

SOURCE OF FUNDS QUESTIONNAIRE

Plan number: _____

We are required by law to obtain information regarding the source of funds and wealth of each planholder and may require this information to be verified or periodically updated on request.

The planholder should complete this form. The relevant declarations must be signed by the planholder and the Financial Adviser where applicable. Please continue on a separate sheet(s) if required.

Please complete a copy of this questionnaire for each planholder.

Planholder name: _____	
1. How and when were you introduced to the Financial Adviser? (specify month and year): _____ _____	
2. Are there any other parties indirectly involved with this plan, e.g. lender?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you making any concurrent financial investments elsewhere?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to either of the above, please give details: _____ _____ _____	

Bank Details

4. Please specify the bank account details from which the premium are paid:	
Bank name & address: _____ _____	
Account name: _____	
Account Number / IBAN: _____	
Swift / BIC code: _____	Years account held: _____

Employment Details

5. Employment status: Employed <input type="checkbox"/> Self-employed / Business owner <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/>			
6. Occupation of planholder (if retired, please state former occupation): _____			
7. Nature of employment and position held: _____			
8. If you are Self-employed / Business Owner, state percentage of business owned: _____ (Please provide supporting documentation as proof)			
9. Name and address of Employer / Business: _____			
10. Employer / Business website address: _____			
11. Length of service with current Employer / Business: _____			
If less than 18 months, please give provide previous employment details: _____ _____ _____ _____ _____			

Income Details

12. Please specify from the list below the source(s) of annual income:

Annual income: currency: _____ amount: _____

Bonus income: currency: _____ amount: _____

Rental income: currency: _____ amount: _____

Investment income: currency: _____ amount: _____

Pension income: currency: _____ amount: _____

Other income (please specify): _____

Benefits in kind (e.g. housing allowance, education, travel, etc.): _____

Total annual income: _____ currency: _____ amount: _____

Source of Wealth

13. Please confirm the planholder's estimated net worth? _____

What are the main components of that wealth? _____

14. Please state how the source of wealth for this investment has been raised if other than annual income.

(i) Gift or inheritance? Yes No

(ii) The disposal of a business or other asset? Yes No

(iii) Other? Yes No

If Yes to any of the above, please provide details and attach supporting documentation as proof:

*You may be requested to provide additional information and documentation at our discretion.

Planholder Declaration

— I declare that, to the best of my knowledge and belief, all the information above is true, correct and complete; and

— I confirm that the monies being used to fund the premium are derived from legitimate activities

Signature of planholder*: _____

Date:

*If the planholder is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

Financial Adviser Declaration

- I declare that, to the best of my knowledge and belief, the planholder is of good repute and the information given in this Source of Funds Questionnaire is true and complete;
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the premium are obtained from legitimate activities;
- I confirm that client fact-find forms have been duly completed;
- I confirm that I have not made any changes to this Source of Funds Questionnaire after signature by the planholder.

Signature of the Financial Adviser:

Date:

Financial Adviser name (printed in BLOCK CAPITALS): _____

A WEALTH *of* DIFFERENCE

Utmost Worldwide Limited, Singapore Branch: 6 Battery Road #16-02, Singapore 049909.

Registered in Singapore as a Branch of a Foreign Company - Number T10FC0110K. Licensed by the Monetary Authority of Singapore as a direct insurer to carry on life business in Singapore.

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

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

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

UWWS PR 00023 | 01/24

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