

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS



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

If you are completing a hard copy of this form, please use **blue or black ink** and **BLOCK CAPITALS**. If you make a mistake cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid.**

Once completed, arrange for your Financial Adviser to return this form and any supporting documents to: **Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.**

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at: **IOMPBNNewBusiness@utmostgroup.com**

We only sell our products through Financial Advisers as we believe it is important you receive independent financial advice. As it is you who chooses your Financial Adviser, you need to bear in mind that they are acting on your behalf and not on behalf of Utmost International Isle of Man Limited. You are responsible for their actions or omissions.

Please note this application form must not be used by applicants resident in the UK, Hong Kong, Singapore or the United States of America or its territories. Before completing the application form, please make sure you have received and read through the Product Brochure, At a Glance document, illustration, Key Information Document (KID) and the Policy Terms and Conditions. Should you wish to change the Sum Assured, you will need to complete separate forms which will be available from your Financial Adviser.

USING THE EDITABLE FIELDS?

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

	PAGE	SECTION	REQUIREMENT	COMPLETED
Applicant and Policy details	2	A Policy Details	Mandatory	<input type="checkbox"/>
	4	B Politically Exposed Persons Details	Mandatory	<input type="checkbox"/>
	5	C Applicant Details	Mandatory	<input type="checkbox"/>
	9	D Life Assured Details	Mandatory	<input type="checkbox"/>
	21	E Premium and Sum Assured Details	Mandatory	<input type="checkbox"/>
	22	F Regular Withdrawals	Optional	<input type="checkbox"/>
	23	G Adviser Charging	Mandatory	<input type="checkbox"/>
	24	H Source of Funds	Mandatory	<input type="checkbox"/>
	30	I Identification Requirements	Mandatory	<input type="checkbox"/>
	34	J Financial Adviser's Details	Mandatory	<input type="checkbox"/>
	36	K Investment Options	Mandatory	<input type="checkbox"/>
Declarations	44	L Standard Applicant Declaration	Mandatory	<input type="checkbox"/>
Banking and payment details	50	M Bank Details and Payment Methods	Information	<input type="checkbox"/>

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

Ensure that all relevant sections of this application are completed before submitting.

A	POLICY DETAILS	MANDATORY
1	Type of contract <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Life Cover Only Life Cover Plus </div>	<div style="margin-bottom: 10px;"> <p>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 withdrawal 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 withdrawal charge.</p> <p></p> </div> <div style="margin-bottom: 10px;"> <p>Once your Policy is established you cannot change the Policy currency.</p> <p></p> </div> <div> <p>Policy Segments have the same meaning as Policy Clusters.</p> <p></p> </div>
2	Type of client <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Individual /Joint Individual Trustee Corporate/Corporate Trustee </div>	
3	Currency of Policy <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Sterling US Dollar Euro <div style="text-align: right;"> Other state currency <input style="width: 100px;" type="text"/> </div> </div>	
4	Number of policy segments <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	

If you do not specify the number of policy segments we will issue 12. No more than 9,999 policy segments are available. The minimum investment amount for each policy segment is US\$15,000, £10,000 or €15,000.

NATURE AND PURPOSE OF INVESTMENT

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 of selecting this Utmost Policy?	Please select which options apply: <div style="margin-top: 10px;"> <input type="checkbox"/> Life assurance protection <input type="checkbox"/> Estate and succession planning to pass wealth to next generation <input type="checkbox"/> Estate tax and death duties mitigation <div style="display: flex; align-items: center; margin-top: 5px;"> <input type="checkbox"/> Other <input style="width: 250px;" type="text"/> </div> </div>
---	-----------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

2 What influenced your decision to invest in the Isle of Man rather than your country of residence?

Please select which options apply:

- ☐ Strong regulatory framework overseeing financial services business
- ☐ Investor protection
- ☐ Long history of economic stability
- ☐ Skilled financial services workforce
- ☐ Favourable tax environment
- ☐ Other

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

- 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?

- 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?

- 0%
- 1 - 5%
- 6 - 10%
- 11 - 20%
- 20+%
- Unknown at present

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

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 apply:

- ☐ Not planning to transfer
- ☐ Spouse
- ☐ Children
- ☐ Grandchildren
- ☐ Parent
- ☐ Business associate/partner
- ☐ Other
- ☐ Unknown at present

7 Do you intend to use the policy for collateral for a loan at any point?

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?

Yes

No

Unknown at present

If "Yes", please indicate the country

B 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. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

Is there anyone associated with this application who could be considered a PEP?

Yes

No

If "Yes", please provide details

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

C APPLICANT DETAILS

MANDATORY

C1 APPLICANT - INDIVIDUAL OR INDIVIDUAL TRUSTEE

	Applicant 1/Trustee 1		Applicant 2/Trustee 2	
1 Role				
2 Is the Applicant to be a life assured?	Yes	No	Yes	No
3 Title (Mr, Mrs, Miss or Other)	<input type="text"/>		<input type="text"/>	
4 Gender	Male	Female	Male	Female
5 Surname	<input type="text"/>		<input type="text"/>	
6 Does the Applicant/Trustee 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"/>	
7 Forenames (in full)	<input type="text"/>		<input type="text"/>	
8 Employment status	Employed		Employed	
	Retired/unemployed		Retired/unemployed	
Date of retirement / unemployment	<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	
9 Occupation	<input type="text"/>		<input type="text"/>	
10 Last year's annual income/Salary	<input type="text"/>		<input type="text"/>	
If you receive income other than from your Occupation, please provide full details here. (e.g. Dividend, Investment, rental income including their nature and source)	<input type="text"/>		<input type="text"/>	
11 Employer	<input type="text"/>		<input type="text"/>	
12 Employer Address	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/> Postcode		<input type="text"/> Postcode	
13 What is the relationship between the applicants?	<input type="text"/>		<input type="text"/>	
14 Nationality / dual nationality (if applicable)	<input type="text"/>		<input type="text"/>	
15 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	

Question 9, if retired, please provide your former occupation, including role e.g. Director and industry sector e.g. accountancy and include date of retirement or unemployment.

Attach details of additional applicants securely to this form.

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

16 Country of birth	<input type="text"/>	<input type="text"/>
17 Permanent residential address (PO Boxes 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"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
18 Full correspondence address	<input type="text"/>	<input type="text"/>
If this address is the same as your residential address, tick here	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
19 Contact telephone number	<input type="text"/>	<input type="text"/>
20 Email address	<input type="text"/>	<input type="text"/>
21 Country/Countries of Tax Residency	<input type="text"/>	<input type="text"/>
22 Tax reference number	<input type="text"/>	<input type="text"/>

C2 APPLICANT - CORPORATE OR CORPORATE TRUSTEE

Company type	<input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Other
Company name	<input type="text"/>
Contact person	<input type="text"/>
Country of registration	<input type="text"/>
Date of incorporation	<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
Registered office address	<input type="text"/> <input type="text"/> <input type="text"/>
Correspondence address	<input type="text"/> <input type="text"/> <input type="text"/>
Contact telephone number	<input type="text"/>
Email address	<input type="text"/>
Web address	<input type="text"/>

Utmost International
 Isle of Man Limited

Utmost International Isle of Man Limited accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International Isle of Man reserves the right to send correspondence to the registered office address where regulations prevent it being sent to any other address.

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

If applying for business cover only, please complete the remaining questions.

Life Assured percentage ownership of this business

How long has the business been in operation? years months

Details of Assets and Liabilities

Assets in (✓)	US\$	GBP £	Euro €	
	Other (state currency)	<input style="width: 100%;" type="text"/>		

Liabilities in (✓)	US\$	GBP £	Euro €	
	Other (state currency)	<input style="width: 100%;" type="text"/>		

Asset Description	Current Year	Previous Year
	<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"/>
Fixed assets		
Current assets		
Investments		
Other		

Liability Description	Current Year	Previous Year
	<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"/>
Long term (more than 3 years)		
Short term (up to 3 years)		
Other		
Other		

Net Worth

Business income details:

Currency US\$ GBP £ Euro € Other currency

	TURNOVER	GROSS PROFIT	NET PROFIT (AFTER TAX AND EXPENSES)	NET PROFIT (BEFORE TAX AND EXPENSES)
Current Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Previous Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

If applying for key person

What special skills the life assured has to qualify them as key person?

What is their percentage ownership of business? %

What is their contribution to business profits?

Please provide the calculations for key person cover

Is there any existing concurrent or planned cover for any other key person?

If 'Yes', please provide details. Yes No

Is the application for partnership cover? If 'Yes', please provide details below. Yes No

What is the current value of the business?

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

Please provide calculations for business risk coverage and value of business.

Is there a buy and sell agreement in place?

Yes No

If 'Yes', please provide a copy

If 'No', explain why there is no agreement in place

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

Yes No

If 'Yes', please complete below:

Name of the partner(s)	
Name of insurer	
Policy number	
Type of cover and cover amount	

C3 DETAILS OF THE TRUST (IF APPLICABLE)

The trust name is

The trust was created on

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

Trust details

Please explain the nature and purpose of the trust, the structure of the trust arrangement and the source/origin of the Trust Assets.

Trust details explain the type of trust, the reason for the trust and the source/origin of the trust Assets.

Trust assets

Amount

Currency please select

£

US\$

€

Other state
currency

Please provide an indication of the total value of the trust's Assets.

C4 TRUST ASSOCIATED PARTY DETAILS

This section only applies to applications completed by Trustees acting on behalf of a Trust.

SETTLOR DETAILS

Details of the Settlor(s) of the trust and any other persons who have provided funds to the trust must be supplied.

You will need to provide suitably certified verification of their identity and residential address at Section I.

	Settlor 1	Settlor 2
1 Role		
2 Title (Mr, Mrs, Ms, etc.)		
3 Gender		
4 First Name(s)		

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

5 Surname(s)		
6 Date of birth	<div style="display: flex; justify-content: space-around; padding: 2px;"> ddmmyyyy </div>	<div style="display: flex; justify-content: space-around; padding: 2px;"> ddmmyyyy </div>
7 Place of birth		
8 Please list all nationalities/ citizenships held (if applicable)		
Have you held a previous nationality?	Yes No	Yes No
If yes, provide details		
9 Permanent residential address (PO Box and 'care of' addresses are not acceptable)		
	Postcode	
10 If deceased, date of death	<div style="display: flex; justify-content: space-around; padding: 2px;"> ddmmyyyy </div>	<div style="display: flex; justify-content: space-around; padding: 2px;"> ddmmyyyy </div>

D LIFE ASSURED DETAILS

MANDATORY

Contract basis	First death	Second death
	Applicant 1	Applicant 2
Is the applicant(s) also going to be a Life Assured?	Yes No	Yes No
Please note you do not need to complete the rest of this section if the Applicant(s) is/are going to be the only Life/Lives Assured. The maximum age for a Life Assured is 75 (as at last birthday).		

Please choose when there are two lives assured.

This questions is applicable for individual Applicant(s) only.

	Life Assured 1	Life Assured 2
1 Title (Mr, Mrs, Miss or Other)		
2 Gender	Male Female	Male Female
3 Surname		
4 Does the Life Assured have a maiden name, previous name or alias?	Yes No	Yes No
If "Yes" provide the other name(s)		
5 Forenames (in full)		
6 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)		
	Postcode	Postcode
7 Nationality / dual nationality (if applicable)		

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE
AND TRUSTEE INVESTORS

8	Date of birth	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												
9	Country of birth	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
10	Relationship to Applicant(s)	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

INSURABILITY INFORMATION (THIS SECTION MUST BE COMPLETED BY THE LIFE ASSURED)

FINANCIAL INSURABILITY INFORMATION

1	Have you ever been declared insolvent/bankrupt?	Yes	No																
	If 'Yes', please provide details include date of rehabilitation, if applicable.																		
	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
2	Have you ever been investigated or committed tax fraud in any jurisdiction?	Yes	No																
	If 'Yes', please provide details.																		
	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		

		Life Assured 1		Life Assured 2									
3	Have you ever been charged or convicted for any criminal offence?	Yes	No	Yes	No								
	If 'Yes', please provide details		<table><tr><td></td><td></td><td></td><td></td></tr></table>					<table><tr><td></td><td></td><td></td><td></td></tr></table>					

4	How was the sum assured calculated? Please explain all assumptions.												
	<table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>												

5	Provide details of dependants																								
	<table><tr><th>NAME OF DEPENDANT</th><th>RELATIONSHIP TO LIFE ASSURED 1</th><th>RELATIONSHIP TO LIFE ASSURED 2</th><th>AGE OF DEPENDANT</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	NAME OF DEPENDANT	RELATIONSHIP TO LIFE ASSURED 1	RELATIONSHIP TO LIFE ASSURED 2	AGE OF DEPENDANT																				
NAME OF DEPENDANT	RELATIONSHIP TO LIFE ASSURED 1	RELATIONSHIP TO LIFE ASSURED 2	AGE OF DEPENDANT																						

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

6 Details of income

DETAILS	LIFE ASSURED 1				LIFE ASSURED 2			
Specify currency used	US\$	GBP£	Euro€		US\$	GBP£	Euro€	
	Other (state currency)		<input type="text"/>		Other (state currency)		<input type="text"/>	
	Current Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	Previous Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual earnings								
Salary, including allowance and benefits paid by the employer								
Bonuses (average over two years)								
Business interest								
Rental income								
Dividends								
Other please specify								
Total								

7 Details of Assets and Liabilities

ASSETS	LIFE ASSURED 1				LIFE ASSURED 2			
Specify Currency	US\$	GBP£	Euro€		US\$	GBP£	Euro€	
	Other (state currency)		<input type="text"/>		Other (state currency)		<input type="text"/>	
	Current Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	Previous Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asset Description								
Real estate								
Valuables (motor vehicles, furniture, jewellery etc)								
Investments (stocks and bonds)								
Business interest								
Cash and savings accounts								
Other								
Total								

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE
AND TRUSTEE INVESTORS

LIABILITIES	LIFE ASSURED 1				LIFE ASSURED 2			
Specify Currency	US\$	GBP£	Euro€		US\$	GBP£	Euro€	
	Other (state currency)		<div></div>		Other (state currency)		<div></div>	
	Current Year	<div><div>y</div><div>y</div><div>y</div><div>y</div></div>	Previous Year	<div><div>y</div><div>y</div><div>y</div><div>y</div></div>	Current Year	<div><div>y</div><div>y</div><div>y</div><div>y</div></div>	Previous Year	<div><div>y</div><div>y</div><div>y</div><div>y</div></div>
Liability Description								
Mortgages								
Personal loans								
Credit cards								
Overdraft facility								
Total								

8 Schedule of Property owned (if applicable)

OWNER (LIFE ASSURED 1 OR LIFE ASSURED 2)	YEAR PURCHASED	PERCENTAGE OWNERSHIP	CURRENCY	MARKET VALUE
	<div><div>y</div><div>y</div><div>y</div><div>y</div></div>			
	<div><div>y</div><div>y</div><div>y</div><div>y</div></div>			
	<div><div>y</div><div>y</div><div>y</div><div>y</div></div>			
	<div><div>y</div><div>y</div><div>y</div><div>y</div></div>			
	<div><div>y</div><div>y</div><div>y</div><div>y</div></div>			

9 What is the source of premium(s) for this policy

Life Assured 1

Life Assured 2

Own income

Premium financing

Employer

Other

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

10 Is the payer different to the Life Assured

Yes

No

If 'Yes', please provide the following information

Payer's details:	
National identity card or passport number	
Issuing date	
Issuing Country	
Reason for paying the premium	
Relationship to the Life Assured	
If the payer is a company, please provide Certificate of Incorporation number	
If the payer is a business please provide the Business Registration number	

11 Do you have any life assurance policies in force in your country of residence or anywhere else?

Yes

No

If 'Yes', please provide the information below

NAME OF INSURANCE PROVIDER/COMPANY	COUNTRY OF ISSUE	POLICY NUMBER	NAME OF LIFE ASSURED	ISSUED DATE	SUM ASSURED (PLEASE STATE CURRENCY)
				d d m m y y y y	
				d d m m y y y y	
				d d m m y y y y	
				d d m m y y y y	
				d d m m y y y y	

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

Yes

No

If 'Yes', please provide the information below

NAME OF INSURANCE PROVIDER/COMPANY	NAME OF LIFE ASSURED	SUM ASSURED (PLEASE STATE CURRENCY)

13 Do you plan to replace, change or use values from any existing insurance as a source of premium payment for any life insurance coverage that may be applied for?

Yes

No

If 'Yes', please provide the information below

NAME OF INSURANCE PROVIDER/COMPANY	NAME OF LIFE ASSURED	SUM ASSURED (PLEASE STATE CURRENCY)

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

- 14** Has your application or reinstatement for life insurance ever been declined, postponed, rated or modified in any way? Yes ☐ No ☐

NAME OF INSURANCE PROVIDER/COMPANY	NAME OF LIFE ASSURED	BENEFIT TYPE (E.G. LIFE, MEDICAL, ACCIDENT INSURANCE ETC)	REASON	YEAR OF SUBMISSION

- 15** Have you travelled outside your country of residence for 14 days or more (in total) in the last 12 months?
Life Assured 1
 Yes ☐ No ☐
Life Assured 2
 Yes ☐ No ☐

If 'Yes', please provide the following details of any travel in the last 12 months.

LIFE ASSURED 1 OR 2	COUNTRY	CITY	NUMBER OF TRIPS PER YEAR	TOTAL DURATION PER TRIP	PURPOSE OF TRAVEL (E.G. LEISURE, BUSINESS OR OTHERS - PLEASE SPECIFY)

- 16** Do you have plans to travel outside your country of residence for 14 days or more (in total) in the next 12 months?
Life Assured 1
 Yes ☐ No ☐
Life Assured 2
 Yes ☐ No ☐

If 'Yes', please provide the following details of any planned travel in the next 12 months.

LIFE ASSURED 1 OR 2	COUNTRY	CITY	NUMBER OF TRIPS	DURATION PER TRIP	PURPOSE OF TRAVEL (E.G. LEISURE, BUSINESS OR OTHERS - PLEASE SPECIFY)

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

- | | Life Assured 1 | | Life Assured 2 | |
|-------------------------------------------------------------------------------------------|----------------|----|----------------|----|
| | Yes | No | Yes | No |
| 17 Do you participate or expect to participate in any of the following activities: | | | | |
| › Flying other than as a fare paying passenger on a schedule airline route | | | | |
| › Piloting an aircraft | | | | |
| › Sky-diving, Parachuting without a static line | | | | |
| › Automobile, motorcycle racing or power boat racing | | | | |
| › Professional sports | | | | |
| › Mountain and/or rock climbing | | | | |

 If 'Yes', please complete the applicable **Sports and Hazardous activities questionnaire**, which is available from your Financial Adviser representative.

18 Occupational profile (if not Individual Applicant)

	Life Assured 1	Life Assured 2
Highest educational qualification		
Occupation		
What is your position in the business?		
Description of main duties		
Line/nature of business and Industry		
Name of employer		
Employer's registered address		
Website address of employer		

- | | Life Assured 1 | | Life Assured 2 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|----------------|----|
| | Yes | No | Yes | No |
| 19 Does your occupation involve working at heights, working underground, commercial diving, working on an oil rig and/or handling explosives? | | | | |

HEALTH INSURABILITY INFORMATION

1 Family Questions

- | | Life Assured 1 | | Life Assured 2 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|----------------|----|
| | Yes | No | Yes | No |
| a. Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, cardiomyopathy, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? | | | | |

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



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.

2 Please provide the following details regarding any hospital or clinic you have consulted in the last 24 months

- | | Life Assured 1 | Life Assured 2 |
|-------------------------------------------------------------------|----------------|----------------|
| a. Name, address and contact number of the hospital or clinic | | |
| b. Date and reason of last consultation | | |
| c. Diagnosis and result of visit | | |
| d. List of current medications (prescription or non-prescription) | | |

TAILORED LIFE PLAN
APPLICATION FORM FOR INDIVIDUAL, CORPORATE
AND TRUSTEE INVESTORS

3

Smoking and Alcohol Status:

Life Assured 1

Life Assured 2

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

If 'Yes', please provide details in the following table.

LIFE ASSURED 1												
PRODUCT	QUANTITY	FREQUENCY	CURRENT	PAST	DATE LAST USED (DD/MM/YYYY)							
Cigarettes					d	d	m	m	y	y	y	y
Cigars					d	d	m	m	y	y	y	y
Others					d	d	m	m	y	y	y	y

LIFE ASSURED 2												
PRODUCT	QUANTITY	FREQUENCY	CURRENT	PAST	DATE LAST USED (DD/MM/YYYY)							
Cigarettes					d	d	m	m	y	y	y	y
Cigars					d	d	m	m	y	y	y	y
Others					d	d	m	m	y	y	y	y

Have you ever consumed alcoholic beverages?

Yes

No

Yes

No

If 'Yes', please provide details in the table below.

LIFE ASSURED 1												
PRODUCT	QUANTITY	FREQUENCY	CURRENT	PAST	DATE LAST USED (DD/MM/YYYY)							
Beer					d	d	m	m	y	y	y	y
Wine					d	d	m	m	y	y	y	y
Others					d	d	m	m	y	y	y	y

LIFE ASSURED 2												
PRODUCT	QUANTITY	FREQUENCY	CURRENT	PAST	DATE LAST USED (DD/MM/YYYY)							
Beer					d	d	m	m	y	y	y	y
Wine					d	d	m	m	y	y	y	y
Others					d	d	m	m	y	y	y	y

4 Personal Health Questions

For any questions below which are answered 'Yes', please provide details in **section i**.

a. Have you ever had or been told to have or been treated for:

	Life Assured 1		Life Assured 2	
i. epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders?	Yes	No	Yes	No
ii. diabetes, thyroid disorders or any other endocrine disorders?	Yes	No	Yes	No
iii. 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
iv. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/ discomfort or any other lung disorders?	Yes	No	Yes	No
v. raised cholesterol, high blood pressure, heart attack, heart murmur, cardiomyopathy, mitral valve prolapse or other heart valve disorders, 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
vi. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	Yes	No	Yes	No
vii. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	Yes	No	Yes	No
viii. blood, protein or sugar in urine, kidney stones, infection or any other disorders of the kidney, bladder or genital organs?	Yes	No	Yes	No
ix. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?	Yes	No	Yes	No
x. cancer, tumours, cysts or growths of any kind?	Yes	No	Yes	No
xi. 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
xii. any other illness, disorder, operation, physical disability or accident not mentioned above?	Yes	No	Yes	No

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?

Yes No Yes No

i. Have you ever had HIV testing done?

Yes No Yes No

If 'Yes', please state reason, date and results:

--	--

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

- ii. 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:

- c. Have you ever had a blood transfusion or been refused as a blood donor?

Yes

No

Yes

No

- d. Are you now under regular medical observation by, or taking treatment from, a member of the medical profession?

Yes

No

Yes

No

- e. 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

- f. In the past 5 years, have you had any (other than for immunization or vaccination)

- i. 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:

- ii. illness, operation, medical advice or hospital treatment not mentioned above?

Yes

No

Yes

No

If 'Yes', please state reason, date and results:

- g. Build

Life Assured 1

Life Assured 2

- i. Height (metres)

 (m)

 (m)

- ii. Weight (kg)

 (kg)

 (kg)

- iii. Was there any weight change in the past year?

Yes

No

Yes

No

If 'Yes', please state how much and the reason.

- h. For FEMALES only

- i. Have you suffered from or are you aware of any lumps or any other disorders of the breasts?

Yes

No

Yes

No

- ii. 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

- iii. 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

- No

--

- No

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

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

- | |
|--|
| |
|--|

- [illegible]

DECLARATION - BY LIFE ASSURED

- I declare to the best of my knowledge and belief that the statements and answers given in any medical examination or questionnaires, including any supplementary questionnaires I have completed prior to completing this application, are full, complete and true and shall form the basis of any policy issued. I have not concealed a material fact. I consent to Utmost International Isle of Man Limited obtaining any previous medical information on my health from any medical source or any organisation and/or insurance office and agree to provide Utmost International Isle of Man with any further information in respect of the application on request.
- I confirm I shall disclose to Utmost International Isle of Man any subsequent change in my health or insurability between signing this application and, where medical underwriting is required, any supplementary medical questionnaire, and Utmost International Isle of Man's acceptance of the policy. I 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.
- I consent to Utmost International Isle of Man releasing my health information to any medical source or insurance office at any time.
- I understand that if any statement in this application, or any supplementary questionnaire, is inaccurate and this affects your assessment of the risk, any subsequently issued policy may be rendered void.
- I authorise the Financial Adviser representative of the Applicant to provide any/all of my personal data, information together with the supporting or related documents to Utmost International Isle of Man for the purpose of this application and to meet any ongoing administration and regulatory requirements. I further authorise Utmost International Isle of Man to pass this authorisation to the relevant Financial Adviser representative of the Applicant for the purpose of facilitating the transfer provision of such data, information and documents as and when required and for this purpose.

SIGNATURE	First Life Assured	Second Life Assured
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Date	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">d</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">d</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">d</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">d</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> </div>

E PREMIUM AND SUM ASSURED DETAILS

MANDATORY

Currency of the premium	<input type="radio"/> GBP £	<input type="radio"/> US\$	<input type="radio"/> Euro €	
	Other (state currency) <input style="width: 150px;" type="text"/>			
Total premium (monetary amount)	<input style="width: 100%;" type="text"/>			
Sum Assured	<input style="width: 100%;" type="text"/>			

The minimum premium is US\$1,000,000, £750,000, €1,000,000

Must be the same currency as the policy currency selected in Section A.

For Life Cover Only, the minimum sum assured is US\$2,000,000, £1,500,000, €2,000,000 or currency equivalent and the sum assured must be at least US\$1,000,000, £750,000, €1,000,000 or currency equivalent above the initial premium.

For Life Cover Plus the Sum Assured must be at least US\$1,000,000, £750,000, €1,000,000 or currency equivalent if policy in another currency.

BANK ACCOUNT DETAILS WHERE FUNDS ARE BEING REMITTED FROM

Account name	<input style="width: 90%;" type="text"/>	If the Premium is received from an account other than the one specified here, this may cause a delay in processing. The Premium must be remitted from an account in the name of the Applicant(s).
Account number	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Bank sort code	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Building Society roll number (if applicable)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	

[illegible]

	Postcode

		Years
--	--	-------

OPTIONAL

Where the Applicant is a PEP withdrawals will only be paid to the source bank account.

Minimum US\$7,500, £5,000, €7,500 per payment (or currency equivalent). Payments will only be made in the Policy Currency.

The annual percentage/monetary amount specified will be divided by the frequency you specify.

1 Amount of withdrawal % **OR**

3 Payment start date

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

OR

As soon as possible (30 days after inception)

4 Withdrawal receiving account (please tick relevant box)

the account the Premium is remitted from as detailed in Section **E** or

an alternative account (please provide details overleaf. Not applicable to PEPs)

If you have chosen the Life Cover Only contract the Sum Assured may be reduced by the value of any part surrender in a Policy Year which exceeds your Partial Withdrawal Allowance.

Where the Authorised Custodian facility is used they must be able to pay on the same frequency.

If you have opted for an end date on your client personal Illustration, note that this is for illustrative purposes only. When you wish for withdrawals to stop, we will require an instruction at that point to be sent to the Claims Department at claims@utmostwealth.com

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

DETAILS OF THE ALTERNATIVE ACCOUNT THAT WITHDRAWALS WILL BE SENT TO

Account name	<input style="width: 90%;" type="text"/>
Account number	<input style="width: 90%;" type="text"/>
Bank sort code	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
Building Society roll number (if applicable)	<input style="width: 90%;" type="text"/>
Bank BIC/Swift code (required for all banks outside the UK)	<input style="width: 90%;" type="text"/>
IBAN	<input style="width: 90%;" type="text"/>
Name & address of bank	<input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
How long has the account been held?	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> Years

When requesting withdrawals be paid to an account other than the account the Premium is remitted from (as detailed in section E), an original or suitably certified **bank statement must be submitted** to prove the alternative bank account is in the client(s)' name.

G ADVISER CHARGING

MANDATORY

The charging structure for your Tailored 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.

If you have agreed to pay your Financial Adviser an ongoing fund based commission payment then this will be reflected in the deduction of a charge, the Ongoing Service Charge, equivalent to the amount paid.

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

ADVISER CHARGE

Enter the charging structure code that your Financial Adviser provided

Specify the allocation percentage for this policy

 %

ONGOING ADVISER SERVICE CHARGE

If applicable, specify the monetary amount or percentage of the Policy value.

Quarterly

%

OR

 %

Ongoing adviser charge start date

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

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

DISCRETIONARY ASSET MANAGER FEE OR FUND ADVISER FEE

1 Specify the total annual amount as either a monetary amount or a percentage of the policy value

Monetary amount

Annual %

OR

 %

The amount will include VAT or any other applicable tax.



H SOURCE OF FUNDS

MANDATORY

ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost International Isle of Man is required to record details of how the funds being invested have been accumulated.

Where your funds come from more than one source, you should complete all relevant sections to give us the full picture of its origin.

Documentary evidence requirements:

For details of our documentary evidence requirements refer to our [Anti-Money Laundering and Source of Wealth Requirements](#) document available via www.utmostinternational.com or from our Welcome team.

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

Total amount received

Currency

Amount

Number of years income accumulated

years

Institution holding the funds

Name of account where earned income accumulated

Account number

Sort code

 - -

Length of time funds have been in this account

years

months

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

Industry/Business sector

Main employer's name

Employer's address

Postcode

Average annual salary over the accumulation period

Currency

Amount

Average annual bonus over the accumulation period

Currency

Amount

2. Compensation payment

Name of organisation or individual that paid compensation		
Reason for compensation		
Country compensation was awarded		
Total amount received	Currency	Amount
Date received		

3. Competition win

Name of competition organiser		
Description of competition		
Country competition was held in		
Total amount won	Currency	Amount
Date of win		

4. Gift

Full name of person who gave the gift		
Date of birth		
Nationality		
Address		
	Postcode	
Relationship to Applicant		
Reason for gift		
Description of gift		

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE
AND TRUSTEE INVESTORS

Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>								
Date received	<table><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					
Details of the activity that generate 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	<table><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					
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	<table><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					
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 or lawyer's firm name	<input type="text"/>											
Solicitor or lawyer's firm address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>			Postcode								

6. Loan

Name of loan provider		
Address of loan provider		
		Postcode
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
Policyholder's full name		
Length of time policy held		
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"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
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"/> 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	
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"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Your connection with the company For example: owner, partner or shareholder	<input type="text"/>
Date connection with the company began	<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

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

Average year dividend/income
from the company over the
previous three years

Date of sale

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

Sale amount

Currency

Amount

Net amount received
i.e. the amount you
have received after any
deductions such as fees
and taxes.

Currency

Amount

10. Property sale

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

Address of property sold
(including postcode if
applicable)

	Postcode

Length of time property owned

<input type="text"/>	<input type="text"/>	years	<input type="text"/>	<input type="text"/>	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

Address of new residence

	Postcode

Date of sale

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

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

All investments are assessed on a case-by-case basis; depending on the answers provided in the application we may request independent evidence of source of funds. We can accept original or suitably certified copies of source of funds evidence. Guidance on how to certify documents is available on our [Anti-Money Laundering and Document Certification Requirements document](#). Please provide as much detail as possible. If it is not clear how the money was accumulated we will need to request further information and the Policy will not be issued until the requested information is received and a satisfactory risk assessment is completed.

I	IDENTIFICATION REQUIREMENTS	MANDATORY
---	-----------------------------	-----------

Note: Financial Adviser to complete this section.

Under Isle of Man anti-money laundering regulations we are required to verify the identity and address of all Applicant(s) related to a contract. Refer to our [Anti-Money Laundering and Source of Wealth Requirements](#) for more information.

Below you will find the standard minimum requirements. 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

Who is being identified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------	----------------------	----------------------	----------------------	----------------------

- 1 Valid passport
- 2 National ID card (with photograph)
- 3 A current driving licence¹ (with photograph)



Please confirm who is being identified in each section e.g. Applicant 1, Trustee 1, Settlor 1, Executive Director, Director, Shareholder etc. as relevant.

Who is being identified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing Entity ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

¹ Where the driving licence does not confirm nationality this will be requested.

² To include country where the document was issued.

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

Issue Date

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

Expiry Date

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

Where the Applicant does not hold an item from Part 1, indicate why in the box below and supply a second document from Part 2.

Where driving licence is used to verify identity it cannot also be used to verify address. Driving licence needs to be current, valid and issued from a **recognised jurisdiction**.

PART 2 - VERIFICATION OF ADDRESS

Who's address is being verified?

- 1 A recent³ utility bill dated and certified within the last six months
- 2 A recent³ mortgage statement, giving the residential address
- 3 A current driving licence
- 4 A state pension, benefit or other government produced document showing benefit entitlement
- 5 A recent³ tax assessment document
- 6 Rates or council tax bill dated and certified within the last year
- 7 A recent³ account statement from bank or credit card showing at least one transaction

Mobile phone bills and store card statements are not acceptable.

Who's address is being verified?

Reference Number

Issuing Entity⁴

³ 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).

⁴ To include country where the document was issued.

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE
AND TRUSTEE INVESTORS

PART 3 - CORPORATE/CORPORATE TRUSTEES

Who is being identified?

--	--	--

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)

An authorised signatory list

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

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 option 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

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---
- 2 I met the customer face to face via live video stream on

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---
- 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.)
		<div></div> <div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div></div>	
		<div></div> <div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div></div>	
		<div></div> <div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div></div>	

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.

SECTION 3 - THIRD-PARTY DETAILS

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.

Full Name of Individual	<input type="text"/>								
Occupation	<input type="text"/>								
Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y		
Residential Address	<input type="text"/> <input type="text"/> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%;">Postcode</td> <td style="width: 50%;">Country</td> </tr> </table>	Postcode	Country						
Postcode	Country								
Registered Company Name	<input type="text"/>								
Registered Company Address	<input type="text"/> <input type="text"/> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%;">Postcode</td> <td style="width: 50%;">Country</td> </tr> </table>	Postcode	Country						
Postcode	Country								
Associated Professional Body	<input type="text"/>								
Professional Body Membership Reference	<input type="text"/>								

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.

How to certify documents is outlined in the document [Anti-Money Laundering and Document Certification Requirements](#).

J FINANCIAL ADVISER'S DETAILS
MANDATORY

Note: Financial Adviser to complete this section.

1 Are the Applicant(s) acting as a nominee for someone else? (If yes, give details)	Yes No	<input style="width: 100%; height: 50px;" type="text"/>																		
2 Which country was the advice leading to this application given in?		<input style="width: 100%; height: 20px;" type="text"/>																		
3 Which country was this application signed in?		<input style="width: 100%; height: 20px;" type="text"/>																		
4 Name of regulatory body		<input style="width: 100%; height: 20px;" type="text"/>																		
5 Regulatory body membership number e.g FCA number		<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																		
6 Name of your usual Utmost sales consultant		<input style="width: 100%; height: 20px;" type="text"/>																		

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE
AND TRUSTEE INVESTORS

FINANCIAL ADVISER DECLARATION


Print full name

I declare that:

- › I have taken reasonable steps to ensure that the funding is legitimate and in line with the client's circumstances.
- › To the best of my knowledge, all the information provided with this form and application is true and complete and that I will provide further information if required.
- › I have not made any changes to the application form after the client has signed it.
- › I have had sight of the original documents used to identify the Applicant(s)
- › Where I have obtained the CDD documents in Part 1 and 2 of Section I, I certify that they are true copies of the originals which I have sighted and the photograph represents a true likeness of the client(s) who I have met.

Certifier and authorised signatory

SIGNATURE

Financial Adviser
to sign here. 

Date

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

Telephone number

Email address

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

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

K INVESTMENT OPTIONS

MANDATORY

You may only choose one of the three 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 Fund Adviser or Custodian).

The letters referenced correspond to the sections of this form you will need to complete in the noted circumstance.


K1 APPOINTMENT OF CUSTODIAN

CUSTODIAN THAT WILL HOLD ASSETS	NAME OF CUSTODIAN	FUND ADVISER	DISCRETIONARY ASSET MANAGER
Default Custodian	Default		N/A
Default and one other	Default		N/A
Authorised Custodian			
Two Authorised Custodians	Lead Custodian		
Three Authorised Custodians	Lead Custodian		

Please confirm how much of your Premium will be held with the Custodian selected, if applicable, and how the Premium will be sent.

 If you have selected Default Custodian electronic bank transfers and Asset transfers must be sent to Utmost International Isle of Man Limited.

ASSETS HELD BY	PREMIUM PAYMENT SENT (ENTER CURRENCY AND AMOUNT/VALUE)	
	ELECTRONIC BANK TRANSFER	ASSET TRANSFER
Authorised Custodian 1 (Lead Custodian)		
Authorised Custodian 2		
Authorised Custodian 3		
Utmost International Isle of Man Limited Default Custodian		

 If you have selected Authorised Custodian Assets transfers must be sent direct to the Authorised Custodian. When sending electronic transfers payment can be made to Utmost International Isle of Man Limited to forward on or directly to the Authorised Custodian.

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

K2 INVESTMENT SELECTION

Asset/Fund name	Fund reference /SEDOL/ISIN	Base Currency of security	%
			<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"/> <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"/>

Total 100%

Refer to our website www.utmostinternational.com for details of the funds available and the relevant SEDOL or ISIN codes. Ensure that the full fund name and fund references are provided.

Only complete this section where you have requested Assets to be held with our Default Custodian.

Any missing information will result in a delay in investment. Where relevant we will purchase income units unless otherwise requested. The fund manager will pay all income as cash which will be credited to the Dealing Account.

K3 CASH DEPOSITS

Bank/Building Society	Full name of deposit account including currency	%
		<input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> <input type="text"/> <input type="text"/>

If you choose to invest in cash deposits and funds the combined total should equal 100%. For example, 30% cash deposits and 70% funds. Please note rates are not guaranteed.

K4 DEALING ACCOUNT

Cash to be retained in Dealing Account to cover charges and withdrawals.

If you do not specify an amount to be left in the Dealing Account the investment amount calculated will be net of any initial charges.

If you are investing 100% into a fixed term deposit, there must be enough cash held back to cover Policy charges, withdrawals and adviser charges for the duration of the deposit term. For example, if you are investing into a 12 month fixed deposit, the cash amount specified must cover 12 months' worth of charges.

Please specify either a cash amount OR a percentage amount, ensuring that the overall combined investment allocation instructed in this section L equals 100%. This will be the cash amount initially retained to cover charges and withdrawals, and will be retained net of any initial policy and dealing charges. Once this amount has been exhausted, the overdraft clearance methodology you specify below will take effect.

K5 NOMINATION OF ASSETS/FUNDS TO COVER OVERDRAWN DEALING ACCOUNT

All transactions (including charges and withdrawals) will go through the Dealing Account and it may become overdrawn. In these circumstances, we will sell sufficient funds to clear the negative debit balance.

Indicate in the box below which fund(s) you would like us to sell in these circumstances.

Full asset name	%
<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"/>

K5 is not relevant if there are no assets in default custodian.

If no funds are selected we will sell assets as per the prevailing policy Terms and Conditions.

If more than one fund is selected, each fund sale will be subject to the prevailing dealing fees.

K6 APPOINTMENT OF A DISCRETIONARY ASSET MANAGER

DISCRETIONARY ASSET MANAGER DETAILS

1 Name of firm	<input type="text"/>	
2 Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode

Discretionary Asset Manager is only available where Utmost International Isle of Man Limited have established legal agreements in place with the Discretionary Asset Manager.

3	Contact name	<input type="text"/>
4	Telephone number (including international dialing code)	<input type="text"/>
5	Email address	<input type="text"/>
6	Regulator	<input type="text"/>
7	Type of authority	<input type="text"/>
8	Regulator number	<input type="text"/>

INVESTMENT MANDATE

Investment Strategy	
Investment Restrictions	
Risk Criteria	

Discretionary authority means that the person or firm holds regulatory authority to carry out discretionary investment management activities based on an agreed investment mandate and does not need to agree changes to the assets with Utmost International Isle of Man Limited before they submit asset dealing instructions.

K7 APPOINTMENT OF A FUND ADVISER OR INVESTMENT MANAGER

What basis will the appointment be made on, tick one?

	Discretionary authority	Advisory authority
1 Name of firm		
2 Address		
		Postcode
3 Contact name		

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

4 Telephone number (including international dialing code)	
5 Email address	
6 Regulator	
7 Type of Authorisation	
8 Regulatory number	

K8 APPLICANT (POLICYHOLDER) INVESTMENT TERMS DECLARATION

This declaration is made by the Applicant which is each policyholder for individual policyholders, the trustees jointly for trustee policyholders, or the authorised signatory on behalf of a corporate or corporate trustee policyholder

DECLARATION BY THE APPLICANT WHEN APPOINTING A CUSTODIAN

The Applicant agrees that each authorised custodian to be appointed shall, in opening an 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 name of the authorised custodian.

The Applicant accepts that 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, and/or;
- › acts in a fraudulent, incompetent or negligent manner by act or default and/or;
- › enters into liquidation and/or receivership and/or enters into a voluntary arrangement with its creditors and/or is unable to pay its debts.

The Applicant accepts by virtue of the terms of this specific authority to open an account with each authorised custodian, the Applicant shall not be entitled to make any claim whatsoever against Utmost International Isle of Man Limited in respect of those matters referred to above, notwithstanding any obligations that exist in the Policy Terms.

The Applicant confirms they have read and understood all the relevant account opening documents and the Terms and Conditions in relation to the service provided by the authorised custodian(s) the Applicant has requested Utmost International Isle of Man Limited to appoint and agrees with their contents.

The Applicant confirms responsibility for each authorised custodian's charges, which will be deducted from the value of the assets held with the relevant authorised custodian and reflected in the valuation of the portfolio fund linked to policy as explained in the Terms and Conditions.

The Applicant agrees that Utmost International Isle of Man Limited can release personal data to each authorised custodian to be appointed should Utmost International Isle of Man Limited be required to do so by one or more of the authorised custodians in order to comply with the authorised custodian's local laws or anti-money laundering practices.

The Applicant confirms that each authorised custodian to be appointed has agreed to accept the existing assets. If it transpires at a later date that the assets are not acceptable, the Applicant agrees that they can be sold and the sales proceeds forwarded to them.

DECLARATION BY THE APPLICANT WHEN APPOINTING A DISCRETIONARY ASSET MANAGER

The Applicant requests that Utmost International Isle of Man Limited appoint a Discretionary Asset Manager on a discretionary basis to manage the assets linked to the Policy.

The Applicant understands that the management of the relevant assets shall be at the discretion of the Discretionary Asset Manager.

The Applicant acknowledges responsibility for any costs arising associated with the appointment of the Discretionary Asset Manager and understand that the Discretionary Asset Manager Charge resulting from Utmost International Isle of Man Limited paying the fee shown above to the Discretionary Asset Manager will be a charge against the Policy as described in the Policy Terms and Conditions.

The Applicant has agreed with the Discretionary Asset Manager the investment objectives shown or referred to in the Investment Mandate section above for which they will be wholly responsible. Utmost International Isle of Man Limited will not be responsible for any investment strategy or objectives pursued by the Discretionary Asset Manager or the Applicant but the Applicant understands that Utmost International Isle of Man Limited does place restrictions on the types of investments that may be selected in accordance with the Policy Terms and Conditions.

The Applicant understands their responsibility for monitoring the Assets held to ensure they align with their investment strategy, risk criteria and investment restrictions and I/we will inform Utmost International Isle of Man Limited if these change. The Applicant understands that Utmost International Isle of Man Limited can accept no responsibility for the effects of any delay or failure to inform them of any such change.

The Applicant confirms receipt of a copy of the Policy Terms and Conditions.

DECLARATION BY THE APPLICANT WHEN APPOINTING A FUND ADVISER

The Applicants confirms:

- › legal entitled to effect any of the policy options contained in the Policy Terms.
- › appointment and authorisation of the fund adviser/investment adviser detailed to act in the following capacity for the option selected.
- › understanding that appointments can only be made to the capacity in which the fund adviser/investment adviser hold the correct license and or permissions and the firms requested have the appropriate authority.

Where the Applicant is a Trust the provisions of the trust allows delegation of investment decisions to the fund adviser/investment adviser.

Where the Applicant is a Company that the articles of association for the company, allow investment decisions to be delegated to the fund adviser/investment adviser.

The Applicant authorises:

- › the fund adviser/investment adviser to submit written instructions to Utmost International Isle of Man Limited on the Applicant's behalf.
- › Utmost International Isle of Man Limited to act upon the asset dealing instructions of the fund adviser/investment adviser.
- › the appointment of the fund adviser/investment adviser, as detailed in this appointment form, to act on the Applicant's behalf in respect of the policy.
- › the fund adviser/investment adviser to exercise on behalf of the Applicant any of the options available under the policy relating to buying and selling assets and/or changing the assets for the policy.

The Applicant understands that the fund adviser/investment adviser is not acting on behalf of Utmost International Isle of Man Limited and that Utmost International Isle of Man Limited may need to:

- a. confirm that the fund adviser/investment adviser is regulated by an appropriate regulatory authority; and
- b. check that the fund adviser/investment adviser has the qualifications required by law or by regulation for the activity to be carried out.

The Applicant acknowledge and agrees that such confirmation is to enable Utmost International Isle of Man Limited to comply with its regulatory duties as an authorised insurer in the Isle of Man Limited to comply with its regulatory duties as an authorised insurer in Ireland.

The Applicant understands that this is not, and should not be construed as, any endorsement of the fund adviser/investment adviser and that Utmost International Isle of Man Limited do not warrant the fund adviser's/ investment adviser's suitability or regulatory credentials.

The Applicant agrees that Utmost International Isle of Man Limited is not responsible for any loss or liability to the policy arising from this appointment.

The Applicant takes full responsibility for the acts or omissions of the fund adviser/investment adviser, including any loss in the policy as a result of their acts or omissions (including, but without limitation, failure on the part of the fund adviser/investment adviser to produce a reasonable investment return policy).

The Applicant indemnifies Utmost International Isle of Man Limited against all claims, demands and actions against Utmost International Isle of Man Limited relating to any such loss suffered. This includes all costs and expenses arising from or in respect of the activities and performance of the fund adviser/investment adviser including, but without limitation, the cost of defending in any court of law any such claim demand or action against Utmost International Isle of Man Limited.

The Applicant understands that if Utmost International Isle of Man Limited becomes aware that a fund adviser/investment adviser:

- a. has been refused membership by, or has been expelled from, a professional organisation; or
- b. is under investigation by, or has been the subject of disciplinary action by a regulatory authority; or
- c. has or is carrying out activities in a manner which could prejudice or be harmful to Utmost International Isle of Man Limited's reputation; then Utmost International Isle of Man Limited reserves the right to cease to act on the instructions of the fund adviser/investment adviser, with immediate effect and Utmost International Isle of Man Limited will inform me/us of the fact.

The Applicant understands

- › the requirement to notify Utmost International Isle of Man Limited in writing of any changes which affect this appointment, or the authority of the fund adviser/investment adviser.
- › that Utmost International Isle of Man Limited will continue to accept instructions from the fund adviser/investment adviser, unless and until the Applicant advises Utmost International Isle of Man Limited of a change to this appointment or the Applicant receives instructions confirming changes from the fund adviser/investment adviser.
- › the appointment of the fund adviser/investment adviser can be terminated by giving notice in writing to the fund adviser/investment adviser and to Utmost International Isle of Man Limited, at Utmost International Isle of Man Limited's Office. The termination will not affect any transactions already carried out or for which binding instructions have been given directly, or indirectly.

The Applicant confirms that where Advisory Authority is chosen:

- a. all decisions in relation to the investment strategy and alterations to the relevant assets linked to the policy remain their responsibility.
- b. with the fund adviser/investment adviser that they must:
 - i. discuss with the Applicant any proposed alterations to the asset composition; and
 - ii. have the Applicant's prior written agreement before any changes are made.

The Applicant understand and agrees that where Discretionary Authority is chosen:

- a. That the fund adviser/investment adviser has complete discretionary authority, without consulting the Applicant, to make all investment decisions for the relevant assets for the policy to buy or sell assets, a credit balance in the transaction account or other assets. The fund adviser/ investment adviser is authorised to exercise on behalf of the Applicant any of the options available under the Policy Terms applicable to the policy relating to buying and selling assets and/or changing the assets for the policy and where relevant including decisions in respect to the collection of dividends, application of dividends, exercise of voting rights, and corporate actions.
- b. That the features and risks relating to the appointment of the fund adviser/investment adviser and the service provided, have been clearly explained by the fund adviser/investment adviser, and that the Applicant has had the opportunity to seek clarification of these points from the fund adviser/investment adviser.
- c. All investment decision-making for the relevant assets for the policy is delegated to the fund adviser/investment adviser.

The Applicant authorises and requests Utmost International Isle of Man Limited to effect the regular withdrawals for ongoing fees to facilitate fund adviser/investment adviser fees, **The Applicant confirms** that the Financial Adviser has explained the tax implications of facilitating fund adviser/investment adviser fees from the policy and accepts that this authority shall not take effect until the form is received and processed by Utmost International Isle of Man Limited at their Office.

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

The Applicant understands:

- › that the fund adviser's/Investment adviser's fee is specific to the fund adviser/investment adviser appointment and is separate to any on-going service fee that may be payable to my Financial Adviser.
- › that, where applicable, the fee entered will be deducted from the Policy.

	Applicant 1	Applicant 2
Role SIGNATURE		
Print full name		
Date	<div style="display: flex; justify-content: space-around;"> ddmmyyyy </div>	<div style="display: flex; justify-content: space-around;"> ddmmyyyy </div>

Ensure ALL applicants sign here where appointing a Fund Adviser. This is required in addition to signing Relevant Applicant Declaration.

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

K9 FUND ADVISER DECLARATION

This declaration must be signed by the Fund Adviser nominated within this document, to confirm acceptance of the appointment and to confirm understanding and agreement to the terms and responsibilities set out below.

Fund Adviser Declaration

Where Advisory Authority is selected

I/we understand that I must obtain the written agreement of the Applicant(s)/policyholder(s) to any investment advice given and that I may be asked to provide evidence of such to Utmost International Isle of Man Limited if requested.

Where Discretionary Authority is selected

I confirm that my firm is authorised to carry out the regulated activity of managing investments, or that I confirm that I/my firm holds appropriate authorisation for the jurisdiction in which I/we offer this service. This authority enables me to provide investment instructions to Utmost International Isle of Man Limited and I confirm that I have the agreement of the Applicant(s)/policyholder(s) to issue asset dealing instructions on their behalf.

Utmost International Isle of Man Limited may check:

- a. that the fund adviser/investment adviser is regulated by an appropriate regulatory authority; and
- b. check that the fund adviser/investment adviser has the qualifications required by law or by regulation for the activity to be carried out.

I/We/The company accept that this authority shall not take effect until such time as written notice is received by Utmost International Isle of Man Limited, at Utmost International Isle of Man Limited's Office.

I confirm I will remain authorised to transact this type of business whilst I am acting as the fund adviser/investment adviser representative to this bond/plan.

I also confirm I will notify Utmost International Isle of Man Limited of any changes to my authorisation.

I understand that if the product allows investment into assets which are only suitable for professional investors, if the policyholder informs me that they do not want me to invest into assets which are only suitable for professional investors, then I will not choose these assets to link to their policy.

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE AND TRUSTEE INVESTORS

This authority enables me to provide investment instructions to Utmost International Isle of Man Limited or the relevant dealing desk at the chosen authorised custodian account and I confirm that I have the agreement of the Applicant(s)/ policyholder(s) to issue asset dealing instructions on their behalf.

I, the fund adviser/investment adviser confirm that I/the company;

1. have the appropriate Terms of Business with the policyholder(s) and will be responsible to the policyholder(s) for investment decisions
2. have the necessary regulatory permissions to carry out this activity;
3. will act within the investment restrictions described in the Policy Terms and in accordance with any instructions on investment objectives and risk provided by the policyholder;
4. is aware of any asset restrictions that may apply in the country in which the policyholder(s) is/are resident and are relevant to the product type and will not advise or instruct on any non-permitted assets

Signature on behalf of the nominated Fund Adviser

SIGNATURE

Authorised signature

Print full name

Name of firm

Date

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

L STANDARD APPLICANT DECLARATION

MANDATORY

The 'Applicant' refers to the persons applying for this Policy, who also will be the 'Policyholder' of the Policy once established.

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 Policy Conditions.

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

Before signing, the Applicant should also read the Policy Conditions, the Personal Illustration and the Key Information Document where applicable, which explain the key features of and the specific charges applicable. They will assist the Applicant to be sure statements made by the Financial Adviser are not relied upon if they are not supported in the literature. The Applicant's Financial Adviser 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 the Isle of Man shall apply to any contract relating to this application and that Isle of Man Courts shall be the sole forum to consider disputes in relation to any contract arising from this application. Any decision to alter the Isle of Man Court's jurisdiction shall be at the discretion of Utmost International Isle of Man Limited.

Tailored Life Plan will be issued in accordance with the Policy 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 Personal Illustration provided to the Applicant by the Financial Adviser. Should there be any inconsistencies ask the Financial Adviser for an updated illustration.

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

The Applicant may request a copy of the Terms and Conditions at any time from Utmost International Isle of Man Limited's Welcome team on +44 (0)1624 653 251.



ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of Funds - Statement of Truth

The Applicant truthfully confirms that:

- i. All funds invested in the Policy applied for 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.
- ii. 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 confirmed above, that 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 contractual ability to:

- i. 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.
- ii. 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
- iii. 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 clause (i) 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.

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 or 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 or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

CONFIRMATIONS AND ACKNOWLEDGEMENTS

The Applicant understands and agrees that this contract is of the utmost good faith and that the information the Applicant supplies in this application form, together with any supporting information completed or given by the Applicant in the Applicant's name, shall form the basis of the contract with Utmost International Isle of Man Limited.

The Applicant agrees that if it subsequently comes to light that any information supplied to Utmost International Isle of Man Limited by the Applicant or on the Applicant's behalf was misleading or incomplete, then this might invalidate the Applicant's contract and adversely affect the Applicant's right to the payment of policy benefits. The Applicant understands the requirement to provide accurate and relevant information in the Applicant's dealings with Utmost International Isle of Man Limited is continuous and binding upon the Applicant or any subsequent holder of the policy.

The Applicant agrees to inform Utmost International Isle of Man Limited immediately should any information within this application change, and understands that the Applicant is obliged to do so.

The Applicant understands that no contract shall be issued in respect of this application and Utmost International Isle of Man Limited shall be under no obligation in respect of this application until the first premium has been received by Utmost International Isle of Man Limited and Utmost International Isle of Man Limited has expressly confirmed in writing that it accepts the application.

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 and the life assured and they agree to the Applicant's acting on their behalf for the purposes of the information the Applicant has provided in this application.

The Applicant confirms awareness of and agreement to:

- › The charges payable on the Tailored Life Plan, including the charges payable in respect of the Assets which may be held within it.
- › Initial and ongoing payments (such as commission) made by Utmost International Isle of Man Limited to his/her Financial Adviser. These payments could be in addition to any commission payable by the Asset provider to the Financial Adviser in respect of the Assets held.
- › Payments in the form of fund manager rebates, from an Asset provider in respect of the Assets held which Utmost International Isle of Man Limited may share with my Financial Adviser.

The Applicant understands that in cases where the asset(s) the Applicant has selected is not redeemable for a certain period of time, Utmost International Isle of Man Limited may not be able to return that part of the payment until the end of that period. The description of the funds and/or assets the Applicant has chosen will give details if this applies. The Applicant may invest immediately into non-daily dealing funds with the understanding that in the event of cancellation or requiring early access that the Applicant:

- a. the Applicant may not get his/her money back immediately and payment may be delayed for some time;
- b. the institution may impose penalties and therefore the Applicant may get back less than the invested, and/or
- c. the only way in which to receive value may be through an in-specie transfer of that asset into the name of the Applicant.

The Applicant accepts 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.
- › They meet the definition of a Professional Investor and that Utmost International Isle of Man Limited do not have any details of the Applicant's circumstances or characteristics, will not undertake any investigations as to whether the Applicant meets this definition, and will rely solely on the Applicant's confirmation, as part of their application acceptance criteria, that the Applicant meets the definition of a Professional Investor.
- › The Policy allows investment into various types of assets and some of these assets are only suitable for Professional Investors.

- › The level of risk associated with these assets including the risk that the investment into such an asset:
 - a. could provide a lesser degree of investor protection and regulatory safeguards; and
 - b. could result in a loss of significant proportion of some or all of the sums invested; and
 - c. may have a minimum duration, impose significant redemption penalties or are illiquid.
- › Selection of investments is the Applicant's responsibility, or, where appropriate, that of the Applicant's investment adviser.
- › They have read the offering documents for assets suitable for Professional Investors and Utmost International Isle of Man Limited has no legal responsibility in respect of future performance of such linked assets.

The Applicant confirms that the firm named in Section 'J - Financial Adviser's details' will be acting as the Applicant's Financial Adviser on an ongoing basis and the Applicant agrees that Utmost International Isle of Man Limited is able to disclose all information relating to the Applicant's Policy to this Financial Adviser. The Applicant understands that if the Applicant decides to change the Financial Adviser it is the Applicant's responsibility to tell Utmost International Isle of Man Limited in writing of this change.

The Applicant agrees that a copy of the Applicant's agreement given in this Declaration will have the validity of the original. The Applicant understands that the Financial Adviser is acting as the Applicant's agent and not an agent of Utmost International Isle of Man Limited.

The Applicant confirms and declares that the Applicant is habitually tax resident in the jurisdiction entered in Section C of this application form.

The Applicant understands and agrees that Utmost International Isle of Man Limited will, as appropriate, report the Applicant's policy under the various exchange of information agreements including the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS).

Where the Applicant is a Corporate or a Corporate Trustee the Applicant confirms and declares that the company/corporate trustee has not been or is not in the process of being dissolved, struck off, wound up or terminated.

Where the Applicant is a Corporate the Applicant confirms and declares that the shares of the company are not held in bearer form and will not be converted to bearer share form.

Where the Applicant is a Corporate or a Corporate Trustee the Applicant confirms and declares that the investment into the Tailored Life Plan is within the investment powers available to the directors of the company/the trustees of the trust.

ADVISER CHARGES

Where the Applicant has request Utmost International Isle of Man Limited to facilitate the payment of adviser charges, the **Applicant authorises** Utmost International Isle of Man Limited to pay the adviser charges as set out in this Agreement.

The Applicant understands and accepts that:

- › When paid to fund adviser, the charge will be treated for tax purposes, as a withdrawal to the Applicant from the Policy. This does not apply to fees to a Discretionary Asset Manager appointed by Utmost International Isle of Man Limited.
- › Utmost International Isle of Man Limited cannot cancel an adviser charge after it has been paid, even if the Applicant decides to cancel the Policy during the cancellation period.
- › If the application is not proceeded with, the Applicant will be refunded the premium in full, less any adviser charges; any adviser charges that the Applicant has paid / owed will be the Applicant's responsibility to settle.

PRIVACY NOTICE INTERNATIONAL ISLE OF MAN LIMITED USES THE APPLICANT'S INFORMATION

The Applicant understands and agrees that Utmost Services Limited, Utmost Administration Limited, Utmost International Isle of Man Limited and Utmost International Trustee Solutions 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
- › 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 or fund adviser 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).
- › 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 my policy, my personal information will only be used for the purposes for which it was collected. In some circumstances this may involve a transfer of my personal information to a third party outside the European Economic Area (EEA). Whenever my 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.

The Applicant 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);
- › restrict processing of personal information where appropriate. The Applicant 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.

TAILORED LIFE PLAN

APPLICATION FORM FOR INDIVIDUAL, CORPORATE
AND TRUSTEE INVESTORS

A full explanation of how Utmost International Isle of Man Limited collects, uses and shares personal information can be found at www.utmostinternational.com/privacy-statements/. If the Applicant 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: IOMDPO@utmostgroup.com

If the Applicant 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 Hill, Douglas, Isle of Man, IM1 1ET

Or email: ask@inforights.im

The 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.

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, and/or;
 - acts in a fraudulent, incompetent or negligent manner by act or default and/or;
 - enters into liquidation and/or receivership and/or enters into 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 my chosen Authorised Custodian 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 my account.

Role

SIGNATURE

Applicant 1

Applicant 2

Print full name

Date

d

d

m

m

y

y

y

y

d

d

m

m

y

y

y

y

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



M BANK DETAILS AND PAYMENT METHODS

INFORMATION

Payment should only be transferred once the application has been received and we have confirmed that all requirements have been met. No interest will be paid on monies held prior to issue of the Policy.

CHEQUE PAYMENT

Cheques made payable to Utmost International Isle of Man Limited (account name is required to be printed on the cheque).

Cheques must be made payable to Utmost International Isle of Man Limited. Please ensure that the client(s) names are referenced on all payments.
Example:
Utmost International Isle of Man Limited re: Mr Example Client

TELEGRAPHIC TRANSFER DETAILS

Payments from account and currency detailed in 'Section E - Premium and Sum Assured Details'.

Sterling payments from UK Banks

Account name: Utmost International Isle of Man Limited, Premium Collection Account
Bank: Natwest International
Bank address: Floor 2, 2 Athol Street, Douglas, Isle of Man, IM99 1AN, British Isles
Account number: 10939946
Sort code: 55-91-00
IBAN: GB94NWBK55910010939946
BIC/Swift code: RBOSIMDXXXX
Payment reference: [Client name / proposal number]

From non-UK banks

SWIFT code: RBOSIMD2XXX
Sort code: 55-91-00
Bank: Isle of Man Bank, East Region, 2 Athol Street, Douglas, Isle of Man
Beneficiary: Utmost International Isle of Man Limited
IBAN: GB94NWBK55910010939946

Other currency payments

Payments should be made to Utmost International Isle of Man Limited's accounts held with National Westminster Bank, London.

SWIFT code: NWBKGB2LXXX
Bank: National Westminster Bank, London
IBAN: (select as applicable, see below)

TAILORED LIFE PLAN
APPLICATION FORM FOR INDIVIDUAL, CORPORATE
AND TRUSTEE INVESTORS

1. US Dollar IBAN - GB05NWBK60730167544800
2. Euro IBAN - GB63NWBK60720267545858
3. Australian Dollar IBAN - GB18NWBK60730167535836
4. Canadian Dollar IBAN - GB80NWBK60730167521916
5. Danish Krone IBAN - GB22NWBK60730167545270
6. Hong Kong Dollar IBAN - GB52NWBK60730167555691
7. Japanese Yen IBAN - GB40NWBK60730167538835
8. New Zealand Dollar IBAN - GB26NWBK60730167576141
9. Norwegian Krone IBAN - GB23NWBK60730167568823
10. Singapore Dollar IBAN - GB53NWBK60730167598838
11. Swedish Krona IBAN - GB69NWBK60730167554997
12. Swiss Franc IBAN - GB14NWBK60730167541534

A WEALTH *of* DIFFERENCE

www.utmostinternational.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 Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

UL PR 00412 | 07/25