

PRIVATE WEALTH PORTFOLIO UK

CORPORATE AND TRUSTEE APPLICATION BOOKLET

Complete this Application Booklet using black ink or blue ink and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid.**

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

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

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

BEFORE YOU BEGIN

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

PART 1 - TO BE COMPLETED IN ALL CASES

PAGE	SECTION	COMPLETED
2-3	1 – Trustee applicant details	<input type="checkbox"/>
4-6	2 – Lives assured	<input type="checkbox"/>
6	3 – Assurance Policy structure	<input type="checkbox"/>
7	4 – Premium details	<input type="checkbox"/>
7-8	5 – Discretionary Investment Strategy	<input type="checkbox"/>
9	6 – Regular withdrawal - optional	<input type="checkbox"/>
9-10	7 – Facilitated Adviser charges - optional	<input type="checkbox"/>
10-16	8 – Source of funds and source of wealth	<input type="checkbox"/>
16	9 – International Tax Compliance Self-Certification	<input type="checkbox"/>
17-19	10 – Declarations by the trustee applicant	<input type="checkbox"/>
20	11 – Trustee applicant signature	<input type="checkbox"/>
21-24	12 – Intermediary section	<input type="checkbox"/>
24	13 – Introducer section	<input type="checkbox"/>


INTERMEDIARY USE ONLY

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

1 TRUSTEE APPLICANT DETAILS

MANDATORY


1	Trust name	<input type="text"/>
2	Correspondence address	<input type="text"/> <input type="text"/>
3	Email	<input type="text"/>
4	Telephone number	<input type="text"/>

Include country code. 

Trustee details - individuals

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

	First trustee	Second trustee
1	Title (Mr, Mrs, Miss or Other)	<input type="text"/>
2	Surname	<input type="text"/>
3	Forename(s)	<input type="text"/> <input type="text"/>
4	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
5	Residential address	<input type="text"/> <input type="text"/> <input type="text"/>
6	Date of birth	<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"/>
7	Country of birth	<input type="text"/>
8	Country of residence	<input type="text"/>
9	Nationality	<input type="text"/>
10	Marital status	<input type="text"/>
11	Occupation and nature of employment	<input type="text"/> <input type="text"/>

If retired please state former occupation. 

1 TRUSTEE APPLICANT DETAILS (CONTINUED)

MANDATORY

Trustee details - trust company

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

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

Trustee details - company or partnerships


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


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

Authorised signatories for correspondence

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

	First Life Assured	Second Life Assured (if any)
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
5 Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6 Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
7 Country of birth	<input type="text"/>	<input type="text"/>
8 Nationality	<input type="text"/>	<input type="text"/>
9 Marital status	<input type="text"/>	<input type="text"/>
10 Occupation and nature of employment	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11 Relationship with trust	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>


Please see section 3 for Life Assured age restrictions. 


If retired please state former occupation. 

2 LIVES ASSURED (CONTINUED)

MANDATORY

	Third Life Assured (if any)	Fourth Life Assured (if any)
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
5 Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6 Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
7 Country of birth	<input type="text"/>	<input type="text"/>
8 Nationality	<input type="text"/>	<input type="text"/>
9 Marital status	<input type="text"/>	<input type="text"/>
10 Occupation and nature of employment	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11 Relationship with trust	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>


Please see section 3 for Life Assured age restrictions. 


If retired please state former occupation. 

2 LIVES ASSURED (CONTINUED)

MANDATORY

	Fifth Life Assured (if any)	Sixth Life Assured (if any)
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Forename(s)	<input type="text"/>	<input type="text"/>
4 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
5 Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6 Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
7 Country of birth	<input type="text"/>	<input type="text"/>
8 Nationality	<input type="text"/>	<input type="text"/>
9 Marital status	<input type="text"/>	<input type="text"/>
10 Occupation and nature of employment	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11 Relationship with trust	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>


Please see section 3 for Life Assured age restrictions. 

If retired please state former occupation. 

3 ASSURANCE POLICY STRUCTURE

MANDATORY

1 Life Assurance basis	<input type="checkbox"/> Single life	<input type="checkbox"/> Joint life, first death
	<input type="checkbox"/> Joint life, last death	<input type="checkbox"/> Multiple lives, last death
2 Assurance Policy Currency	<input type="checkbox"/> Pound Sterling	<input type="checkbox"/> euro
	<input type="checkbox"/> US dollar	<input type="checkbox"/> Swiss franc
3 Number of Policies ¹ (The default number is 1,000)	<input type="text"/>	

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

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

4 PREMIUM DETAILS




MANDATORY

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

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

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

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

Amount to be paid in cash	<input type="text"/>	Please state currency. 
Amount to be paid by transfer of investments	<input type="text"/>	Please state currency. 
Total amount of Premium	<input type="text"/>	Please state currency. 

5 DISCRETIONARY INVESTMENT STRATEGY

MANDATORY

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

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

Discretionary Investment Strategy	Portfolio Manager	Premium Allocated
		Total 100%

Discretionary Investment Strategy Charges

Please indicate below the charges to be applied as appropriate:

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

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

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

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

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

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

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

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

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

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

6 REGULAR WITHDRAWAL - OPTIONAL

MANDATORY

Please note all withdrawal amounts will be taken equally from all Policies in force at the relevant time.

Frequency and amount details

Frequency Monthly Quarterly
 Half-yearly Annually

Commencing in

Fixed amount per annum or % of Premium per annum

This annual amount will be paid proportionally over the course of each year depending on the frequency of the payment selected by you.

Payment details

Please indicate where proceeds should be sent by completing the section below:

Name and address of bank

BIC

IBAN

Account name

7 FACILITATED ADVISER CHARGES - OPTIONAL

MANDATORY

Before completing this section, please ensure that you fully understand the tax consequences. Please refer to your Key Features document and discuss with your financial adviser or seek professional advice if you are in any doubt.

Please note all amounts will be deducted equally from all Policies in force at the relevant time and paid to your Intermediary in accordance with the Assurance Policy Terms and Conditions.

Facilitated adviser charges details


I hereby instruct Utmost PanEurope to deduct the charges detailed below from my Policies and pay to my Intermediary in accordance with the Assurance Policy Terms and Conditions as follows:

i. Initial facilitated adviser charge

a. Before your payment to us is invested as Premium in the Policies

Please note that this amount is calculated based on the payment made by you as detailed in Section 4 ('Premium details'). The amount invested in the Policies will be the amount detailed in Section 4 ('Premium details') less the amount paid to your Intermediary as a result of your instruction.

% of your payment to us, or alternatively an initial fixed fee of

Please include currency. 

The total Premium to be paid into the Policies is

This is calculated by deducting the amount of the initial facilitated adviser charge in this section from the amount inserted in the box in Section 4 ('Premium section').


7 FACILITATED ADVISER CHARGES - OPTIONAL (CONTINUED)

MANDATORY

b. After your Premium has been invested in the Policies

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

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


Please include currency. 

ii. Ongoing facilitated adviser charge

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

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

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

Please include currency. 

Frequency of payment Quarterly Half-yearly
 Annually

Commencing in

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

Provide the facilitated adviser's bank account details:

Name and address of bank

Account name

BIC

IBAN

8 SOURCE OF FUNDS AND SOURCE OF WEALTH

MANDATORY

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

SOURCE OF FUNDS

The trustee or corporate applicant should complete this section.

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

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

8 SOURCE OF FUNDS AND SOURCE OF WEALTH (CONTINUED)

MANDATORY

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

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

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

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

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

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

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

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

8 SOURCE OF FUNDS AND SOURCE OF WEALTH (CONTINUED)

MANDATORY

Are there any other parties indirectly involved with this application
e.g. lender?

Yes No

If yes, please provide the following details:

Name

Relationship to trustee applicant

Reason for involvement

SOURCE OF WEALTH

The trustee, settlor or corporate applicant, as appropriate, should complete this section. Trustees or settlors should complete sections a to g, as appropriate. Companies should complete section h.

Source of wealth means the way in which the applicant accumulated the money being used to pay the Premium. If the Premium is being paid by transfer of assets, please confirm where the source of wealth for the purchase of the original assets originated.

To help you to describe the way in which the applicant or the beneficial owner accumulated the money being used to pay the Premium one or more sections below as appropriate need to be filled in. There may be multiple sources of wealth to fund the Premium so please complete the sections necessary.

1. Annual income

If the source of wealth for this Investment is as a result of annual income please complete this section.

a. Employment

Name and address of employer

Industry

Occupation (e.g. teacher)

Job title (e.g. finance manager)

Length of service with current employer

Total length of employment in particular industry


Annual basic income

Annual bonus

Annual benefits in kind (e.g. travel, housing allowance, education, etc.)

Other


Saving capacity in one year less than 10% between 10% and 20%
 over 20%


Please provide details of reason for payment and amount. 

b. Self-employed

If you are self-employed and a company shareholder please provide the following details:

Name of company (if incorporated)	<input type="text"/>
Address of company	<input type="text"/> <input type="text"/>
Industry	<input type="text"/>
Company annual profit of the last five years	<input type="text"/>
Type of income	<input type="text"/>
Number of years in the business activity	<input type="text"/>

Or address from which you work. 

E.g. dividends, salary, bonus, liquidation etc. 

c. Retired

Date of retirement	<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"/>
Previous occupation and job title	<input type="text"/>
Name and address of last employer	<input type="text"/> <input type="text"/> <input type="text"/>
Industry of last employer	<input type="text"/>
Amount available at the time of retirement	<input type="text"/>

d. Gift/donation or inheritance

Donor's name	<input type="text"/>
Applicant's relationship to donor	<input type="text"/>
Occupation of the donor before arranging the donation or on death	<input type="text"/>
Date of donor's death (if applicable)	<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"/>
Reason for gift	<input type="text"/>
Total amount received	<input type="text"/>
If the original source of funds is over three years old, please confirm where the money has been invested in the interim	<input type="text"/>

e. Disposal of business/sale of personal or real estate or sale of a company

Type of property/name of business or company sold	<input type="text"/>
Address of the property or of the business or company sold	<input type="text"/>
	<input type="text"/>
Country where business was registered	<input type="text"/>
Nature of the business	<input type="text"/>
Total value of the sale	<input type="text"/>
Share of total value received	<input type="text"/>
Date of sale	<input type="text" value="dd mm yyyy"/>
If the original source of funds is over three years old, please confirm where the money has been invested in the interim	<input type="text"/>

f. Income/Assets from financial investments

Initial investment capital	<input type="text"/>
Date of the initial investment capital	<input type="text" value="dd mm yyyy"/>
Additional investments along the period	<input type="text"/>
Withdrawals along the period	<input type="text"/>
Type of the investments	<input type="text"/>
Value of the investment capital at today's date	<input type="text"/>

E.g. private equity, hedge funds, shares, bonds, other investments.

g. Other sources

If you receive income from a different source not mentioned above, please provide the following details, as applicable:

Source	Income amount	Frequency	Total annual income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If appropriate, please provide additional information (for example, how and when the wealth was generated).

Further information may be required at the discretion of Utmost PanEurope.

Total annual income

Total amount received annually from all sources

h. Applications made by a company

Is the company providing the Premium the same as the applicant? Yes No

If no, please contact Utmost PanEurope.

Company details

Company industry

Company average annual profit for the last five years

Number of years the company has been active

Beneficial owner's details

Please provide the details of the individual beneficial owners of the company who have a shareholding of more than 25%² or, in absence, the details of senior managing officials:

Full name	Date and place of birth	Address	Country of residence	Position in company e.g. CEO

Please be advised that each beneficial owner will need to provide Utmost PanEurope with original certified copies of their identification and proof of address.

² Note that a holding of 25% plus one share triggers a disclosure.

8 SOURCE OF FUNDS AND SOURCE OF WEALTH (CONTINUED)

MANDATORY

Please provide a description about your company and financial statements for the last two years:

Further information may be required at the discretion of Utmost PanEurope.

9 INTERNATIONAL TAX COMPLIANCE SELF-CERTIFICATION

MANDATORY

Utmost PanEurope is required by Irish law to ask the Policyholder for tax related information. Utmost PanEurope may be required to pass on this information to The Office of the Revenue Commissioners in Ireland.

This section incorporates the requirements of:

- 1 the US Foreign Account Tax Compliance Act ('FATCA') based on the Intergovernmental Agreement signed on 21 December, 2012 between the US Government and the Irish Government.
- 2 the Standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard ('CRS'), as implemented in Irish law.

If you have any questions on how to complete this section, Utmost PanEurope recommends that you speak to your tax or legal adviser.

	First applicant	Second applicant (if any)
1 Country of tax residence ³	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Taxpayer Identification Number (TIN)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3 Citizen of the United States	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 If yes, US Federal TIN	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

By signing this Application Booklet, I/we confirm that:

- › I/We acknowledge that the information contained in this section and information regarding my Policies may be shared with The Office of the Revenue Commissioners in Ireland and exchanged with the tax authorities of another country or countries as required under intergovernmental agreements.
- › I/We agree to inform Utmost PanEurope within 30 days of a change in circumstances that causes any information on this form to become incorrect by the completion of an International Tax Compliance Self Certification form.
- › I/We declare that I/we have examined the information in this section and to the best of my/our knowledge and belief, it is true, correct and complete.

³ If you are tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN.

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

ASSURANCE POLICY CHARGES

Administration charge

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

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

Discretionary Investment Strategy charges

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

Other charges

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

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

I declare and agree the following:

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

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

DECLARATIONS

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

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

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

UTMOST PANEUROPE DATA PROTECTION

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

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

By ticking the box I also consent to telephone calls with Utmost PanEurope being recorded for the purposes of quality control or for the purposes of confirming data.

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

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

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

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

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

By ticking the box I hereby consent to Utmost PanEurope sending me communications and documentation relating to the Assurance Policy not only by mail but also by email, fax and/or telephone at its sole discretion. I understand that I can withdraw my consent to receiving electronic communications at any time by Written Request and that I can update my contact details at any time by submitting a change of name and address form.

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

Key Information Document Confirmations

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

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

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

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

	Director/ Trustee/ Partner/ First authorised signatory	Director/ Trustee/ Partner/ Second authorised signatory																
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d	d	m	m	y	y	y	y											

Intermediary details

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

Verification of company and trustee applicant identity

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

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

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

a. For a company applicant

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

b. For a trustee applicant

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

c. For a partnership applicant

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

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

Declaration verifying corporate or trustee identity

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

Source of funds and source of wealth

In relation to the information provided in Section 8 (‘Source of funds and source of wealth’) of this Application Booklet:

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

I, the undersigned, declare and agree the following:

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

12 INTERMEDIARY SECTION (CONTINUED)

MANDATORY

International tax compliance self-certification

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

SIGNATURE **Intermediary**

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Print full name

Date

d	d	m	m	y	y	y	y
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13 INTRODUCER SECTION

MANDATORY

Name and address of
Introducer

A WEALTH *of* DIFFERENCE