

# UNIT LINKED – INVESTMENT SERVICE AUTHORITY

We will accept a scanned copy of this document.

## 1 FOR COMPLETION BY THE PLANHOLDER(S)

Please write in black ink and use BLOCK CAPITALS

### SECTION A

Planholder Name(s):

Plan Number:

Name of Investment Adviser:

Description of License Held  
by Investment Adviser and  
Name of Issuing Authority:

  

### Declaration

I/We hereby declare that the Investment Adviser named above has been appointed as Investment Adviser to my/our Plan(s). I/We authorise and request Utmost Worldwide Limited (the "Company") to enter into any formal agreements required by the Investment Adviser to facilitate this appointment.

### Authority granted

I/We grant the Investment Adviser authority to act, in the following capacity (please read the two options below carefully, before indicating the authority you have granted to your Investment Adviser):

(Please tick one box)

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**Option A1** (Available to **FOCUS Planholders** only):

**Advisory basis only, my signed consent required:** I/We declare that the Investment Adviser will discuss any proposed plan investment<sup>1</sup> alterations, to which the value of my/our Plan(s) are linked, with me/us, and that the Company will only act upon investment instructions that I/we, as Planholder(s), have signed.

**The Company will not action any instructions that have not been signed by me/us.**

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**Option A2**

**Delegated Investment Management:** I/We declare that I/we have delegated investment decisions to the Investment Adviser, who has complete discretionary authority, without consulting me/us first, to make all investment decisions to exercise all options for switching between plan investments<sup>1</sup>, to which the value of my Plan(s) is linked.

**I authorise the Company to act upon the investment instructions of the Investment Adviser as if the Investment Adviser was the Planholder.**

I/We agree that the Company shall not be responsible for any loss or liability to the value of the Plan(s) arising from this appointment or from reliance upon the advice given or investment instructions rendered by the Investment Adviser to the Company or for any other action or failure to take action on the part of the Investment Adviser giving rise to any loss in the value of the Plan(s) howsoever. Further, I/we for myself/ ourselves and my/our estate(s) indemnify the Company against all claims, demands and actions against the Company in respect of such loss as aforesaid and all costs and expenses howsoever arising from or in respect of the activities and performance of the Investment Adviser (including but without limitation the cost of defending in any court of law any such claim, demand or action against the Company).

<sup>1</sup> In relation to the term "plan investment" used in this document, in certain territories the terms "ILP sub-fund", "investment option" or "fund" are used. All have the same meaning.

## A WEALTH *of* DIFFERENCE

**Registered Head Office address:** Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Utmost Wealth Solutions is the trading name used by Utmost Worldwide Limited and a number of Utmost companies.

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No. 27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Websites may make reference to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.

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## SECTION B

### Remuneration

I/We have agreed to pay the Investment Adviser a fee at the rate of [%]  of the bid value of my/our plan units<sup>2</sup> to be deducted at the same frequency as the fees of the Plan(s). I/We wish to make a series of withdrawals from the Plan(s) in order to pay the fees and request the Company to effect these withdrawals by cancelling plan units allocated to the Plan(s) and subsequently to pay the fee to the Investment Adviser as my/our agent.

I/We authorise the Company to act upon this authority until I/we revoke this authority in writing.

### SIGNATURE

First Planholder:

Second Planholder (if any):

Date:

d	d	m	m	y	y	y	y
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d	d	m	m	y	y	y	y
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## 2 FOR COMPLETION BY THE INVESTMENT ADVISER

Please write in black ink and use BLOCK CAPITALS

### DECLARATION

On behalf of the 'Investment Adviser' named in Section A above, I have read and understand the conditions outlined above and agree to act in accordance with them.

The capacity in which I will act as Investment Adviser will be (please indicate below, by ticking the appropriate box):

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**Advisory Basis only** (Planholder has selected **Option A1 above**)

I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Planholder(s).

I understand that the Company can only act upon investment instructions that have been signed by the Planholder(s).

My Investment Adviser License Number is

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**Delegated Investment Management Basis** (Planholder has selected **Option A2 above**)

I confirm that I hold the appropriate authorisation enabling me to provide investment instructions to the Company, and that I have the agreement of the Planholder(s) to issue investment instructions on their behalf.

My Investment Adviser License Number is

I confirm that I will comply with all legal and regulatory requirements in the jurisdiction(s) in which I am authorised to provide advice. I confirm that I will notify you of any changes to my authorisation, including any disciplinary action taken against me.

Investment Adviser:

### SIGNATURE

Date:

d	d	m	m	y	y	y	y
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Name of Investment Adviser:

For and on behalf of:

(Name and address of firm)


Telephone No:

Fax No:

E-mail:

<sup>2</sup> For regular premium contracts, where applicable, any "initial units" will not be included in the plan units for the purpose of calculation and payment of the fee. (This note is not applicable to FOCUS Plans.)