

DISCOUNTED GIFT TRUST APPLICATION

SUPPLEMENTARY APPLICATION FORM TO CONVERT AN EXISTING EVOLUTION BOND

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Limited.

IMPORTANT NOTES

This form can only be used with Utmost Evolution bonds issued on a capital redemption basis at least 12 months ago. This application form cannot be used to establish an Estate Planning Bond.

This form is a request to Utmost to convert your existing bond into a Discounted Gift Trust. It includes a questionnaire to gather the medical information we need to start initial underwriting. It also enables you to confirm the level of withdrawals you wish to take from the bond during your lifetime. Please remember you will also need to complete the appropriate **Discounted Gift Trust deed** and submit this to us before the bond is converted.

Your financial adviser will also be able to provide you with any relevant supporting literature in relation to your individual circumstances. Some of the existing Policy Conditions of your bond will be changed and the policy endorsed accordingly.

ELIGIBILITY

The Discounted Gift Trust is **not** available on either a joint or single basis, for any applicant who is:

- › naturally aged 95 or over, or
- › rated to be aged 95 or over after underwriting.

Please speak to your financial adviser for more details.

We assume that you are UK tax resident for tax purposes and UK domiciled on conversion of this bond.

SETTLING YOUR BOND INTO A DISCOUNTED GIFT TRUST

Please remember the following:

- › You as the current policyholder will be the Settlor of the Discounted Gift Trust.
- › Some Policy Conditions will change. These changes mean it will **not** be possible to surrender the bond or assign it out of trust during your lifetime.
- › You will receive the regular withdrawals specified, but it will **not** be possible to stop, or vary these withdrawals during your lifetime.
- › You will **no longer** have access to the capital you originally invested.
- › You will **not** be able to add any further premiums to the bond.
- › Ownership of the bond will be transferred to your appointed Trustees of the Discounted Gift Trust.

The Discounted Gift Trust is designed to mitigate UK Inheritance Tax. It is unlikely to be effective in mitigating death duties imposed by other countries. You need to satisfy yourselves that, under any taxation, exchange control or any other legislation to which you may be subject, you can establish this Trust. If this supplementary application is to be signed under a Power of Attorney, please obtain details of our requirements from our Welcome team before you proceed.

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions is the trading name used by a number of Utmost companies. Utmost Trustee Solutions is the trading name used by Utmost Trustee Solutions Limited. This item has been issued by: Utmost Limited.

The following companies are registered in the Isle of Man: Utmost Limited (No 056473C), Utmost Administration Limited (No 109218C) and Utmost Trustee Solutions Limited (No 106739C), which are regulated or licenced by the Isle of Man Financial Services Authority. Utmost Services Limited (No 059248C) is not regulated. Each of the above companies has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL British Isles.

The following companies are registered in Ireland: Utmost Ireland dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registered number is 303257 and it has its registered office at: Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland. Utmost PanEurope dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registration number is 311420 and it has its registered office at: Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Its FCA number is 426350. Both companies are authorised by the Financial Conduct Authority in the UK for Conduct of Business Rules.

HOW TO COMPLETE THIS FORM

Please complete this form using **black or blue ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Please do not use correction fluid.**

› **Policyholders** will need to sign page 12 in all cases.

SIGNATURE This symbol highlights the signature sections within this form which need to be signed by the policyholders.

In this form words in the singular shall include the plural and vice versa.

IDENTIFICATION REQUIREMENTS

Under Isle of Man Anti-Money Laundering regulations, we are required to verify the identity and address of each applicant and all trustees (including any additional trustees). We have a separate document for corporate trustee identification which is available on request from us. We also need the full names, date of birth, address, and nationality of all other parties to the trust (for example, any named beneficiaries).

IMPORTANT INFORMATION ABOUT THIS CONTRACT

When submitting this application please ensure that your trustees complete a **Tax Information Exchange Pack for Entities**. Also, if you are placing the bond into an absolute trust you must complete the **Tax Information Exchange for Individuals** on behalf of every beneficiary.

The contract could be invalidated by any failure to disclose facts which might influence our assessment of this application. If you have any doubt as to whether a fact is relevant then you should disclose it. Any additional information should be detailed in the Notes section at the back of this application form, dated and signed by all applicants.

WHAT TO DO NEXT

Using the checklist on the final page, please ensure you have completed all of the relevant sections and that you have attached any supporting documents to submit.


Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Limited at the following address: **Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.**


A POLICY NUMBER


1 Existing policy number


B POLICYHOLDER DETAILS

| | Policyholder 1 | Policyholder 2 |
|--|----------------------|----------------------|
| 1 Title (Mr, Mrs, Miss or Other) | <input type="text"/> | <input type="text"/> |
| 2 Surname | <input type="text"/> | <input type="text"/> |
| 3 Maiden name or any previous names (if applicable) | <input type="text"/> | <input type="text"/> |
| 4 Forenames (in full) | <input type="text"/> | <input type="text"/> |
| 5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) | <input type="text"/> | <input type="text"/> |
| Postcode | <input type="text"/> | <input type="text"/> |
| 6 Date of birth | <input type="text"/> | <input type="text"/> |
| 7 Country of birth | <input type="text"/> | <input type="text"/> |
| 8 Nationality | <input type="text"/> | <input type="text"/> |
| 9 Telephone number (including international dialling code) | <input type="text"/> | <input type="text"/> |
| 10 Email address | <input type="text"/> | <input type="text"/> |
| 11 Country/Countries of tax residency | <input type="text"/> | <input type="text"/> |
| 12 What is the relationship of the first policyholder to the second policyholder? (if applicable) e.g. spouse or civil partner | <input type="text"/> | <input type="text"/> |
| 13 Trustees' correspondence address | <input type="text"/> | <input type="text"/> |
| Postcode | <input type="text"/> | <input type="text"/> |
| 14 National Insurance (NI) number | <input type="text"/> | <input type="text"/> |
| 15 US Tax Identification Number (T.I.N) | <input type="text"/> | <input type="text"/> |
| 16 Other tax reference number(s) | <input type="text"/> | <input type="text"/> |

Please complete this section for both policyholders, if this is a joint case. 

ONLY complete this section if you are a UK tax resident. 

ONLY complete this section if you are a US tax resident. 

ONLY complete this section if you are **NOT** a US or UK tax resident. 

C POLICYHOLDER MEDICAL DETAILS

Please ensure you answer each question fully. If you are in any doubt if certain information should be provided you are strongly advised to disclose it. Any missing information may delay an underwriting decision. You have a duty to give clear, frank and honest answers to all questions posed and that any misstatements could have a detrimental effect on the future Inheritance Tax benefits available to your estate.

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test result you have had. However, **you must** tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

| | Policyholder 1 | Policyholder 2 |
|---|---|---|
| 1 Height (without shoes) | <input type="text"/> ft <input type="text"/> ins <input type="text"/> cm | <input type="text"/> ft <input type="text"/> ins <input type="text"/> cm |
| 2 Weight (in normal indoor clothing) | <input type="text"/> st <input type="text"/> lbs <input type="text"/> Kg | <input type="text"/> st <input type="text"/> lbs <input type="text"/> Kg |
| 3 Has your weight increased or decreased by more than 1 stone (6Kg) in the last 6 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 Have you smoked OR used tobacco OR nicotine replacement products in the past 12 months? (Please provide details of amounts per day) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> |
| 5 Do you drink alcohol? If yes, please provide the number of units per week Has your consumption been greater than this in the last five years? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Units <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Units <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Please provide us with the full name, address and postcode of your doctor. A report is required from your doctor and if the full address is not given it may result in a delay in assessment. Postcode | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> |
| a) Telephone number (including international dialling code) | <input type="text"/> | <input type="text"/> |
| b) Fax number (including international dialling code) | <input type="text"/> | <input type="text"/> |

This question must be answered.



Please ensure you answer all the below questions by ticking all the appropriate boxes to questions 7 to 14 and provide further details in Section D if you have answered 'yes' to any of the questions.

| | Policyholder 1 | | Policyholder 2 | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 7 Have you ever been advised to reduce or stop alcohol or smoking on health grounds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 Do you, or do you intend to, take part in any hazardous sport, activity, pastime or event that involves hazard or risk of injury? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 Have you suffered, or are you suffering, from any major illnesses such as cancer (whether benign or malignant), leukaemia, Hodgkin's disease or lymphoma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 Have you suffered, or are suffering, from heart disease including high blood pressure, angina, heart attack, heart defects, valve disorders or irregular heart beat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 Have you suffered, or are you suffering, from a stroke, "mini stroke", transient ischaemic attack (TIA) or brain haemorrhages? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Have you suffered, or are suffering, from Alzheimer's disease or other forms of dementia, multiple sclerosis, Parkinson's disease, paralysis or paraplegia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 In the last 5 years have you had any of the following? | | | | |
| a) Diabetes, a blood disorder or any hormone disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Kidney disease, bladder disorder or urinary disorder, prostate disorder (males only)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Any mental illness including anxiety, depression, stress for which you have sought medical advice, attempted self-harm or overdose? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Any liver or intestinal disorder including hepatitis, haemachromatosis, Crohn's disease, ulcerative colitis or diverticulitis. If yes, please provide details | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Any condition, disease or disorder that you have not mentioned above? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14 Current health Do you have any signs or symptoms of ill health, disability or memory loss/dysfunction for which you have not yet consulted a medical practitioner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |


D ADDITIONAL INFORMATION

Please disclose full details, including the nature and date of illness/injury, the treatment given and the name, address and telephone number of the doctor consulted.

Policyholder 1

Policyholder 2

| | |
|--------------------------------------|--------------------------------------|
| Question No <input type="checkbox"/> | Question No <input type="checkbox"/> |
| | |
| Question No <input type="checkbox"/> | Question No <input type="checkbox"/> |
| | |
| Question No <input type="checkbox"/> | Question No <input type="checkbox"/> |
| | |

Please provide us with more details, if you have answered 'yes' to any of the questions 7 to 14 on the previous page. 

Policyholder 1

Policyholder 2

| | |
|----------------------------------|----------------------------------|
| Question No <input type="text"/> | Question No <input type="text"/> |
| | |
| Question No <input type="text"/> | Question No <input type="text"/> |
| | |
| Question No <input type="text"/> | Question No <input type="text"/> |
| | |
| Question No <input type="text"/> | Question No <input type="text"/> |
| | |

E REGULAR 'INCOME' WITHDRAWALS (must be completed in all cases)

Please complete this section to confirm the level of 'income' payments from the bond which are to be paid to you after the trust is established. It is important to state the percentage as a fraction of the original premium rather than as percentage of the current value of the bond.

Any withdrawals taken from the policy to date will affect the tax-deferred entitlement available to you after the trust is established and you should discuss this with your adviser before you determine the level of withdrawals required.

Please remember when choosing the level of your 'income' (or continuing your current level of 'income') that any ongoing or ad hoc adviser charging payments paid to your financial adviser that are taken from the bond, will count towards the 5% annual tax-deferred withdrawal entitlement. Where requested, VAT can be added automatically (at the applicable rate) to payments for advice taken from the bond. Should the VAT rate change you should be aware that we are only able to apply the VAT rate applicable at the date we make the adviser charge payment and not at the date of any invoice raised by your adviser. Therefore, to avoid any VAT rate differences, the date of any invoice raised by your adviser should align with the payment date. Should such differences arise, any under or overpayments must be resolved between you and your adviser. Please speak to your financial adviser for more information.

IMPORTANT INFORMATION

Please see the **Discounted Gift Trust Conversion Guide** for maximum levels of 'income' allowed.

Minimum £200 per payment.

Regular withdrawals will be taken equally across all policy segments.

1 Amount required as 'income' % per annum (of original premium(s))

2 Rate of increase in 'income' payment (optional) if increasing in line with RPI please write RPI in the box

3 Frequency Yearly Half-yearly Quarterly Monthly

4 Payment to start

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

 As soon as possible

Please note that the amount, frequency and any rate of increase, as chosen above, cannot be changed during your lifetime. Please refer to the **Discounted Gift Trust Conversion Guide** for more information.

The earliest the first withdrawal can be taken is 30 days following the creation of the trust.

Payment method will be BACS transfer for sterling payments to UK clearing banks only or telegraphic transfer for banks outside the UK. A charge will be levied by our bankers for each telegraphic transfer payment which will be deducted from the value of the bond.

PLEASE PROVIDE DETAILS OF THE ACCOUNT TO WHICH YOUR PAYMENTS SHOULD BE SENT:

BANK/BUILDING SOCIETY DETAILS

1 Account name

2 Account Number
(for BACS payments this must be 8 digits)

3 Bank sort code - - (must be 6 digits)

4 Building Society roll number
(if applicable)

5 Bank BIC/Swift code
(required for all banks outside the UK)

6 IBAN number
(required for all bank accounts to the EU)

7 Bank/Building Society name

8 Address

Postcode

9 Telephone number
(including international dialling code)

10 How long has the account been held? Years

Please note that we cannot make payments to third parties. Payments must be sent to the Settlor of the Trust.

F ACCESS TO MEDICAL RECORDS

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 and equivalent legislation. Your rights under the legislation are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following.

› Your current health.

- Any care, medication or treatment you are currently receiving.
- The results of referrals or tests you are waiting for.

› Any time off work in the last three years.

› Your past health.

Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your doctor or any other medical adviser, therapist or counsellor, in particular whether you have a history of:

- malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
- musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
- anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
- suicidal thoughts or attempts at suicide; or
- conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations;
- any blood pressure readings in the last three years;
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health will enable us to assess life expectancy in respect of a valuation certificate we issue for Inheritance Tax purposes.

If you have any questions about your rights under the legislation or questions relating to the process of getting, assessing or storing medical information, please write to: **Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL.**

G DECLARATION

Please read this section carefully before you sign it as it affects your rights and creates a legally binding agreement with Utmost Limited (the Company) in connection with your bond and its transfer into a Discounted Gift Trust. If you do not understand any aspect of this agreement please ask your adviser to explain its effect to you before you sign the form. Please read the following declarations in conjunction with the Discounted Gift Trust Conversion Guide which should be provided to you by your financial adviser.

I apply for my existing Evolution bond to be placed into the discounted gift trust and varied in accordance with the Policy Conditions and Policy Schedule which will be issued to me by the Company upon the acceptance of my application.

I hereby confirm that I have not relied upon any statement made by my financial adviser which is not supported in the literature.

I confirm and declare that I have been advised to obtain appropriate professional advice in respect of the applicable taxation requirements, effects and legislation.

I hereby confirm that all the information provided by me, in this application form is complete and accurate to the best of my knowledge and belief. I agree that this information, together with any supporting information completed or given by me in my name, shall form the basis of the varied contract with the Company.

I accept that:

- › Once the bond is transferred into trust, the selection of investments is the responsibility of the trustee(s), the investment adviser or any EMC appointed to the bond.
- › Utmost has no legal responsibility in respect of future performance of such linked assets.

I agree that a copy of my agreement given in this Declaration will have the validity of the original. I understand that my financial adviser is acting as my agent and not an agent of the Company.

I hereby confirm that all the information provided by me, whether handwritten or otherwise, in this application form is complete and accurate to the best of my knowledge and belief. I agree that this information, together with all other questionnaires, statements, reports or other information completed or given by me in my name, shall form the basis of the variation of my bond with the Company.

I declare that I will tell the Company if any relevant information that I have given in this application changes before the bond is varied.

I understand that because I am transferring my bond into trust, the final gift value is likely to differ from that originally quoted. A difference may also arise if I have a birthday whilst my application is being processed.

I instruct the Company to amend the terms of the bond so that no further investments may be made into the bond during my lifetime.

I instruct the Company to amend the terms of the bond so that it cannot be surrendered during my lifetime.

I understand that the level of regular withdrawals cannot be changed during my lifetime.

I understand that the bond cannot be assigned during my lifetime except in relation to change of trustees.

I understand that I should notify the Company if my health or circumstances change between the date of signing this application form and the date that a certified discount certificate is issued.

I understand that the Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Act 1993 (see Section F for full details) will be relevant to the Company getting a medical report from any medical practitioner who has attended me in England, Scotland, Wales, Northern Ireland or the Isle of Man but not, at present (although this may change in the future), the Channel Islands or elsewhere.

If the legislation is not relevant, I acknowledge that I do not have the rights described in Section F.

If the legislation is relevant, I acknowledge that I have been informed of my rights by reading Section F and exercise my right of choice as indicated below.

I confirm and declare that I am tax resident in the jurisdiction entered in Section B, on page 3 of this application form, and that if I am a US tax resident and/or a UK tax resident, I have included this and have provided my T.I.N. and/or N.I. number (Q14/15).

I understand and agree that the Company's obligations under the policy, including the payment of benefits, will be suspended either in whole or in part, to the extent that performance of any policy obligation may expose the company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

I agree to inform the company immediately should any information within this application change, and understand that I am obliged to do so.

HOW THE COMPANY USES YOUR INFORMATION

We use the information you give us, about yourself and other people, to provide our products and services. In order to support our products and services, we transfer information between different entities within our immediate operating group and to appointed data processors, but we do not transfer information to other parties, unless required to do so by law or regulation. We do not carry out marketing using the information or transfer, or sell, your personal information to others for marketing purposes.

More details about how we use your information, your rights over this information and how you can exercise your rights can be found in the applicable Privacy Notice. We publish our Privacy Notices on our website at www.utmostwealth.com or you can ring us on +44 (0)1624 643 345 and request a copy.

I acknowledge that:

The Company will store, process or pass on my data whether or not my application is accepted.

The Company will in the event of my death obtain such medical or other records from medical practitioners and/or other relevant institutions or authorities regarding my medical history or circumstances relating to my death should it wish to do so.

Policyholder 1

I do/do not* wish to see any report from my doctor before it is sent to the Company.

If underwriting results in a variation to the gift value or the discount, I do/do not* wish to be informed before the policy is placed into Trust.

Policyholder 2

I do/do not* wish to see any report from my doctor before it is sent to the Company.

If underwriting results in a variation to the gift value or the discount, I do/do not* wish to be informed before the policy is placed into Trust.

If you ask to be informed of any variation in the gift value we will require signed agreement of your approval before the policy starts, which could result in a slight delay.

SIGNATURE

Print full name

Date

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

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

SIGNATURE

*Please delete as applicable

H NOTES

I CHECKLIST

We want to process your application as quickly as possible, to help us to this, on completion of this form please ensure you have provided the following:

- › A completed relevant **Tax Information Exchange Pack for Entities** or **Tax Information Exchange Pack for Individuals**.
- › Certified copies of the identification and address verification documents for the policyholders and the trustees (if not already held).
- › If you would like to set up or amend an existing adviser charging agreement before conversion please complete and sign the separate **Adviser Charges pack** available from our website www.utmostwealth.com
- › If you are also nominating an investment adviser to be appointed, then please enclose a fully completed and signed **Nomination of Investment Adviser** form (available on request from us or your financial adviser).
- › If you are sending any additional instructions or documentation, please securely attach them to the back of the form.
- › Please enclose a signed but **undated trust form** with this application form. These are available on request from your financial adviser.
- › If you are appointing Utmost Trustee Solutions Limited as the Trustee, you will also need to complete additional forms in connection with the appointment, available from your financial adviser or us on request.

WHAT TO DO NEXT

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Limited. Utmost's address is: **Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.**