

# PORTFOLIO BOND

## APPLICATION FORM - TOP-UP



### 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.

It's quicker and easier to submit most applications online using our online service, Wealth Interactive. Simply visit [www.utmostinternational.com](http://www.utmostinternational.com) today.

SECTION	PAGE	COMPLETED
A Product details	2	<input type="checkbox"/>
B Details of the Applicant	3	<input type="checkbox"/>
B1 Corporate/corporate trustee applicant	4	<input type="checkbox"/>
B2 Details of the applicant(s)	5	<input type="checkbox"/>
C Investment details	6	<input type="checkbox"/>
D Asset selection	6	<input type="checkbox"/>
E Source of funds	8	<input type="checkbox"/>
F Source of Funds	9	<input type="checkbox"/>
G Fees and/or commission	15	<input type="checkbox"/>
H Policyholder declaration	16	<input type="checkbox"/>
I Financial adviser declaration	18	<input type="checkbox"/>
J Financial adviser/suitable certifier declaration	19	<input type="checkbox"/>

**Important note:** The product(s) named in this document and to which this document relates is accurate as at December 2021 and is subject to change. To ensure applicability with respect to a product and, if applicable, a related policy, before taking any action, please liaise with your adviser and/or contact us directly.

## A WEALTH *of* DIFFERENCE

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

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C.

Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Tel: +44 (0)1624 655 555 Fax: +44 (0)1624 611 715. Licensed by the Isle of Man Financial Services Authority.

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

Utmost PanEurope dac is regulated by the Central Bank of Ireland. Registered No 311420.

Administration Centre for correspondence: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Tel: +353(0)1 479 3900 Fax: +353 (0)1475 1020.

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.

UWSQ PR 20973 | 10/22

All references to 'Utmost International' in this form are references to Utmost International Isle of Man Limited or Utmost PanEurope dac.

## HOW TO COMPLETE THIS FORM IF YOU CAN'T SUBMIT YOUR APPLICATION ONLINE

This form has been designed so that you can complete it on your computer and ensure you have provided all the correct information in full, reducing the risks of errors and delays. Simply:

- › Complete the editable fields in the form by typing straight into the boxes.
- › Arrange for the application to be signed.
- › Contact our **new business team** with any additional forms or documents for processing [www.utmostinternational.com](http://www.utmostinternational.com).

**We don't recommend completing this form by hand because it increases the chances of errors and missing information which could slow down your application.** If you do choose to complete it by hand, please ensure you complete all relevant sections and choices using capital letters and blue or black ink, and do not use correction fluid. Any amendments should be crossed out and initialled by all applicants. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

## A PRODUCT DETAILS

Please give details of the product you would like to make an additional payment to (✓)

European Collective Investment Bond (ref no E05)

European Portfolio Bond (EPB)

European Executive Investment Bond (ref no E04)

European Portfolio Bond - Redemption (EPBR)

Collective Investment Bond (CIB)

International Portfolio Bond - Life (IPBL)

Collective Redemption Bond (CRB)

International Portfolio Bond - Redemption (IPBR)

Executive Investment Bond (EIB)

International Executive Portfolio - Redemption (IEPR)

Executive Redemption Bond (ERB)

International Executive Portfolio - Life (IEPL)

Bond number

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Reason for investment (for example, saving for retirement)

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**B DETAILS OF THE APPLICANT**

In this section, please give details of the individual applicants, including individual trustees.

► If additional pages are added, each separate page must be initialled by all applicants.

	Applicant 1				Applicant 2 (If any)				
Title (✓)	Mr	Mrs	Miss		Mr	Mrs	Miss		
	Other			<input type="text"/>		Other			<input type="text"/>
Full forename(s)	<input type="text"/>				<input type="text"/>				
Surname	<input type="text"/>				<input type="text"/>				
Maiden name, previous name or alias	<input type="text"/>				<input type="text"/>				

**Only complete the rest of this section if any of the information that we hold is not up to date. You can view our current records by using Wealth Interactive.**

Nationality	<input type="text"/>	<input type="text"/>
Dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
Passport number/national identity card number	<input type="text"/>	<input type="text"/>
Country of habitual residence	<input type="text"/>	<input type="text"/>
Residential address (Where you are currently living. We are unable to accept PO Box or C/O addresses)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
Correspondence address (if left blank we will use your residential address for correspondence)	<input type="text"/>	
	<input type="text"/>	
	Postcode	

Utmost International accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International reserves the right to send correspondence to the Registered office address where regulations require.

Telephone number including area code (daytime)	<input type="text"/>	<input type="text"/>
Telephone number including area code	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>

**B1 CORPORATE/CORPORATE TRUSTEE APPLICANT**

In this section, please give details of the corporate applicant.

**CORPORATE APPLICANT**

Please tick (✓) ☐ Private company ☐ Public company ☐ Other

Corporate name

Contact person

**Only complete the rest of this section if any of the information that we hold is not up to date. You can view our current records by using Wealth Interactive.**

Country of registration

Date of incorporation

Registered office address  
(This information must be provided in full. We are unable to accept PO Boxes and 'care of' addresses)

Correspondence address

Utmost International accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International reserves the right to send correspondence to the Registered office address where regulations require.

Telephone number including area code (daytime)

E-mail address

Corporate website address

Please state the company's main business  
(for example manufacturing or trading company)

**B2 DETAILS OF THE APPLICANT(S)**

**Employment details**

**Applicant 1**

**Applicant 2 (If any)**

**This section must be completed in all instances.**

Please give details of your employer or your own company, if self-employed.

If you have retired or are not currently employed please include details of your previous employer or your own company.

If you have never been employed, please state N/A. Please also enter your final year's salary/income and bonus if any.

Employment status (✓)	Employed	Self Employed	Employed	Self Employed
	Retired	Not Employed	Retired	Not Employed
Occupation (including role eg Director and sector eg Accountancy. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited occupations as confirmed on our Source of Funds and Source of Wealth Guidelines)				
Name of employer or your own company				
Address of employer or your own company				
	Postcode		Postcode	
Country				
Website address of employer or your own company (if any)				
Last year's gross salary/income amount				
Currency (✓)	€	US\$	£	€
	Other (state currency)		Other (state currency)	
Last year's bonus amount (if applicable)				
Currency (✓)	€	US\$	£	€
	Other (state currency)		Other (state currency)	
If you receive income from another source, please provide full details here. (e.g. dividend, investment, rental income including their nature and source)				

## C INVESTMENT DETAILS

The additional amount invested will be the amount shown, reduced by the amount of insurance premium tax or stamp duty payable (if applicable):

Amount to be invested

[illegible]

Please state the currency of your payment (✓)

f

Other

\_\_\_\_\_

PRODUCT	MINIMUM TOP-UP AMOUNT
Collective Investment Bond (CIB)	£2,500 / US\$3,750 / €3750 (or currency equivalent)
Collective Redemption Bond (CRB)	
Executive Investment Bond (EIB)	
Executive Redemption Bond (ERB)	
European Collective Investment Bond (E05)	
European Portfolio Bond (EPB)	
European Portfolio Bond - Redemption (EPBR)	
International Portfolio Bond - Redemption (IPBR)	
International Portfolio Bond - Life (IPBL)	
International Executive Portfolio - Redemption (IEPR)	£5,000 / US\$7,500 / €7500 (or currency equivalent)
International Executive Portfolio - Life (IEPL)	
European Executive Investment Bond (E04)	

## D ASSET SELECTION

Please indicate your investment choice.

Please provide full details of external funds or other assets you have selected.

## OUR DEFAULT CUSTODIAN

Please confirm the value of the overall premium to be allocated to assets held with our default custodian

ASSET IDENTIFIER ISIN	ASSET NAME - PLEASE ENTER NAMES IN FULL	ACCUMULATION/ INCOME UNIT REQUIREMENT (IF APPLICABLE)	SHARE CLASS (IF APPLICABLE FOR A, B OR C)	BASE CURRENCY OF SECURITY/ FUND (E.G. GBP, USD)	INVESTMENT % (WHOLE % NUMBERS ONLY)
					%
					%
					%
					%
					%
					%
					%
					%
					%
				Total	100%

In case we need to clarify the asset choice details above, please provide us with a contact name and telephone number.

Contact name	<input type="text"/>
Daytime telephone number including area code	<input type="text"/>
Evening telephone number including area code	<input type="text"/>
Fax number	<input type="text"/>
E-mail address	<input type="text"/>

If your investment instructions on the previous page are illegible, unclear, relate to an asset which is not normally permitted or if a selected fund is not currently available, we will, in accordance with the Policy Terms, hold the relevant amount in the transaction account awaiting your investment instructions. We are unable to backdate transactions resulting from any delay caused in clarifying your instructions.

Future instructions should be submitted using Wealth Interactive. Alternatively, you can use the 'dealing instructions form', available from your financial adviser, and email to [IOMdealing@utmostinternational.com](mailto:IOMdealing@utmostinternational.com).

#### ASSETS HELD WITH AN AUTHORISED CUSTODIAN.

Some of our products allow assets to be held by an authorised custodian (please see your policy terms and conditions for further details).

- Where you would like the assets linked to this top up to be allocated to an authorised custodian which has already been appointed to your policy, please confirm the name of the authorised custodian in this box:

- If you would like to request the appointment of a new authorised custodian, please confirm the name of the authorised custodian and the amount of the total premium which you would like to be transferred to them:

Name of authorised custodian	<input type="text"/>	Amount	<input type="text"/>
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Please note you must complete an 'Appointing an authorised custodian form' for each additional authorised custodian which you would like to be added and a form for each additional fund adviser you wish to appoint and/or additional discretionary asset manager you wish us to appoint to manage the assets. Your financial adviser will be able to provide you with the forms.

Please tick which form(s) you are enclosing with this application form (✓)

Appointing a Fund Adviser

<https://www.utmostwealthdocs.com/mb/ENjLL1>

Appointing a discretionary asset manager (IoM/Ireland)

<https://www.utmostwealthdocs.com/mb/BkAuKB>

Appointing an authorised custodian:

Products with no Multi-Custodian option

<https://www.utmostwealthdocs.com/mb/CiAjmc>

OR

Multi-Custodian products

<https://www.utmostwealthdocs.com/mb/DqNLoQ>

Letter of authorisation (only required where the Fund Adviser or Discretionary Asset Manager being appointed is not the same entity as the Authorised Custodian)

<https://www.utmostwealthdocs.com/mb/DELtSJ>

**E SOURCE OF FUNDS**

This section must be completed in all instances.

BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM

- The premium payment must come from an account held in the name of the applicant.
- 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	<input type="text"/>	Payment currency	<input type="text"/>
Bank account holder (name as stated on bank account)	<input type="text"/>		
Bank account number/IBAN	<input type="text"/>		
Sort code (if applicable)	<input type="text"/> - <input type="text"/> - <input type="text"/>		
SWIFT or BIC code (if applicable)	<input type="text"/>		
Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>		
How long have you held this account?	<input type="text"/>	years	<input type="text"/>
			months

- › 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).

(If necessary, please continue on a separate piece of paper, which you should sign and attach to this application.)



**F SOURCE OF FUNDS**

ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost International 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:**

Please refer to our [Source of Funds and Source of Wealth Guidelines](#) (for Isle of Man policies) or the [Source of Funds and Source of Wealth Guidelines](#) (for Ireland policies)

PART 1 (FOR ALL QROPS, QNUPS AND SIPP TRUSTEE/COMPANY POLICIES)

**Transfer of pension**

Pension providers name

Pension account number

Pension providers address



Postcode

Pension value

Currency

Amount

Transfer date

d	d	m	m	y	y	y	y
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**Transfer of pension**

Pension providers name

Pension account number

Pension providers address



Postcode

Pension value

Currency

Amount

Transfer date

d	d	m	m	y	y	y	y
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## PART 2 (FOR ALL OTHER POLICIES)

**a. Accumulated Earned 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 funds have been held	<input type="text"/>			
Account number	<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
Nature of business	<input type="text"/>			
Main occupation during the accumulation period (e.g. Director. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited occupations as confirmed in the relevant guidelines document which are noted at the top of this section.	<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"/>			
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"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified  
copy of **one** of the following:

- › Last three month's payslips; **or**
- › Three months of account statements showing declared income being credited; **or**
- › Letter on headed paper from employer confirming last year's annualised earned income; and, where applicable, bonus payment **or**
- › Tax statement e.g. P60 for the UK, IRAS for Singapore etc.; **or**
- › Copy of latest accounts if self-employed

### b. Compensation

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

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified  
copy of **one** of the following:

- › Letter on company headed paper or court order from compensating body validating the information in the application form; **or**,
- › Signed letter on company headed paper from solicitor/ lawyer handling the compensation validating the information in the application form

### c. Competition win

Name of competition organiser	<input type="text"/>
Description of competition	<input type="text"/>
Country competition was held in	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › A signed letter from the organisation providing the proceeds of the win on letter-headed paper confirming name of winner, date of win and value of winnings; **or**
- › Bank statement showing deposit of winnings in clients name and referencing the organisation providing the proceeds of the win; **or**
- › Media coverage of the win showing name of winner, date of win and value of winnings

### d. 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship to applicant	<input type="text"/>
Reason for gift	<input type="text"/>
Description of gift	<input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copies of **all** of the following:

- › A valid identification documentation for the donor (even if it is not coming from their account); **and**
- › Letter from the donor explaining the reason for the gift and source of funds behind the gift; **and**
- › Documentary evidence as to the donor's source of wealth as set out in the Source of Funds and Source of Wealth Guidelines

### e. Inheritance

Deceased's full name	<input type="text"/>								
Relationship to applicant	<input type="text"/>								
Date of death	<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		
Details of the inheritance Tell us about the assets forming the inheritance (eg. cash, property, shares etc.)	<input type="text"/> <input type="text"/>								
Amount received	Currency <input type="text"/> Amount <input type="text"/>								
Date received	<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		
Solicitor/lawyer's (who dealt with the estate) name	<input type="text"/>								
Solicitor/lawyer's firm name	<input type="text"/>								
Solicitor/lawyer's firm address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
	Postcode <input type="text"/>								

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › Grant of probate (with a copy of the will) which must include the value of the estate; **or**
- › The will relating to the inheritance; **or**
- › A signed letter from the regulated solicitor dealing with the estate on letter-headed paper confirming the information supplied in this application

### f. Loan

Name of loan provider	<input type="text"/>								
Address of loan provider	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
	Postcode <input type="text"/>								
Total amount borrowed	Currency <input type="text"/> Amount <input type="text"/>								
Date of loan	<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		

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › A signed letter from the lender on letter-headed paper confirming the name of borrower, amount of loan and date of draw-down; **or**,
- › A loan statement confirming the details provided in this form

### g. Maturing policy/policy claim/replacement policy

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

Name of policy provider	<input type="text"/>
Address of policy provider	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>
Policyholder's full name	<input type="text"/>
Length of time policy held	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months

If the investment/policy being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the investment/policy. Please complete an additional relevant section to confirm this.

Reason for policy claim or replacement policy (if applicable)	<input type="text"/>
Total amount received	Currency <input type="text"/> Amount <input type="text"/>
Surrender penalty (if applicable)	<input type="text"/>
Date received	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y

### h. 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 g instead.

Description of asset portfolio or investment (i.e. 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

We need to understand the Source of Funds immediately prior to the purchase of the portfolio/investment. Please complete the additional relevant section to confirm this. For Isle of Man polices, we only need a further section completed if the portfolio/investment being sold is owned for less than 5 years.

Date of sale	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d d m m y y y y
Net amount received	Currency <input type="text"/> Amount <input type="text"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Letter on company headed paper from previous product provider regarding notification of proceeds of claim under the policy; **or**
- › Closing statement from previous product provider

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Legal sale document; **or**
- › Copy of contract note

**i. Sale of interest in company**

Company name

Business sector	
-----------------	--

Address of company	
	Postcode

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

Date of sale

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

Sale amount	Currency	Amount
1000	USD	1000
2000	USD	2000
3000	USD	3000
4000	USD	4000
5000	USD	5000
6000	USD	6000
7000	USD	7000
8000	USD	8000
9000	USD	9000
10000	USD	10000
11000	USD	11000
12000	USD	12000
13000	USD	13000
14000	USD	14000
15000	USD	15000
16000	USD	16000
17000	USD	17000
18000	USD	18000
19000	USD	19000
20000	USD	20000
21000	USD	21000
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70000	USD	70000
71000	USD	71000
72000	USD	72000
73000	USD	73000
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75000	USD	75000
76000	USD	76000
77000	USD	77000
78000	USD	78000
79000	USD	79000
80000	USD	80000
81000	USD	81000
82000	USD	82000
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88000	USD	88000
89000	USD	89000
90000	USD	90000
91000	USD	91000
92000	USD	92000
93000	USD	93000
94000	USD	94000
95000	USD	95000
96000	USD	96000
97000	USD	97000
98000	USD	98000
99000	USD	99000
100000	USD	100000

Net amount received      Currency  Amount   
The amount you have received  
after any deductions such as  
fees and taxes.

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified  
copy of **one** of the following:

- › Signed letter on company headed paper from solicitor/ lawyer validating the information confirmed in this section of the application form; **or**,
- › Signed letter on company headed paper from regulated accountant validating the information in this section of the application form; **or**,
- › Copy of contract of sale and bank statement in the name of the client showing payment of the proceeds into an account in the name of the applicant; **or**,
- › Copies of media coverage of the sale (if applicable) as supporting evidence that the information is in this section of this application form

**j. Sale of property**

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 

--	--

 years 

--	--

 months

We need to understand the Source of Funds immediately prior to the purchase of the property. Please complete the additional relevant section to confirm this. For Isle of Man polices, we only need a further section completed if the property being sold is owned for less than 5 years.

Date of sale

	Currency	Amount
Total sale amount		

Net amount applicant received from sale    Currency     Amount

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified  
copy of **one** of the following:

- › Signed letter on headed paper from solicitor; or lawyer handling the sale or from regulated accountant; **or**
- › Signed letter on headed paper from estate agent (if applicable); **or**
- › Copy of contract of sale detailing the details included in the application form

**k. Other**

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"/> <input type="text"/> years <input type="text"/> <input type="text"/> months
Proceeds received from the activity	Currency <input type="text"/> Amount <input type="text"/>

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › Appropriate, independent supporting documentation which validates the information provided in this section of the application form; **or**,
- › Signed letter from a person with personal knowledge of the activities described and in a position subject to anti-money laundering regulation, for example a regulated accountant or lawyer

**G FEES AND/OR COMMISSION**

Please complete only one of these sections. If the section is incorrectly completed, we will require further signed confirmation from all policyholders of any changes.

For UK-relevant policies, where adviser charging is facilitated:

**ADVISER FEES**

If any of these fields are left blank, we will take this to mean that you do not want us to facilitate the type of fee

**1. For UK relevant policies: Initial fee (where required)**

Monetary amount  or  % of premium

I wish the initial fee to be paid in the following currency (✓) ☐ £ ☐ US\$ ☐ € ☐ Other (state currency)

Please note: to pay a fee in a chosen currency, we must receive a premium payment in that currency which at least matches the amount of the fee.

We will deduct any initial adviser charges you have specified from the premium amount stated in Section C.

**Ongoing service fee (where required)**

Please be aware that if you confirm an Ongoing Service Fee here and also confirm ongoing Fund Adviser and/or Discretionary Asset Manager fees on the relevant forms, we will set up whatever you request. Please ensure that you only request the fees that you want us to facilitate to reduce duplication

Monetary amount  each year or  % of the value of the International Portfolio Fund each year

Service fees will be paid in the policy currency. Ongoing service fees are paid quarterly by a regular withdrawal from your policy. All amounts should be inclusive of any VAT.

**Please note there may be tax implications. We suggest that you discuss the above with your financial adviser before selecting any option.**

**2. For non-UK policies, where the adviser charging is not facilitated:**

Please enter Allocation Percentage for this bond (if applicable)  % Please enter the Ongoing Service Charge (if applicable)  %

## H POLICYHOLDER DECLARATION

### 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/](http://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: [dataprotection@utmost.ie](mailto:dataprotection@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: [IOM.DPO@Utmostinternational.com](mailto:IOM.DPO@Utmostinternational.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, Portllington, 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.

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## IMPORTANT INFORMATION

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Please read the declaration carefully. Any omission or misstatement of a material fact in this application could affect the payment of benefits under your product. A material fact is one which is likely to influence the assessment and acceptance of the application. If you are uncertain whether a fact is material, you should give full details so that Utmost International can assess its possible significance. If you become aware of such a fact while Utmost International is considering your application, you should notify Utmost International immediately.

Please note: any missing information may delay the processing of the application and investment of the funds.

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## DECLARATION

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References to the word 'I' in this declaration refer to:

1. each applicant named in this application where they are individuals, including where the applicant is a trustee; or
2. each director/authorised signatory on behalf of the Company where the applicant is a company, including where the applicant is a trust company.

### Declaration applicable to all applicants

1. I request that the amount shown in section C (less any insurance premium tax where relevant) be invested as an additional payment for the bond as detailed in section A.
2. I declare that to the best of my knowledge and belief the statements made in this application, and any related documents, are true and complete and that I have not concealed any material fact.
3. I confirm that I am not a resident of the United States of America. If I become resident in the United States of America, Utmost International may not be able to accept any further premiums until after I cease to be a resident in the United States of America.
4. I may wish to invest into professional/non-retail type investment schemes and, if so, I will make sure that I have had the opportunity to read the offering documents for funds of this nature. Where I decide to invest in professional/non-retail type investment schemes, I accept the levels of risk associated with these, including the risk that the investment into such scheme could result in a loss of a significant proportion, or all of the sum invested.
5. I understand that in cases where the asset(s) I have selected is/are not redeemable for a certain period of time, you may not be able to return that part of my additional payment until the end of that period. The description of the funds and/or assets I have chosen will give details if this applies. I may invest immediately into non daily dealing funds with the understanding that in the event of cancellation or requiring early access that:
  - (a) I may not get my money back immediately and payment may be delayed for some time;
  - (b) the institution may impose penalties and therefore I may get back less than I invested, and/or
  - (c) the only way in which to receive value may be through a transfer of the ownership of that asset into the name of the Policyholder.
6. I am aware of the charges payable on my policy, including the charges payable in respect of the investments which may be held within it. 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 International may receive payments in the form of fund manager rebates, from an investment provider in respect of the investments held, and which Utmost International may share with the financial adviser.

7. I confirm that Utmost International has not provided any investment advice and I or my fund adviser or the discretionary asset manager are responsible for the selection of assets to be linked to my Portfolio Fund. I acknowledge that Utmost International is not responsible for any loss suffered or reduction in the value of my Policy arising from my investment. Utmost International does not have any responsibility for the management of the underlying assets chosen and Utmost International does not recommend any asset as a suitable investment.
8. The premium detailed in this application is 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.
9. The application to pay an additional premium to my Utmost International 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.

#### Trustee applicants

I confirm that an investment into an Utmost International bond is within the investment powers available to the trustee(s) under the trust.

#### Corporate applicants

I confirm that investment into the Utmost International bond is within the investment powers available to the director(s) under the constitutional documentation of the company. I confirm that the Company is not in the process of being dissolved, struck off, wound up or terminated.

Please enter the country in which this application form was completed.

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

Did you complete this application form yourself? (✓)

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.

#### SIGNATURE

First or sole policyholder's/trustee's

Second policyholder's/trustee's

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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### I FINANCIAL ADVISER DECLARATION

Financial Adviser

#### SIGNATURE

Full name

Company

Date

d	d	m	m	y	y	y	y
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## J FINANCIAL ADVISER/SUITABLE CERTIFIER DECLARATION

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
Valid identity document(s)			
Valid proof of residential address			
Source of funds			
Source of wealth documents/information			

**Where certification is required, please ensure the following is carried out on each copy document:**

I certify this document as a copy of the document that I have seen through <insert method of communication used> held on <x date> between me and the applicant /policyholder. The document has not been tampered with and I have received the same confirmation from the applicant /policyholder

#### 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 International 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 International financial adviser account number**

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**Financial Adviser**

**SIGNATURE**

Full name of financial adviser

Financial adviser stamp

Date

d	d	m	m	y	y	y	y
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