

FRENCH EXECUTIVE PORTFOLIO



APPLICATION FORM AND TOP-UP

For individual and joint applicants

THIS DOCUMENT WAS LAST UPDATED IN MAY 2025.

Please confirm with your financial adviser that this is the most up-to-date document for your servicing needs.

USING THE EDITABLE FIELDS?

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

SECTION	PAGE	COMPLETED
A Details of the applicant(s) and life (lives) assured	4	<input type="checkbox"/>
B Premium on the life insurance contract	6	<input type="checkbox"/>
C Investment Strategy	7	<input type="checkbox"/>
D Employment and source of funds	8	<input type="checkbox"/>
E Nomination of beneficiaries	16	<input type="checkbox"/>
F Declaration and application	17	<input type="checkbox"/>
G Verification of customer identity for individual investors - financial adviser/suitable certifier to complete	20	<input type="checkbox"/>
H Declaration and application	22	<input type="checkbox"/>

CUSTOMER ID NUMBER(S)

If known please enter the Customer ID number(s)

Applicant 1

Applicant 2

FINANCIAL ADVISER DETAILS

Utmost PanEurope account reference

Adviser ID

Name of financial adviser

Company name

Address

Telephone number

Fax number

E-mail address

Utmost PanEurope only accepts business introduced by companies which have Terms of Business with us.

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 PanEurope. You are responsible for their actions or omissions.

Please sign and return your completed form to our administration centre at King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU.

All references to **Utmost PanEurope, we, us** and **our** in this application form mean Utmost PanEurope dac, who are the providers of the **French Executive Portfolio**.

LANGUAGE CHOICE

You should not proceed with this application if you are not fluent in the English language and it is not one of the primary languages of your country of birth. If you do not speak and understand English fluently you cannot proceed with this application.

(Veuillez à ne pas continuer ce formulaire de demande si vous n'êtes pas bilingue en anglais et si l'anglais n'est pas l'une des langues officielles de votre pays d'origine. Si vous ne parlez pas ou ne comprenez pas l'anglais couramment, vous ne pouvez pas continuer cette procédure de demande).

DEALING RESTRICTION PERIOD

The period comprising the cancellation period of 30 calendar days described in the Policy Terms plus an additional five days during which your premium at the contract date will remain uninvested.

During the dealing restriction period, you can not:

- i. switch units in your policy;
- ii. send us new instructions changing the underlying assets selected in your application;
- iii. send us instructions to select underlying assets if you didn't include any selected assets in your application;
- iv. request a part surrender of your policy;
- v. request regular withdrawal payments from your policy.

YOUR RIGHT TO CANCEL

You have the right to cancel your French Executive Portfolio and obtain a refund of the initial premium paid to your French Executive Portfolio. You have 30 full calendar days from the date that you receive the email confirming that your policy has been concluded. This e-mail will be sent to the e-mail address stated in this application. Further information on how to cancel can be found in the French Executive Portfolio Policy Terms and on page 19.

TAXATION INFORMATION

Under Automatic Exchange of Information (AEOI) regulations Utmost PanEurope is required to obtain information about an applicant's tax status. To enable us to comply with these regulations, when submitting this application form you must also submit the 'Taxation information and self-certification - for individual investors' for applications by individuals. Completion and submission of a self-certification is mandatory and failure to provide one could result in your Product being reported under AEOI by default. If any of the information contained in the self-certification changes please advise Utmost PanEurope promptly so we can determine if a new self-certification is required.

By ticking the box, I acknowledge that:

- › I am providing Utmost PanEurope with a tax mandate in accordance with French Law.
- › Utmost PanEurope will withhold French Social Tax of 17.2% plus in the first 8 years 12.8% income tax and after 8 years income tax at a rate of 7.5% on partial surrender, regular withdrawal or full surrender.
- › I may have a French tax liability in excess of the amount withheld by Utmost PanEurope and it is my responsibility to settle this with the French tax authorities.
- › I may be able to reclaim some of the tax withheld by Utmost PanEurope and it is my responsibility to do so.
- › The tax rates described above are subject to change by the French government.
- › Utmost PanEurope will not deduct ANY taxes on death.
- › I need to comply with any French tax reporting and payment of taxes. I have discussed these with my financial adviser and understand my obligations, including the timescales and penalties for not complying.

By ticking the box, I acknowledge that:

- › I am NOT providing Utmost PanEurope with a tax mandate and understand that I will be personally liable to pay the tax and report within the timelines required under French Law.
- › I need to comply with any French tax reporting and payment of taxes. I have discussed these with my financial adviser and understand my obligations, including the timescales and penalties for not complying.
- › Utmost PanEurope will not deduct ANY taxes on death.

You need to tick one of the boxes - we cannot process your application without one of the boxes being ticked.

ONLINE SERVICE ACCOUNT ON WEALTH INTERACTIVE

All applicants must have an Online Service Account before the policy can be issued. All applicants will receive an email from us containing a link that lets you activate this service.

Once your policy and your Online Service Account are live, you can sign in to Wealth Interactive whenever you want to review your policy.

When we need to send you communications, such as policy valuations for example, we will generally do this through your Online Service Account, although there will be times when we still need to correspond with you by post.

By ticking the box, I confirm that, all applicants have activated their Online Service Account in line with our Policy Terms. If the box is not ticked, we will not be able to process the application.

COMPLETING THE FORM

To complete this form:

- › use CAPITAL LETTERS only
- › use blue or black ink or complete in editable PDF format
- › specify choices as appropriate
- › complete all relevant sections;
- › do not use correction fluid; any amendments should be crossed out and initialled by the applicant.

Please ensure that you complete all relevant sections. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

Reason for investment
(e.g. saving for retirement)

ADDITIONAL INVESTMENT

If this is an application for an ADDITIONAL PREMIUM, please provide your existing policy number: (you can find this in your policy documentation)

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► Unless your details have changed, you only need to complete the full forename(s) and surname of each policyholder in section A and you must also complete sections A, B, C, D, F and H.

A DETAILS OF THE APPLICANT(S) AND LIFE (LIVES) ASSURED

In this section, please give details of the individual applicants. The applicants must be at least 18 years old and the maximum age is 89.

NOTE

As you are applying for a French Executive Portfolio, you are automatically added as a life assured.

	Applicant 1	Applicant 2 (if any)																
1 Title (✓)	Mr Mrs Miss Other <input type="text"/>	Mr Mrs Miss Other <input type="text"/>																
2 Full forename(s)	<input type="text"/>	<input type="text"/>																
3 Surname	<input type="text"/>	<input type="text"/>																
4 Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes No <input type="text"/>	Yes No <input type="text"/>																
5 Gender	Male Female	Male Female																
6 Date of birth	<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
7 Place of birth	<input type="text"/>	<input type="text"/>																
8 Please list all nationalities/citizenships held	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
9 Passport number/national identity card number	<input type="text"/>	<input type="text"/>																
10 Country of residence	<input type="text"/>	<input type="text"/>																
11 Tax Identification number ("TIN")	<input type="text"/>	<input type="text"/>																
12 Residential address (where you are currently living, we do not accept PO Box or C/O addresses)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
	Postcode <input type="text"/>	Postcode <input type="text"/>																

13 Correspondence address (if different to above)		
	Postcode	Postcode
14 Telephone number including area code (daytime)		
15 Telephone number including area code (evening)		
16 E-mail address (please note each client must have a unique email address. An email address cannot be shared by users on Wealth Interactive.)		

Only complete questions 17 and 18 if you were either born in the US or you are a US citizen and/or resident in the US for tax purposes.

17 I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number (US TIN) is shown in question 11 above.

18 I confirm that I was born in the US (or a US territory) but I am no longer a US citizen.

We will presume that you are not resident in the US for tax purposes if questions 17 and 18 are left blank unless there is indicia which contradicts this.

If you have ticked question 18 you must provide your US loss of nationality certificate.

POLITICALLY EXPOSED PERSON

A politically exposed person (PEP) is someone entrusted with a prominent public function, an immediate family member or a known close associate of such a person. Examples of these are:

- › Heads of government and state
- › Ministers
- › Senior officials in public sector enterprises
- › Members of Parliament or equivalent
- › Civil servants in the judiciary and military
- › Other key public servants

If the applicant(s), or any other party connected to this application either now or in the past, could be classed as a politically exposed person (PEP), or connected with a PEP, please provide details.

If a client is a PEP, or is linked to a PEP, Source of Funds evidence must be provided with the application and funding must come from the applicant's bank account. Due to the increased risk of accepting business from PEPs and the specific regulatory requirements relating to them, Utmost PanEurope will require Source of Wealth information which can be provided using the Source of Wealth Questionnaire, and may also require Source of Wealth evidence.

EXISTING CONTRACTS

Please provide details of any existing Utmost contracts you have or are making payments to (if applicable)

Type of contract		Type of contract	
Policy number		Policy number	

B PREMIUM ON THE LIFE INSURANCE CONTRACT

POLICY CURRENCY

I wish my policy to be valued in (✓) Euro € GBP£ US\$ CHF SEK

Please note if no currency is entered your policy currency will be Euros. THIS IS YOUR POLICY CURRENCY. IT CANNOT BE CHANGED AFTER THE POLICY IS SET UP.

PREMIUM PAYMENT

Currency (✓) Euro € GBP£ US\$ CHF SEK

Premium amount

You will need to transfer your premium to us by electronic bank transfer using the details below.

The premium payment must come from an account in the name of the applicant(s).

All premiums need to be sent to Utmost PanEurope.

NOTE

If you choose a policy currency which is different to the currency in which your premium is paid, we will not convert your premium and you could be exposed to exchange rate fluctuations. For more information please see term 3.1.1 in the Policy Terms.

BANKING DETAILS

STERLING PAYMENTS

Swift code: NWBKGB2LXXX
Sort code: 56-00-68
Bank: National Westminster Bank, Southampton
Beneficiary: Utmost PanEurope dac
IBAN: GB59NWBK56006837519611

OTHER CURRENCY PAYMENTS (SWIFT PAYMENTS)

Payments should be made to Utmost PanEurope dac's accounts held with National Westminster Bank, London.

SWIFT code:*	NWBKGB2LXXX		
Bank:	National Westminster Bank, London		
IBAN:	(select as applicable, see below)		
1. US dollar	IBAN - GB36NWBK60730140501418	3. Swedish krona	IBAN - GB48NWBK60730140501493
2. Euro	IBAN - GB26NWBK60720240501469	4. Swiss franc	IBAN - GB74NWBK60730166004071

* SWIFT is an acronym for Society for Worldwide Interbank Financial Telecommunications.

** IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC/SWIFT).

IMPORTANT

Please make sure that the applicant name and/or policy number is/are quoted in the payment field.

DISCRETIONARY ASSET MANAGEMENT OPTION ONLY

Please indicate below which Discretionary Asset Portfolio you wish the value of your policy be linked to. Please only tick one of the options.

BROOKS MACDONALD INTERNATIONAL	€	£	US\$	RATHBONE GREENBANK INVESTMENTS	€	£	US\$	RATHBONE INVESTMENT LIMITED	€	£	US\$
MPS Fixed Interest				Strategy 1				Strategy 1			
MPS Defensive				Strategy 2				Strategy 2			
MPS Cautious Balanced				Strategy 3				Strategy 3			
MPS Balanced				Strategy 4				Strategy 4			
MPS Growth				Strategy 5				Strategy 5			
MPS High Growth				Strategy 6				Strategy 6			

LGT VESTRA JERSEY LIMITED	€	£	US\$	SMITH & WILLIAMSON INVESTMENT MANAGEMENT (EUROPE) LTD	€	£	US\$	QUILTER CHEVIOT	€	£	US\$
Global Sustainable Low Risk				Strategy 1				DPS Ireland Conservative			
Global Sustainable Medium Risk				Strategy 2				DPS Ireland Income			
Global Sustainable High Risk				Strategy 3				DPS Ireland Balanced			
				Strategy 4				DPS Ireland Growth Strategy			
				Strategy 5				DPS Ireland Equities			
				Strategy 6							
				Strategy 7							

D EMPLOYMENT AND SOURCE OF FUNDS

This section must be completed in all instances.

D1 BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM

The bank account must be in the name of the applicant(s).

If you are making multiple payments, please photocopy this page, attach the details and the reason why multiple payments are being made with this application form and tick here (✓)

Payment amount Payment currency

Bank account holder (name as stated on bank account)

Bank account number/IBAN*

Sort code** (if applicable) - -

SWIFT or BIC code** (if applicable)

Bank name

Bank address

Country	Postcode

How long has this account been held?

		years			months
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Additional information that may be required by the bank

*Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.

**Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN).

D2 EMPLOYMENT DETAILS

	Policyholder 1	Policyholder 2 (if any)																
1 Employment status	<p>Employed</p> <p>Self-employed</p> <p>Retired</p> <p>Unemployed</p> <p>Homemaker</p>	<p>Employed</p> <p>Self-employed</p> <p>Retired</p> <p>Unemployed</p> <p>Homemaker</p>																
2 Date of retirement, unemployment, or becoming a homemaker	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">d</td><td style="width: 15px; text-align: center;">d</td><td style="width: 15px; text-align: center;">m</td><td style="width: 15px; text-align: center;">m</td><td style="width: 15px; text-align: center;">y</td><td style="width: 15px; text-align: center;">y</td><td style="width: 15px; text-align: center;">y</td><td style="width: 15px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">d</td><td style="width: 15px; text-align: center;">d</td><td style="width: 15px; text-align: center;">m</td><td style="width: 15px; text-align: center;">m</td><td style="width: 15px; text-align: center;">y</td><td style="width: 15px; text-align: center;">y</td><td style="width: 15px; text-align: center;">y</td><td style="width: 15px; text-align: center;">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											
3 Occupation																		
4 Last year's annual income/salary	<p>Currency <input style="width: 60px;" type="text"/></p> <p>Amount <input style="width: 60px;" type="text"/></p>	<p>Currency <input style="width: 60px;" type="text"/></p> <p>Amount <input style="width: 60px;" type="text"/></p>																
5 Do you receive income other than from your occupation	<p>Yes No</p>	<p>Yes No</p>																
If "Yes", provide details including the amount and source																		
6 Employer/Business name																		
7 Employer's/Business address																		
	Postcode	Postcode																

Questions 2 and 3, If Retired, Unemployed or a Homemaker please provide your former occupation including role e.g. Director accountancy and include date of retirement, unemployment or becoming a homemaker.

Question 4, Income details are required for Know Your Client and AML requirements and failure to complete will result in a delay in processing the application.

D3 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost PanEurope 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:

All investments are assessed on a case-by-case basis. Independently certified documentary evidence of source of funds may be required in order to proceed with the application.

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.

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

Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>			
Number of years income accumulated	<input type="text"/> <input type="text"/>	years					
Institution holding the funds	<input type="text"/>						
Name of account where earned income accumulated	<input type="text"/>						
Account number	<input type="text"/>						
Bank sort code (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>		
Length of time funds have been in this account	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>	months			
Main occupation during the accumulation period (e.g. Director).	<input type="text"/>						
Industry or business sector	<input type="text"/>						
Main employer's name	<input type="text"/>						
Employer's address	<input type="text"/>						
	<input type="text"/>			<input type="text"/>			
	<input type="text"/>			<input type="text"/>			
Date of commencement of this employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average annual salary over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>			
Average annual bonus over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>			

2. Compensation payment

Name of organisation or individual that paid compensation	<input type="text"/>			
Reason for compensation	<input type="text"/>			
Country where compensation was awarded	<input type="text"/>			
Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>
Date received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Competition win

Name of competition organiser	<input type="text"/>			
Description of competition	<input type="text"/>			
Country where competition was held	<input type="text"/>			
Total amount won	Currency	<input type="text"/>	Amount	<input type="text"/>
Date of win	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Gift

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

5. Inheritance

Deceased's full name

Relationship to Policyholder

Date of death

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.)

Amount received Currency Amount

Date received

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

Details of the activity that generated the amount received

Country inheritance was accumulated in

Solicitor/lawyer's (who dealt with the estate) name

Solicitor/lawyer's firm name

Solicitor/ lawyer's firm address

<input type="text"/>	<input type="text"/>
Postcode	Country

6. Loan

Name of loan provider

Address of loan provider

<input type="text"/>	<input type="text"/>
Postcode	Country

Total amount borrowed Currency Amount

Date of loan

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

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 Section 8 instead.

Name of policy provider

Address of policy provider

Postcode Country

Policyholder's full name

Length of time policy held years months

Amount of the original investment

Details of the activity that generated the original investment

Reason for policy claim or replacement policy (if applicable)

Total amount received Currency Amount

Surrender penalty (if applicable)

Date received

8. Sale of asset portfolio or investment

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

Description of asset portfolio or investment (e.g. government bonds, equities etc.)

Name of the company that held it

Registered address of company

Postcode Country

Account name

Length of time asset portfolio or investment held years months

Amount of the original investment

Details of the activity that generated the original investment

Date of sale

Net amount received Currency Amount

9. Company sale or sale of interest in company

Company name

Industry/business sector

Address of company

Postcode Country

Your connection with the company, for example: owner, partner or shareholder

Date connection with the company began

Average yearly dividend/income from the company over previous three years
 Currency Amount

Date of sale

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 post code if applicable)

Postcode Country

Length of time property owned years months

Source of funds for the original property purchase

Was the property your main residence? Yes No

If "Yes", was an alternative main residence purchased? Yes No

If "Yes", please confirm:
 Purchase price
 Currency Amount

Address of new residence

Postcode Country

Date of sale

Total sale amount Currency Amount

Net amount Policyholder received from sale Currency Amount

11. Other income sources

Description of the activity that generated the funds

Role in relation to above activities

Period over which the activities occurred years months

Country in which the activity occurred

Date received

Proceeds received from the activity Currency Amount

12. Company profits (trading companies only)

Company profits most recent trading year Currency Amount

Company profits prior trading year Currency Amount

E NOMINATION OF BENEFICIARIES

NOTES

It is possible to nominate beneficiaries on your French Executive Portfolio. You can use the nomination form below to nominate one or more beneficiaries to receive the death benefit payable on the death of the relevant life assured. As an alternative you can nominate a beneficiary using a clause bénéficiaire démembrée specific to French law. We have a draft clause bénéficiaire démembrée quasi usufruit, this is available from your financial adviser or on our website.

You should obtain your own independent legal advice to ensure either form of nomination is suitable for your needs and that you understand the implications to you and your estate.

If you nominate more than one person, any benefits of the policy will be divided equally between the beneficiaries. If you wish to specify a percentage based division of the benefits, please use whole numbers and ensure the total is 100%.

I nominate the following to receive the death benefit payable on the death of the relevant life assured.

NAME	ADDRESS	RELATIONSHIP	DATE OF BIRTH	%
			d d m m y y y y	
			d d m m y y y y	
			d d m m y y y y	
			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	
			d d m m y y y y	
			d d m m y y y y	
			d d m m y y y y	
				Total 100 %

SIGNATURE

Applicant 1

Date

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

Applicant 2

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

NOTES

- Should you wish to avoid delays at claim stage we recommend you supply evidence of identity of named beneficiaries. Please provide certified evidence of the identity and address (Identification documentation should be current and valid. Evidence of address should be the latest available, but no more than six months old) and complete the 'know your client' form (available from your financial adviser) for each beneficiary.
- 'Spouse' means the spouse to whom you are married or in a civil partnership with (and not separated from) at the time the death benefit is payable.

F DECLARATION AND APPLICATION

DATA PRIVACY STATEMENT

I understand that Utmost Services Limited, Utmost International Business Services Limited, Utmost Services Ireland Limited, Utmost Administration Limited, Utmost International Isle of Man Limited, Utmost International Trustee Solutions Limited and / or Utmost PanEurope dac (Utmost International) will process personal information about me and any other party whose personal information I have provided.

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

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

The processing of my 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 my 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 relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standards;
- › 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 my 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 would apply.

I may ask Utmost International to:

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

I have been made aware that a full explanation of how Utmost International collects, uses and shares my personal information can be found at www.utmostinternational.com/privacy-statements/

If I have any questions about data privacy I can address these to:

For Utmost PanEurope dac: The Data Protection Officer, Utmost PanEurope dac, Navan Business Park, Athlumney, Co Meath, C15 CCW8, Ireland.

Or email: data.protection@utmost.ie

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: 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 I have a complaint about the processing of my personal information and Utmost International is unable to provide a satisfactory response I may contact the appropriate regulator:

For Utmost PanEurope dac: The Ireland Data Protection Commissioner, Canal House, Station Road, Portlannington, R32 AP23 Co. Laois, Ireland.

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, British Isles, IM1 1ET.

As the Isle of Man is not part of the United Kingdom, our Appointed Representative in the United Kingdom is an establishment of Utmost Services Limited based at Saddlers House, 5th Floor, 44 Gutter Lane, London, EC2V 6BR.

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to Utmost International either in this application or within accompanying documentation.

IMPORTANT INFORMATION

Please read the declaration carefully.

You or your intermediary must inform us immediately if you become aware of any errors in the information provided, for example, your residency status as this may lead in accordance with the provisions L.113-8, L.113-9 and L.132-18 of the French Insurance Code to a situation where either we need to terminate your policy or your policy may be deemed null and void. Where the policy is terminated or deemed null and void, we will pay the surrender value.

You should satisfy yourself that you are able to effect the proposed contract under any taxation, exchange control or insurance law to which you may be subject.

DECLARATION - BY EACH APPLICANT

References to the word 'I' in this declaration refer to each applicant named in this application.

Declaration applicable to all applicants

1. I confirm that I have created and registered for an Online Service Account and understand that this is a condition of the application. I acknowledge that all communication relating to the policy will be provided by post or through the Online Service Account. I may object to the use of electronic means from the conclusion of the contract or at any moment.
2. I request that the premium is invested as I have instructed as an initial premium or additional premium (where applicable) for an Utmost PanEurope French Executive Portfolio and I request Utmost PanEurope to issue the policy in my name, jointly with the other applicants, if applicable;
3. I declare to the best of my knowledge and belief that the statements made in this application, and any related documents, are true and complete.
4. I confirm that Utmost PanEurope has not provided any investment advice. I or my fund adviser or, where I have chosen the discretionary asset management investment strategy, the discretionary asset manager are responsible for the selection of the underlying assets to which the value of the units in my policy are linked. I acknowledge that Utmost PanEurope is not responsible for any loss suffered or reduction in the value of my policy arising from this. Utmost PanEurope does not recommend any underlying assets as a suitable investment selection on my policy.
5. The value of the allocated units will rise and fall in line with changes in the value of the underlying assets and could become valueless. You accept this investment risk when you submit your application for the French Executive Portfolio.
6. I confirm that I am not resident in the United States of America or any of its territories. If I become resident in the United States of America or any of its territories, Utmost PanEurope may not be able to accept any further premiums until after I cease to be a resident in the United States of America or any of its territories.
7. I confirm that I have received a copy of the following items and have had the opportunity to read them before reviewing and signing this application:
 - › Policy Terms (FEP1) which includes the Important Policy Information,
 - › Charges Sheet which details the charges applicable to your policy and you have signed and retained a copy,
 - › Tax note,
 - › Product Brochure,
 - › Investment strategy options brochure,
 - › Asset list,
 - › Key Information Document (KID) for the policy and the relevant asset Key Information Documents (KIDs).
8. Where I choose to change the assets that the value of my policy is linked to, I understand that where applicable I can obtain the KID from the fund provider or through Wealth Interactive.

9. I am aware of the charges payable on the policy, including the charges payable in respect of the investments which the value of my policy is linked. I understand the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and on-going payments (such as commission) made to my financial adviser. These payments could be in addition to any commission payable by the investment provider to the financial adviser in respect of the investments held. I understand that Utmost PanEurope may receive payments in the form of fund manager rebates, from an investment provider in respect of the investments held, and which Utmost PanEurope may share with my financial adviser.
10. The premium detailed in this application and any other premium tendered in respect of this application are derived solely from the source of funding provided and have, where required, been declared to the relevant tax authority in my country of residence for taxation.
11. The application for an Utmost PanEurope policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes I am obliged to pay.

LANGUAGE CHOICE

I hereby confirm by ticking the box that I am fluent in the English Language. I request that the policy and all contractual and non-contractual documentation/correspondence is issued in the English Language.

FRENCH EXECUTIVE PORTFOLIO PRODUCT CHARGES

I hereby confirm by ticking the box, my financial adviser has provided me with a Charges Sheet which details the French Executive Portfolio fund charges that will apply to my policy. Please provide a signed copy of this Charges Sheet with this application form. You should retain an original copy for your records. On acceptance of your application a copy of this Charges Sheet will be available on your Online Service Account.

INVESTMENT MANDATE

Investment Mandate provides details of the aims, objectives and risk tolerance as well as the anticipated time horizon to help the discretionary asset management provide and implement a suitable long-term investment strategy.

1. I confirm that all the information in the investment mandate instruction form (Investment Mandate) is accurate, complete, can be relied upon, and that my investment objectives are as set out in the Investment Mandate. Your financial adviser will supply you with the investment mandate relevant to your chosen portfolio.
2. I understand that I must inform Utmost if the Investment Mandate changes. I understand that Utmost can accept no responsibility for the effects of any delay or failure to inform them of any such change.
3. I understand that the discretionary asset manager may use expressions in their Investment Mandate which suggest that they are providing investment management services to me because it is easier to understand. I understand that I hold units in a life assurance contract and it is these units that are linked to the value of the underlying assets that the discretionary asset manager is managing. I have no legal or beneficial rights to the assets regardless of any wording in the Investment Mandate.

CAN YOU CHANGE YOUR MIND AND CANCEL THE CONTRACT?

You may cancel the policy within 30 full calendar days from the date on which you receive the email to the email address stated in this application confirming your policy has been concluded. The cancellation request shall be made by registered letter with acknowledgement of receipt to Utmost PanEurope dac, Kind Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU or email IOMask@utmostinternational.com. You can use the following templates to draft your letter of cancellations.

Draft template letter to be used for a single policyholder (signed and dated by the policyholder):

"I, undersigned (surname, first name and address of the policyholder) declare that I renounce to the conclusion of my French Executive Portfolio Policy number (_____), that I signed on (_____) and request that you refund me of the total of the sums paid within 30 calendar days from the receipt of this letter".

Draft template letter to be used for two or more policyholders (signed and dated by all policyholder):

"We undersigned (surname, first name and address of each of the policyholder) declare that we renounce to the conclusion of our French Executive Portfolio Policy number (_____), that we signed on (_____) and request that you refund us of the total of the sums paid within 30 calendar days from the receipt of this letter".

This application should be completed by the applicant(s) unless you have asked your financial adviser to complete it.

Did you, the applicant(s), complete this application form (✓) Yes No

If No, did a third party, such as your financial adviser, complete it on your behalf? (✓) Yes No

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

	Applicant 1	Applicant 2																
SIGNATURE																		
Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
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Printed name																		

A copy of this completed application form is available on request. A copy of the policy terms for your application are available here: www.utmostinternational.com

G VERIFICATION OF CUSTOMER IDENTITY FOR INDIVIDUAL INVESTORS - FINANCIAL ADVISER/SUITABLE CERTIFIER TO COMPLETE

THIS SECTION MUST BE COMPLETED IN ALL INSTANCES FOR INDIVIDUAL INVESTORS.

Please note that we will not be able to set the bond live until this section has been completed and you have provided the necessary identification documentation.

Outlined below are the standard minimum requirements. In some circumstances we may need additional information.

We require one document from part A and one from part B. If neither document in part A is available, please provide the reason why and provide two formal documents showing appropriate personal details and verifiable reference numbers from part B. When certifying copies of original documents, the suitable certifier must provide the following:

- › a statement to reflect that it is a true copy of the original
- › their name
- › their signature
- › the date of certification
- › the capacity in which they are certifying the document.

Identification documentation must be current and valid. Evidence of address should be the latest available, but no more than six months old.

Please tick (✓) to indicate the identification you have supplied. If a fund adviser has been appointed we may need to verify the identity of the appointee.

PART A - INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

1. Name			
Capacity			
Type of document (✓)	Passport	National identity card	Photographic driving licence
Document reference			
2. Name			
Capacity			
Type of document (✓)	Passport	National identity card	Photographic driving licence
Document reference			

PART B - INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

These must be less than six months old

1 2

1. A recent utility, rates or council tax bill (mobile/cell phone bills not acceptable)
2. A recent mortgage statement, giving the residential address
3. An extract from the official register of electors
4. A state pension, benefit or other government produced document showing benefit entitlement
5. A recent tax assessment document
6. A recent account statement from bank or credit card (store cards not acceptable)
7. Proof of ownership or rental of the residential address

PART C - FINANCIAL CRIME - RISK RATING

Please refer to the Origin of Wealth guidelines (available from Utmost PanEurope) for information on how to complete the table below.

To prevent financial crime, Irish authorised life companies may adopt a 'risk-based approach' when obtaining evidence of the source of a client's wealth. In order to speed up the application process we have provided you with the table below to allow you to find out your client's risk rating before submitting the application form to us.

We highly recommend that you complete the risk rating as it allows you to determine if you need to enclose further documentary evidence with the application form or not. If we do not receive the necessary documentary evidence with the application form, then it will take longer to process the business.

In order to decide what risk rating applies to your client's investment you need to take into account the following factors:

- a. your client's country of residence
 - b. which country the premium is paid from
- (a) + (b) = total risk rating

Please refer to the 'Origin of Wealth Guidelines' for information on how to complete the table below.

APPLICANT	CLIENT COUNTRY OF RESIDENCE (A)	COUNTRY OF PREMIUM FUNDING (B)	TOTAL RISK RATING

Utmost PanEurope reserves the right to request further documentation if it is felt appropriate.

Please note that each new application, or application for an additional investment, will be reviewed individually.

If you are unsure about a particular application, please contact your Utmost PanEurope business consultant in the first instance, or alternatively contact Utmost PanEurope's International Sales Support team directly on 00353 1 479 3900

H DECLARATION AND APPLICATION

THIS SECTION MUST BE COMPLETED IN ALL INSTANCES.

DECLARATION BY THE FINANCIAL ADVISER/SUITABLE CERTIFIER

PART 1 - WHO HAS MET THE CLIENT

Please complete one of the following:

- I have met my client(s) in person
- I have met my client(s) face-to-face via secure live video stream
- I have not met my client(s) face-to-face

PART 2 - HOW HAS THE CUSTOMER DUE DILIGENCE (CDD) BEEN OBTAINED

Please confirm which items of CDD have been provided and how they were obtained by ticking the relevant boxes:

Please note 'Obtained via a third party who has met the client face to face' also includes via live video stream.

	OBTAINED BY THE ADVISER DIRECTLY FROM THE CLIENT	OBTAINED VIA A THIRD PARTY WHO HAS MET THE CLIENT FACE TO FACE	PROVIDED DIRECT TO UTMOST INT. BY THE CLIENT
<input type="checkbox"/> Valid identity document(s)			
<input type="checkbox"/> Valid proof of residential address			
<input type="checkbox"/> Source of funds			

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

PART 3 - THIRD PARTY DETAILS

If you have confirmed in either Part 1 that you have not met your client face to face or in Part 2 that CDD has been obtained via a third party who has met the client face to face, please provide the following details:

	THIRD PARTY DETAILS 1	THIRD PARTY DETAILS 2
Name of individual(s) that obtained the CDD or met the client face to face		
Date of Birth		
Residential Address		
Registered Company Name		
Registered Company Address		

Where there is more than two third parties involved in obtaining CDD, please contact your Utmost Sales Consultant for further guidance.

PART 4 - FINANCIAL ADVISER DECLARATION

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 verified the contents of the original documents where copies have been enclosed and that they are true copies of the original.

By providing certification for Customer Due Diligence documents where these have been viewed and verified via secure live video stream, you confirm:

1. That the client held their ID beside their face to confirm the document as a true likeness.
2. The other elements of the Customer Due Diligence (CDD) were held up by the clients so I could verify they were a true likeness to those in my possession.
3. That I obtained evidence by retaining a recording of the video meeting or by taking a picture of my client with their CDD for record keeping purposes and to validate my certification. I will provide this to Utmost International upon request.

I confirm that I gave advice concerning this investment to the applicant(s) in (name of country)

on

d	d	m	m	y	y	y	y
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Regulatory body authorisation number (if applicable)

Regulator name

Utmost financial adviser account number

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SIGNATURE

Financial adviser

Full name of financial adviser

Date

d	d	m	m	y	y	y	y
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Financial adviser stamp

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland. Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

UPEQ PR 20562 | 06/25