# DATA CAPTURE



#### 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.

This form is not an application form and will not be accepted as such if sent to us. You must submit this information online.

This form is for financial advisers to gather the necessary information from a client to input new business online for the Collective Investment Bond (CIB), Collective Investment Plan (CIP), Collective Redemption Bond (CRB), Executive Investment Account (EIA), Executive Investment Bond (EIB), Executive Investment Plan (EIP), Executive Redemption Bond (ERB), Flexible Investment Account (FIA), Investment Account (IA) and Wealth Management Plan (WMP) on Wealth Interactive.

#### NOTE

Please check with the regional office for the products available in the relevant jurisdiction.

Mandatory information is denoted by \*. If any of this information is missing, you will not be able to complete the online process.

Items preceded by # denote information that is dependent on the options that have been selected and will not be required in all cases.

There are two stages on Wealth Interactive:

> Section A - Creating a new client

(Applicable for Singapore only)

> Section B - Creating a new investment (opening an account)

#### A INFORMATION REQUIRED TO 'CREATE A NEW CLIENT'

If there are any further policyholders please photocopy section A.

## \*Title (✓) Mr Mrs Miss Other \*First name Middle name(s) \*Surname \*Previous name or alias (if any, e.g. maiden or unmarried name) \*Date of birth \*Gender (✓) Male Female (dd/mm/yyyy) \*Nationality Dual Nationality (if any) \*Country of residence \*Assigned adviser \*Product Company Utmost International Isle of Man Limited/Utmost International Isle of Man Limited Singapore Branch \* National Registration Identity Card (NRIC)

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2 ADDRESS AND CONT	ACT DETAILS		
*Residential address			
	Country	Postcode	
PROFESSIONAL INVESTO	R (PI) STATUS (APPLICAB	LE TO HONG KONG	(HK) ONLY)
#If this is a HK relevant business, please indicate client status:	Non Pl	PI (CIP and EIP applicants	must have PI status)
*CORRESPONDENCE ADD	RESS	NEW CORRESPO	NDENCE ADDRESS
Same as residential address	New correspondence address		
		Country	Postcode
CLIENT'S CONTACT DETA	AILS (PLEASE ENSURE YO	U PROVIDE THE CO	UNTRY DIAL CODE)
*Telephone number	( )	# Mobile number (must fill in for Singapore)	)
*Email address			
IDENTIFICATION DETAILS	S		
*Place of birth		*Country of birth	
*ID type			
	(Where applicable for Hong Kon residents, please provide the Ho requirement. For applicants who provide the Hong Kong identity	ng Kong identity card deta are not Hong Kong perma	ils as a minimum nent residents, please
*ID number		*ID country of issue	
*ID expiry date (only if passport used)	d d m m y y y y		

# \* Please indicate the client's employment status. Self employed **Employment status Employed** Retired Never employed Not currently employed Where your client is employed and self employed please fill in the current details; for retired and not currently employed, please fill in previous occupation's details. Occupation Employer's name Employer's address (full address) Country Phone number Fax number Email address Employer's web address SALARY INFORMATION \*Annual salary or last known salary Currency Amount Bonus (if any) Currency **Amount** \*Country of residence for taxation \*Tax reference number # Resident for taxation in Yes (please provide the additional information in the above boxes) No more than one country \*Ownership type Single applicant Joint applicant Single trustee applicant (choose from) Joint trustee applicant Corporate applicant Corporate trust applicant

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Please check with the regional office for the ownership types available for different products.

POLICY PREFERENCES							
#Lead Policyholder (for a joint policy, please indicate the lead policyholder's name) *Assigned adviser							
*Product							
*Policy currency							
CUSTODIANS (NOT APPLIC	CABLE TO WMP)						
# Please select either one from the c	ption below:						
Assets held by the default cust	todian for Utmost Inter	national					
One authorised custodian to h	old assets (Please com	plete Utmost In	ternational to appoi	nt an authorised cu	stodian form)		
1 PREMIUM DETAILS							
*Premium type Lump sum amount	Lump sum		And/Or Asset transfer amount				
For Portfolio Bond *Charge package code							
For WMP							
WMP Standard amount							
*Please select the Establishment Charge Period	1 year	2 year	3 year	4 year			
For FIA							
*Please select one of the charging st	tructures						
Spread cost							
Initial Commission of	(0-7%, the percentag multiple of 0.25%)	e must be a	Establishme (1 - 8 years)	ent Charge Period			
Initial charge							
Initial Commission of							
Waive Commission %	(Applicable to all prod	ducts)					
#If you have been granted permission please enter the % that you wish to we			re default will be use	ed.			
* Ongoing service charge	% (0-1.5%, not app	olicable for Ho	ng Kong)				

2 SELECT A	ASSETS AND	BUY AMOUNT	S													
# Skip this step?															Yes	No
You can skip this st	tep and the mone	y will be placed in	the T	rans	actic	on A	ссо	unt f	for i	nves	sting	g at a	a lat	er d	ate.	
You will be able to (available for certa		shed portfolio														
# Portfolio name																
Or																
# List of assets (for WMP - must be SFC approved Tier 1	ASSET NAME		ISIN						% OF CONTRIB UNIT/AM	N/						
assets)																
3 APPLICAT	TION DETAIL	S														
*Country of advice	•															
*Is this a replaceme (Applicable to Sing															Yes	No
*Number of policie	es															
(It will be issued ba	ased on the defau	It number of polici	ies of	the	prod	duct	if yo	ou h	ave	not	ente	erec	lan	iumk	ber)	
*Correspondence	Address (if differe	ent from policyholo	der(s)'	ado	lress	s.)										
Applicant 1		Applicant 2														
New corresp	ondence address	;														
Country					Pos	stco	de									
(# Full address plus	s postcode and co	ountry required)														
REPLACEMEN	T OF LIFE PC	LICIES (APPL	.ICA	BLE	Ξ Τ(	) H	101	٧G	ΚO	NG	6 0	ΝL	Υ)			
*Has your client replaced in the last 12 months, any or substantial part of their existing life insurance policy(ies) with this proposal?							Yes	No								
*Does your client intend to replace in the next 12 months any substantial part of their existing policy(ies) with the proposal?						Yes	No									
*If 'Yes' has been s	elected, a Custon	ner Protection Dec	laratio	on fo	rm i	s re	quir	ed.								

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FUND/INVESTMENT ADVI	SER APPOINTMENT				
The fund/investment adviser has to advice.	hold relevant authorisation	in offering the dis	scretionary serv	vice or non-discre	tionary
*Is the assigned adviser also the fundadviser?		If 'Yes' is selected, form is required to			No
What is the basis of the fund/investment advice?	Non-Discretionary	Discretion	ary Investment	Manager (DIM) [	Discretionary
You will be able to enter a fund adv	riser payment fixed amount	or	%	per annum, base value at end of p quarter	
REGULAR WITHDRAWALS					
*Regular Withdrawal				Yes	No
NOTE: for the WMP and FIA, regula #Withdrawal type Withdrawal currency	ar withdrawals should be set	t up only if no reg	ular premium a	rrangement is in	place.
Percentage % per an	num of premium invested <b>C</b>	<b>)R</b> Fixed annual ar	mount		
Description	Income	Trustee Fees			
Frequency:	Annually	Monthly	Half-	/early	Quarterly
Please state the start date for monthly withdrawal # Withdrawn from (*) Transaction Account	d d m m y y y	У		Yes	No
OR # Specify the nominated asset (only available if section 2 has been completed)	ASSET NAME		% OF EACH WITHDRAWA	ASSET FOR REG	GULAR
Enter banking details for regular wi	thdrawal payments:				
#Bank Details					
Swift Code/ BIC Code/UK Sort Code			IBAN		
Currency					
Account number					
Account held for	years	months			
Remittance details					

LIVES ASSURED (FOR	ERB AND CR	B, THIS SEC	TION IS N	NOT REQUI	RED)		
*Is the policyholder(s) the life	assured?					Yes	No
If 'Yes', please indicate who is	the life assured	Policyh	older 1	Policyholde	er 2		
# If 'No', please detail name a will need the same information					an one additi	onal life assur	ed, we
# Title			# Full	forename(s)			
# Surname			# Previous r	name or alias			
# Relationship to first applicant	Spouse	Child	Financia	al dependent			
	Other						
# Date of birth (dd/mm/yyyy)	d d m m y	у у у					
# Gender (✔)	Male	Female					
# Residential address, including postcode and country:							
	Country			Postcode			
# Nationality							
#National Registration Identity Card (NRIC) (Applicable for Singapore only)							
REASON FOR INVEST	MENT						
*Reason for investment							
Diversification							
Inheritance Planning							
Retirement							
Succession planning							
Wealth protection/accu	ımulation						
Other							

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4 SOURCE OF FUNDS	
BANK DETAILS OF WHERE	FUNDS ARE BEING REMITTED FROM
*Currency	*Amount
*Account Name	
# UK Sort code	IBAN
# SWIFT or BIC Code	
*Account number	
Bank State Branch (BSB)	
*Account held for	years months
Remittance details	
ACTIVITY WHICH GENERA	TED AMOUNT TO BE INVESTED
	and source of wealth guidelines for full details of our requirements for evidencing the below, please detail in the free text box the relevant information needed:
	me and address of employer, occupation, details of annual salary, bonuses and fees, details ccumulated, date employment commenced, nature of company business, date of last
	e and address of the company, nature of business, connection to the company, currency of sale, net amount received from sale.
	ne and address of company that held the shares, name of the person who held the shares/ (if applicable), description of shares or investments, length of time shares held, currency of sale.
> Sale of Property: Address of property	erty sold, total sale amount and currency, date of sale, amount received from the sale.
Inheritance: Donor's name, relation inheritance, currency and amount re	nship of client to the donor and date of donor's death, details of the assets forming the eceived, date received.
Gift: Name of the person who gave received with currency, date received	e the gift, relationship to the donor, reason for the gift, description of the gift, total amount ed.
Competition or Gambling Win: The winnings and currency, date of winnings are currency.	ne name of the organisation providing the winnings, how was the money won, amount of nings received.
	<b>ment:</b> Reason for policy claim or replacement policy, name of company or provider s) who held the policy, total amount and currency received, surrender penalty (if any), date l.
Compensation: Who paid the com	pensation, reason for compensation, total amount and currency received, date received.
> Loan: Name and address of loan p	rovide, reason for loan, total amount and currency borrowed, date of the loan.
	ng the wealth, role in relation to the above activities, period over which the activities by of proceeds generated over the period from the activities, date proceeds received.

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#### DECLARE AND LIPLOAD

# SUITABILITY DECLARATION (BASED ON CLIENT'S ANSWER IN THE IMPORTANT FACTS STATEMENT APPLICABLE TO HONG KONG ONLY)

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### DOCUMENT UPLOAD CHECKLIST

В

You will need to upload a scanned image (OR copy) of the certified true copy of the original (applicable to HK) and the following forms.

For Hong Kong	For Singapore	For others
Proof of identification	Proof of identification	Proof of identification
Proof of residential address	Proof of residential address	Proof of residential address
Important Facts Statement and Replacement Declaration (Original copy to be sent to QINT)	Appointment of fund adviser form (if applicable)	Appointment of fund adviser form (if applicable)
Customer Protection Declaration		Charging Structure (if applicable)
(if replacing a life policy)		Taxation document (if applicable)
Signed personalised illustration		
PI Declaration (applicable to CIP and EIP only)		
Financial Needs Analysis and Risk Profile Questionnaire (the agreed template/pack as cleared by us)		
Affordability Declaration (if any applicant is aged 60 or above)		
Appointment of fund adviser form (if applicable)		
Charging Structure (applicable to EIP and CIP only)		
Taxation document (if applicable)		

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POLICYHOLDERS (APPLIC	ABLE TO SINGAPORE ONLY	)
	Policyholder 1	Policyholder 2 (if any)
Name		
	Ordinarily resident	Ordinarily resident
	Not ordinarily resident - Evidence	Not ordinarily resident – Evidence
	Not ordinarily resident - No evidence	Not ordinarily resident - No evidence
	Not ordinarily resident - Not Singapore citizen	Not ordinarily resident - Not Singapore citizen
	Policyholder 3 (if any)	Policyholder 4 (if any)
Name		
	Ordinarily resident	Ordinarily resident
	Not ordinarily resident - Evidence	Not ordinarily resident - Evidence
	Not ordinarily resident - No evidence	Not ordinarily resident – No evidence
	Not ordinarily resident - Not Singapore citizen	Not ordinarily resident - Not Singapore citizen

### APPLICANT ACCREDITED INVESTOR DECLARATION (APPLICABLE TO SINGAPORE ONLY)

# Is the applicant an Accredited Investor?

Yes

No

# A WEALTH of DIFFERENCE

www.utmost international.com

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

Utmost Wealth Solutions is the registered business name of Utmost International Isle of Man Limited Singapore Branch. Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909. Tel: +65 6216 7990 Fax: +65 6216 7999.

Registered in Singapore Number T08FC7158E. Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Utmost International Hong Kong Office: Unit 2402C, Great Eagle Centre, 23 Harbour Road, Wanchai, Hong Kong. Tel: +852 3552 5888 Fax: +852 3552 5889. Authorised by the Insurance Authority of Hong Kong to carry on long-term business.

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