Life Plan - Singapore** (Policy Terms and Conditions) and **Policy Schedule** which will be issued by Utmost International Isle of Man Limited upon acceptance of this application.

The charges laid out in this document should match those shown in the **Policy Illustration** provided to the Applicant by the Financial Adviser Representative. Should there be any inconsistencies ask the Financial Adviser Representative for an updated illustration.

Utmost International Isle of Man Limited will only issue the Applicant's Policy once Utmost International Isle of Man Limited has received all the information and documentation required to satisfy its regulatory requirements relating to anti-money laundering and the prevention of tax evasion.

---

## J1 ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

---

### SOURCE OF FUNDS - STATEMENT OF TRUTH

The Applicant truthfully confirms that:

- › All funds invested in the Policy have been or will be properly declared to the relevant tax authorities in the jurisdiction of the Applicant's tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations.
- › None of the funds invested derive, directly or indirectly, from illegal activities or sources and/or tax evasion or conduct which will or may be regarded as such.

### POTENTIAL CONSEQUENCES OF MISLEADING UTMOST INTERNATIONAL ISLE OF MAN LIMITED

The Applicant fully acknowledges and agrees that if Utmost International Isle of Man Limited discovers that the Applicant misled Utmost International Isle of Man Limited in respect of any part of the statements in this application, that Utmost International Isle of Man Limited shall, to the fullest extent permitted by applicable law and regulation, without limiting its legal remedies or options, have the contractual ability to:

- › Terminate the Policy immediately and, regardless of the actual date of Policy termination, impose the maximum encashment and any other relevant charges which may be imposed on the Applicant under the Policy as if the Policy had been encashed immediately after issue. Such charges shall be applied to the extent that they cover any costs, expenses or losses caused by Utmost International Isle of Man Limited being misled, without limiting Utmost International Isle of Man Limited's ability to seek additional recompense from the Applicant in respect of any shortfall.
- › Notify relevant government authorities and provide all information considered necessary or appropriate at Utmost International Isle of Man Limited's discretion concerning the Applicant and/or the Policy; and
- › If considered appropriate after consultation with government authorities and/or legal counsel, either:
  - Subject to satisfying Utmost International Isle of Man Limited's further reasonable requirements, refund the Applicant's Premium(s) and other amounts paid to Utmost International Isle of Man Limited to the date of such termination less applicable encashment and other charges in accordance with the applicable terms and conditions above (the 'Refund Amount'), or
  - 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.

**J2 DISCLOSURE OF INFORMATION TO TAX AND OTHER GOVERNMENT AUTHORITIES**

**The Applicant has been advised** that Utmost Group plc and Utmost International Isle of Man Limited have a longstanding policy of cooperating with tax and other government authorities to combat money laundering, tax evasion, other illegal activities or conduct that will or may be regarded as such.

- › In cases where Utmost International Isle of Man Limited suspects that the funds invested in the Policy are wholly or partly derived from illegal activities/sources and/or tax evasion, then Utmost International Isle of Man Limited shall, to the fullest extent permitted by applicable law and regulation, without limiting Utmost International Isle of Man Limited’s legal remedies or options, have the ability to disclose to the Applicant’s home country tax and/or other government authorities the Applicant’s identity and any relevant information considered necessary or appropriate, at Utmost International Isle of Man Limited’s discretion, concerning the Policy.
- › Utmost International Isle of Man Limited’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 Utmost International Isle of Man Limited to any sanction, prohibition or restriction under United Nations resolutions, trade or economic sanctions, or laws or regulations of the European Union, United Kingdom, United States of America, Singapore, or Isle of Man.

**J3 ACCREDITED INVESTOR DECLARATION**

Tick where applicable that I am an Accredited Investor as described at either 1, 2, or 3 below:

- 1** I am an Accredited Investor as defined in the Securities and Futures Act 2001 and amending regulations as being either an **Individual**:
  - a. whose net personal assets are at least SGD2 million or equivalent in a foreign currency and the net equity of my primary residence contributes no more than SGD1 million towards my/our SGD2 million net personal assets; or
  - b. whose annual income in the last 12 months is at least SGD300,000 or equivalent in a foreign currency; or
  - c. whose financial assets (net of any related liabilities) are at least SGD1million.
- 2** I confirm that the Applicant is an Accredited Investor as defined in the Securities and Futures Act 2001 and amending regulations as being a **corporation** with net assets exceeding SGD10 million in value (or its equivalent in a foreign currency) or such other amount as the Monetary Authority of Singapore may prescribe in place of the first amount, as determined by the most recently audited balance sheet of the corporation or where the corporation is not required to prepare audited accounts regularly, a balance sheet of the corporation, certified by the corporation as giving a true and fair view of the state of affairs of the corporation, as of the date of the balance sheet, which is the date within the preceding 12 months.
- 3** I am an Accredited Investor as defined in the Securities and Futures Act 2001 and amending regulations as being a **Trustee** of such trust as the Monetary Authority of Singapore may prescribe, when acting in the capacity of Trustee.

**I confirm that my Financial Adviser Representative has explained, and I understand the implications of being treated as an Accredited Investor and I consent to being treated as such.**

**J4 SINGAPORE RESIDENCY DECLARATION - APPLICANTS AND LIVES ASSURED**

Please confirm your Singapore residency status, we require this to meet our regulatory obligations.

If there are more than 2 applicants or lives assured photocopy this page and tick here.

	<b>Applicant 1</b>	<b>Applicant 2 (if any)</b>	<b>Life Assured 1</b>	<b>Life Assured 2 (if any)</b>
<b>1</b> I am “ordinarily resident” in Singapore under the following conditions: <ol style="list-style-type: none"> <li>a. citizen of Singapore, as I have not resided outside Singapore continuously for five or more years and/or I am currently residing in Singapore;</li> <li>b. permanent resident or work pass/permit holder, as I have not resided in Singapore for less than a total of 183 days in the last 12 months; or</li> <li>c. hold a pass or permit issued under the Immigration Act 1959 that has a duration longer than 90 days and have resided in Singapore continuously for at least 90 days during the last 12 months.</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2 I am not "ordinarily resident" as per criteria in Question 1 but hold Singapore citizenship or relevant pass issued by the Immigration Checkpoints Authority of Singapore ("ICA").
  - a. I will provide evidence to support non residency as per above conditions such as employment letter.
  - b. I will not provide evidence to support non residency as per above conditions. I therefore consent to be considered "ordinarily resident" in Singapore.
- 3 I am not "ordinarily resident" as per criteria in Question 1 and do not hold Singapore citizenship or relevant pass issued by the Immigration Checkpoints Authority of Singapore ("ICA").

Please note if one person is considered as an "ordinary resident" then the policy is considered to be a Singapore resident policy, even if the another policyholder/life assured is not "ordinarily resident".

---

## J5 HOW UTMOST INTERNATIONAL ISLE OF MAN LIMITED USES THE PERSONAL DATA PROVIDED

---

**The Applicant and Life Assured (if not also an Applicant) understands and agrees** that Utmost Services Limited, Utmost Administration Limited, Utmost International Isle of Man Limited, Utmost International Trustee Solutions Limited (Utmost International Isle of Man Limited) will process personal information about them and any other party whose personal information is provided.

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

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

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

- › check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;
- › allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- › enable an appointed Financial Adviser Representative or Investment Adviser Representative to assist in the provision of services to the Policyholder;
- › compile statistical analysis or market research, where information is not specific to the individual;
- › comply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations to meet tax reporting obligations such as Common Reporting Standards ("CRS") and the US Foreign Account Tax Compliance Act ("FATCA"); and/or
- › enable an appointed Discretionary Asset Manager or custodian to meet their legal or regulatory requirements, where that Discretionary Asset Manager or custodian providing services in relation to a Policy requests the personal data of an individual linked to an application, and where we are satisfied that such a Discretionary Asset Manager or custodian has a legal or regulatory requirement to make such a request.

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

An individual may ask Utmost International Isle of Man Limited to:

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

A full explanation of how Utmost International Isle of Man Limited collects, uses and shares personal information can be found at <https://utmostinternational.com/privacy-statements/>. If an individual has any questions about data privacy, they can address these to:

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

Or email: [IOMFMDPO@utmostgroup.com](mailto:IOMFMDPO@utmostgroup.com)

If an individual has a complaint about the processing of their personal information and Utmost International Isle of Man Limited is unable to provide a satisfactory response they may contact the regulator:

The Isle of Man Information Commissioner, First Floor, Prospect House, Prospect Hill, Douglas, Isle of Man, British Isles, IM1 1ET

Or email: [ask@inforights.im](mailto:ask@inforights.im)

**The Applicant and Life Assured (if not also an Applicant) has** read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided to Utmost International Isle of Man Limited either in this application or within accompanying documentation.

---

## J6 APPOINTMENT OF A LEAD POLICYHOLDER

---

Applicable if there is more than one Applicant or where the Applicant is a company or trustees acting on behalf of a Trust.

### **The Applicant agrees to**

- › the appointment of the Lead Policyholder, who is named in this application, for the policies comprising our Utmost International Isle of Man SILK Life Plan in accordance with the Policy Terms.

### **The Applicant understands that**

- › this appointment is revocable and can be changed at any time (as explained in the Policy Terms).
- › by agreeing to the appointment of the Lead Policyholder, they authorise the Lead Policyholder to provide Utmost International Isle of Man Limited with instructions to carry out and request certain Policy Transactions on behalf of all Policyholders. The instruction or request shall be deemed to have been addressed, sent and authorised on behalf of all Policyholders.
- › these instructions will be legally binding and that Utmost International Isle of Man Limited can act on instructions received from the Lead Policyholder.
- › where the policyholder is a company, they confirm that it has authority to delegate all decisions on behalf of the company to the Lead Policyholder.
- › where the policyholder is a trust, they confirm that the provisions of the trust allow delegation of authority to one trustee to act on behalf of all trustees.

---

## J7 LIFE ASSURED DECLARATIONS

---

### **Each Life Assured declares that**

- › To the best of their knowledge and belief that the statements and answers given in any medical examination or questionnaires, including any supplementary questionnaires completed prior to completing this application, are full, complete and true and shall form the basis of any Policy issued.
- › They have not concealed a material fact.

### **Each Life Assured confirms that:**

- › They will disclose to Utmost International Isle of Man Limited any subsequent change in their health or insurability between signing this application and Utmost International Isle of Man Limited's acceptance of the Policy.
- › Where medical underwriting is required, consent to undergo any medical examination or laboratory test as necessary and provide any supplementary questionnaire.

### **Each Life Assured consents to:**

- › Utmost International Isle of Man Limited obtaining any previous medical information on their health from any medical source or any organisation and/or insurance office and agree to provide Utmost International Isle of Man Limited with any further information in respect of the application on request.
- › Utmost International Isle of Man Limited releasing their contact details for the purposes of arranging any such medical examination or laboratory tests and understand that failure to do so may result in any subsequently issued Policy being rendered void so that no Sum Assured or other benefits will be payable.
- › Utmost International Isle of Man Limited releasing their health information to any medical source or insurance office at any time.

**Each Life Assured confirms that:**

- › They understand that if any statement in this application, or any supplementary questionnaire, is inaccurate and affects Utmost International Isle of Man Limited's assessment of the risk, any subsequently issued Policy may be rendered void.
- › They authorise the Financial Adviser Representative of the Applicant to provide any/all personal data, information together with the supporting or related documents to Utmost International Isle of Man Limited for the purpose of this application and to meet any ongoing administrative and regulatory requirements.
- › They further authorise Utmost International Isle of Man Limited to pass this authorisation to the relevant Financial Adviser Representative of the Applicant for the purpose of facilitating the transfer or provision of such data, information and documents as and when required and for this purpose.

---

**J8 DECLARATION BY EACH APPLICANT**

---

In this Subsection "I" means, each Applicant individually and collectively in their capacity as an individual, an individual trustee or authorised signatory of a corporate entity.

**INVESTOR STATUS**

**The Applicant understands that**

- › Utmost International Isle of Man Limited has designated this Policy as suitable only for Professional Investors as defined by Utmost International Isle of Man Limited in the Policy terms.
- › The Policy allows investment into various types of assets and some of these assets are only suitable for Professional Investors. They accept the level of risk associated with these assets including the risk that the investment into such an asset:
  - Could provide a lesser degree of investor protection and regulatory safeguards;
  - Could result in a loss of significant proportion of some or all of the sums invested; and
  - May have a minimum duration, impose significant redemption penalties or are illiquid.
- › They should read the offering documents for assets suitable for Professional Investors.
- › If they consider themselves to be a Retail Investor in the future, Utmost International Isle of Man Limited will not restrict the choice of assets available under the Policy and that it will be their responsibility to:
  - Only choose assets which are suitable for Retail Investors; or
  - To inform the Investment Adviser Representative that they are a Retail Investor.

**The Applicant confirms that**

- › They meet the definition of a Professional Investor. Understand that Utmost International Isle of Man Limited will not undertake any investigations as to whether they meet this definition and will rely solely on the Applicant's confirmation, as part of their application acceptance criteria, that they meet the definition of a Professional Investor.
- › Utmost International Isle of Man Limited has not provided any investment advice.
- › They and/or their Investment Advisor Representative are responsible for the selection of assets to be linked to their Silk Life Plan.

**FINANCIAL ADVISER REPRESENTATIVE**

**The Applicant appoints** the Financial Adviser Representative to act on their behalf in accordance with the **Details of Your Silk Life Plan - Singapore** (Policy Terms and Conditions).

**The Applicant authorises:**

- › The Financial Adviser Representative to provide any/all of their personal data, information together with the supporting or related documents to Utmost International Isle of Man Limited for the purpose of this application and to meet any ongoing administration and regulatory requirements.
- › Utmost International Isle of Man Limited to pass this authorisation to the relevant Financial Adviser Representative for the purpose of facilitating the transfer provision of such data, information and documents as and when required and for this purpose.

## THE APPLICATION

### **The Applicant understands that:**

- › The original copy of this application form and relevant documents must be delivered by post or courier to **Utmost International Isle of Man Limited Singapore Branch, 6 Battery Rd, #16-02, Singapore 049909**
- › If Utmost International Isle of Man Limited accepts the application, the Policy will not commence until the Contract Date.

### **The Applicant confirms that:**

- › They have received a copy of
  - **Silk Life Plan Product Brochure**
  - **Silk Life Plan At a Glance**
  - **Silk Life Plan Product Summary**
  - **Details of Your Silk Life Plan - Singapore** (Policy Terms and Conditions)
  - **Policy Illustration**
  - **Your Guide to Life Insurance and the Code of Life Insurance Practice**
- › and have had the opportunity to read them when completing this application form.
- › All the statements and answers given by the Applicant are full, complete, and true and understand that they along with any medical examination and questionnaires and amendments to them completed by the Life Assured shall form the basis of any Policy issued.
- › The investment details in this application and any other Premium tendered in respect of this application are derived solely from the origin of wealth shown in Section H and has, where required, been declared to the relevant tax authority in their country of residence for taxation.
- › The application for an Utmost International Isle of Man Limited Policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes they are obliged to pay.
- › The Premium for this Policy has not been sourced from a Central Provident Fund (“CPF”) account.

### **The Applicant declares that**

- › To the best of their knowledge and belief, the statements made in this application, and any related documents, are true and complete and that they have not concealed any material fact.
- › They will provide Utmost International Isle of Man Limited with any further information in respect of this application on request.

## THE CONTRACT

### **The Applicant confirms that:**

- › They wish to enter into a Silk Life Plan contract with Utmost International Isle of Man Limited.
- › Where acting on behalf of a corporate or a trust that they have the power to enter into a contract with Utmost International Isle of Man Limited, including its branches.
- › Where acting as Trustees on behalf of a Trust that the investment into the Silk Life Plan is within the investment powers available to them as trustee of the trust.

### **The Applicant understands and agrees that:**

- › The contract being applied for with Utmost International Isle of Man Limited will be subject to Singapore law and that the Policy terms and conditions will be provided in the English language.
- › In the event of differences arising in respect of this application and any Policy issued, they agree that the Policy will be considered final.

## PERFORMANCE

### **The Applicant acknowledges that:**

- › Utmost International Isle of Man Limited is not responsible for any loss suffered or reduction in the value of the Policy arising from the investment performance.
- › Utmost International Isle of Man Limited does not have any responsibility for the management of the underlying assets chosen other than Internal Funds, which are invested in accordance with the criteria as published in the relevant fund factsheet and carrying out a treasury function in respect of the Transaction Account and Utmost International Isle of Man Limited does not recommend any asset.

**The Applicant understands** that:

- › In cases where the asset(s) selected are not redeemable for a certain period of time, Utmost International Isle of Man Limited may not be able to return that part of a payment until the end of that period.
- › The description of the Assets chosen will give details if this applies.
- › Utmost International Isle of Man Limited may invest immediately into non-daily dealing Assets with the understanding that in the event of cancellation or requiring early access that:
  - They may not get their money back immediately and payment may be delayed for some time;
  - The institution may impose penalties and therefore they may get back less than invested, and/or
  - The only way in which to receive value may be through an in-specie transfer of that asset into the name of the Policyholder(s).

## FEES PAYABLE

**The Applicant confirms** that:

- › They are aware of the fees payable on the Silk Life Plan Policy, including the fees payable in respect of the investments which may be held within it.
- › They understand the fees exist partly to meet the advice, promotion and distribution expenses. These payments could be in addition to any commission payable by the investment provider to their Financial Adviser Representative in respect of the investments held.
- › They understand that Utmost International Isle of Man Limited may receive payments in the form of fund manager rebates from an investment provider in respect of the investments held, and which Utmost International Isle of Man Limited may share with their Financial Adviser Representative.
- › They know further details of the fees payable by them and the amounts payable to their Financial Adviser Representative are available from their Financial Adviser Representative on request.

## RESIDENCY

**The Applicant confirms** that:

- › They are not resident or incorporated (as applicable) in the United States of America or any of its territories.

**The Applicant understands** that:

- › If they become resident or incorporated (as applicable) in the United States of America or any of its territories that Utmost International Isle of Man Limited may not be able to accept any further Premiums until after they cease to be resident or incorporated (as applicable) in the United States of America or any of its territories.

## LIVES ASSURED

**The Applicant confirms** that:

- › Each Life Assured (or parent where parental consent is required) consents to this application.
- › An insurable interest exists between the Applicant(s) and the Life/Lives Assured and they agree to the Applicant(s) acting on their behalf for the purposes of the information provided in this application.

## CUSTODIAN

**The Applicant accepts** that:

- › The Authorised Custodian shall, in opening the account, have the powers of administering the investments in the account and of acting as custodian of the investments in the account, such investments being held in a nominee account of the Authorised Custodian.
- › Utmost International Isle of Man Limited bears no legal or other responsibilities if at any time the Authorised Custodian, in respect of the account, either:
  - Fails to meet any of its obligations;
  - Acts in a fraudulent, incompetent or negligent manner by act or default; and/or
  - Enters into liquidation, receivership, a voluntary arrangement with its creditors and/or is unable to pay its debts.

- › They have read and understood all the relevant account opening documents and terms and conditions of the chosen Authorised Custodian(s) that relate to the service they are providing and agree with their contents.
- › They are responsible for the Authorised Custodian’s charges which will be deducted from the value of the Policy.
- › Any charge to transfer between Authorised Custodians and from an Authorised Custodian to a Default Custodian being debited from their account.

**FOR INDIVIDUAL APPLICANTS ONLY**

- › I declare that I am resident for taxation only in the country or countries shown in Section B and am not resident for taxation elsewhere.
- › I am a national/citizen of the country (or countries in the case of dual nationality/citizenship) detailed in this application and am not a national or citizen of any other country.
- › By signing this Declaration, I confirm having read and understood Subsection J5 and the **Data Privacy Notice** available on the Utmost International Isle of Man Limited website and will make this available to other individuals whose Personal Data has been provided to Utmost International Isle of Man Limited either in this application or within accompanying documentation.

**APPLICANT DECLARATION SIGNATURES**

	<b>Applicant 1</b>		<b>Applicant 2 (if any)</b>	
<b>1</b> Did you complete this application form yourself?	Yes	No	Yes	No
a. If "No", did a third party, such as your Financial Adviser Representative, complete it on your behalf?	Yes	No	Yes	No
<b>2</b> Please enter the country in which this application form was signed	<input type="text"/>		<input type="text"/>	

This application must be completed by the Applicant(s) unless you have asked your Financial Adviser Representative to complete it.

If there are more than two Applicants photocopy this page and after signing, attach securely to this form.

	<b>Applicant 1</b>	<b>Applicant 2 (if any)</b>
<b>SIGNATURE</b>	<input type="text"/>	<input type="text"/>
Print full name	<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"/>

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

**LIFE ASSURED DECLARATIONS**

**In this Subsection "I" means a Life Assured who is not also an Applicant.**

I have read and understand the relevant declarations set out in this Section J. In particular, I have read and understand Subsections J4, J5 and J7.

I will make the contents of J5 available to other individuals whose personal information has been provided by me to Utmost International Isle of Man Limited either in this application or within accompanying documentation.

<b>SIGNATURE</b>	<b>Life Assured 1</b>	<b>Life Assured 2 (if any)</b>	Life Assured to sign here if not also an Applicant	
	Print full name			
	Date	d d m m y y y y		d d m m y y y y

**K IDENTIFICATION REQUIREMENTS MANDATORY**

**Note:** Financial Adviser Representative to complete this section.

Under Isle of Man and Singapore Anti-Money Laundering and Countering the Financing of Terrorism regulations, we are required to verify the identity and residential address of all parties related to a contract. Refer to our **Anti-money Laundering Guide** for more information.

Below you will find the standard minimum requirements. If necessary copy Parts 1 and 2, as all parties to the Policy and/or the Trust must be identified.

For corporates and corporate trustees, we will require identification verification for at least two directors (one of whom is at an executive level) and individual shareholders that hold 25% or more of the issued share capital.

In some circumstances we may request additional information.

We require one suitably certified document from Part 1 together with one suitably certified document from Part 2.


**PART 1 PERSONAL IDENTITY**

Please confirm who is being identified in each section e.g., Applicant(s), Life Assured(s), Ultimate Beneficial Owner(s), Trustee(s), Executive Director, Director, Shareholder, Settlor etc. If there are more than four parties please copy this section and securely attach to the application.

<b>1</b> Who is being identified?				
<b>2</b> Valid passport				
<b>3</b> National ID card (with photograph)				
<b>4</b> A current driving licence (with photograph) <sup>8</sup>				
<b>5</b> Document reference number (NRIC or FIN / Passport number)				
<b>6</b> Document issuing entity <sup>9</sup>				

<sup>8</sup> Where the driving licence does not confirm nationality this will be requested.  
<sup>9</sup> To include entity name and country where the document was issued.

7 Issue Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Where a driving licence is used to verify identity, it cannot also be used to verify address.

**PART 2 VERIFICATION OF ADDRESS**

Please confirm who is being identified in each section e.g. Applicant(s), Ultimate Beneficial Owner(s), Trustee, Executive Director, Director, Shareholder, Settlor, etc. If there are more than four parties please copy this section and securely attach to the application.

1 Whose address is being verified?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------------------------------	----------------------	----------------------	----------------------	----------------------

2 A recent<sup>10</sup> utility bill dated and certified within the last six months

3 A recent<sup>10</sup> mortgage statement, giving the residential address

4 A current driving licence

5 A state pension, benefit or other government produced document showing benefit entitlement

6 A recent<sup>10</sup> tax assessment document

7 Rates or council tax bill dated and certified within the last year

8 A recent<sup>10</sup> account statement<sup>11</sup> from a regulated bank, building society or credit card company

**Mobile phone bills and store card statements are not acceptable.**

Reference number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------------	----------------------	----------------------	----------------------	----------------------

Issuing entity <sup>12</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------------------------	----------------------	----------------------	----------------------	----------------------

<sup>10</sup> Recent generally means not more than six months old, if issued on a monthly basis. If the document is issued less frequently, e.g. annually, recent means the most recently issued document (for example mortgage statements are usually issued annually).

<sup>11</sup> This must show the residential address. Store cards are not acceptable.

<sup>12</sup> To include entity name and country where the document was issued.

---

PART 3 CORPORATES, CORPORATE TRUSTEES, TRUSTS

---

CORPORATES INCLUDING CORPORATE TRUSTEES

A copy of the Certificate of Incorporation

Company Memorandum and Articles of Association

Evidence of the registered office of the Company

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

A certified copy of the Board Resolution authorising the establishment of business relations with Utmost International Isle of Man Limited and appointment of authorised signatories for this purpose

A certified copy of a list of the officers (authorised signatories) from whom instructions are to be taken, specimen signatures and signing powers

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

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

A current structure chart (for private companies only)

TRUSTS

The Trust Deed, including any supplementary deeds, showing the proper appointment of the Trustees and classes of beneficiaries

For Will Trusts a copy of the Will together with Grant of Probate

---

PART 4 HOW HAS THE CUSTOMER DUE DILIGENCE ("CDD") BEEN OBTAINED

---

**This section must be completed in all instances by the Financial Adviser/Suitable Certifier.**

---

SECTION 1(A) - PROVISION OF CUSTOMER DUE DILIGENCE "CDD"

---

To allow us to understand how the CDD provided has been obtained, please select one of the following options:

1. All elements of CDD provided were obtained by me directly from the customer
2. Some elements of CDD provided were obtained by me directly from the customer
3. None of the CDD provided was obtained by me directly from the customer

If option 2 or 3 have been selected, please complete Section 1(b)

**SECTION 1(B) - THIRD PARTIES PROVIDING CDD**

Where some or all elements of CDD have been provided by third parties, please complete the following details explaining what those CDD items are and who provided them.

CDD ITEM PROVIDED (E.G. DETAILS OF PASSPORT, BANK STATEMENT OR UTILITY BILL)	FULL NAME OF THE THIRD PARTY PROVIDING THE CDD	RELATIONSHIP OF THE THIRD PARTY TO THE CUSTOMER (E.G. SOLICITOR, ACCOUNTANT)

Where third parties have been named above, please provide their full details in section 3 below.

**SECTION 2(A) - CUSTOMER MEETINGS**

To allow us to understand who and by what means the customer has been met, please select one of the following options:

1. I met the customer in person on
2. I met the customer face to face via live video stream on
3. I have not met the customer, but they have been met in person by a third party.
4. I have not met the customer, but they have been met via live video stream by a third party.
5. The customer has not been met by any party.

If option 3, 4 or 5 have been selected, please complete Section 2(b)

**SECTION 2(B) - THIRD PARTIES WHO HAVE MET CUSTOMERS**

Where a third party has met the customer, please provide the details of the third party and the circumstances of the meeting.

FULL NAME OF THE THIRD PARTY WHO MET THE CUSTOMER	HOW THE THIRD PARTY MET THE CUSTOMER (I.E. IN PERSON OR VIA LIVE VIDEO STREAM)	DATE THE THIRD PARTY MET THE CUSTOMER	RELATIONSHIP OF THE THIRD PARTY TO THE CUSTOMER (E.G. SOLICITOR, ACCOUNTANT ETC.)
		<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"/>	
		<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"/>	

Where third parties have been named above, please provide their full details in section 3 below.

If option 5 in Section 2(a) has been selected, indicating the customer has not been met by any party, please provide an explanation in the box below why the customer has not been met.

### CERTIFICATION REQUIREMENTS

Please refer to our [Client Verification and Certification Guide](#) for requirements on certifying documents.

---

### SECTION 3 - DETAILS OF THIRD PARTIES

---

Where third parties have been named in sections 1(b) and/or 2(b), please provide their full details below so we may determine the individual's regulatory status.

If more than one third party has been named in section 1(b) and/or 2(b), please take a copy of Section 3 and complete the details of the additional third party.


Name of Individual	<input type="text"/>
Occupation	<input type="text"/>
Date of Birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Residential Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/> <input type="text" value="Country"/>
Registered Company Name	<input type="text"/>
Registered Company Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/> <input type="text" value="Country"/>
Associated Professional Body	<input type="text"/>
Professional Body Membership Reference	<input type="text"/>

How to certify documents is outlined in the document [Anti-Money Laundering Guide](#).



**SIGNATURE**

**Financial Adviser Representative**

Financial Adviser Representative signs here 

Telephone number

Email address

Date

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

Financial Adviser Representative company name and address (company stamp if possible)

RESET

A WEALTH *of* DIFFERENCE

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

Utmost International Isle of Man Limited is registered in the Isle of Man, registered number 024916C. Registered Office address: King Edward Bay House, King Edward Road, Onchan, IM99 1NU, Isle of Man.

Utmost International Isle of Man Limited is licensed by the Isle of Man Financial Services Authority as an Authorised Insurer.

Utmost International Isle of Man Limited Singapore Branch is registered in Singapore (UEN T08FC7158E). Registered Office address: 6 Battery Road, #16-02, Singapore 049909.

Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

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

UL PR 00447 | 04/26