

REGULAR CONTRIBUTION INCREASE AND SINGLE CONTRIBUTION TOP-UP REQUEST FORM

FOR USE WITH FOCUS, VISION
AND CHOICE PLANS

A PLANHOLDER DETAILS

	First Policyholder	Second Policyholder (if applicable)
1 Policy number(s) ("Policy")	<input type="text"/>	<input type="text"/>
2 Full name	<input type="text"/>	<input type="text"/>
3 Do you have a former name or alias? If "Yes", please provide full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
4 Date of birth	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>
5 Nationality	<input type="text"/>	<input type="text"/>
6 City of birth	<input type="text"/>	<input type="text"/>
7 Country of tax residence	<input type="text"/>	<input type="text"/>
8 Taxpayer Identification Number ("TIN")	<input type="text"/>	<input type="text"/>
9 Do you hold dual nationality? If "Yes", please state second nationality here.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
10 2nd Country of tax residence (if applicable)	<input type="text"/>	<input type="text"/>

A WEALTH *of* DIFFERENCE

REGULAR CONTRIBUTION INCREASE AND SINGLE CONTRIBUTION TOP-UP REQUEST

B REGULAR CONTRIBUTION INCREASE (FOCUS and Vision Plan only)

Please note that regular contribution increases are only permitted where received by Utmost Worldwide before commencement of the final year of the original Payment Term for Vision Plans and before the end of the Commitment Period for FOCUS Plans.

i) Current Regular Contribution:

ii) Amount of Regular Contribution increase:

iii) Total New Regular Contribution:

Important Note: Regular contribution increases must be at least 5% of the current regular contribution. You should only elect to pay a total contribution amount that you can afford to pay until the end of the Payment Term for Vision Plans or Commitment Period for FOCUS Plans. Early termination of regular contribution payments is likely to result in significant costs to your Plan. We recommend that annualised regular contribution amounts do not exceed more than 30% of your gross annual income. Contributions above this amount may result in additional information being required from you and/or your request being declined.

- iv) I request that my regular contribution is increased as detailed above for the remaining Payment Term of my Vision Plan (or Commitment Period for FOCUS Plans) with effect from the date that the next regular contribution is due and with no change to the frequency of regular contribution payments.
- v) I confirm that unless indicated otherwise, regular contributions should be allocated to the same plan investments*, in the same proportions, as currently applied to regular contributions of the Plan.

Please only complete the table below if you wish to redirect your regular contributions after this increase. (If you wish to switch your existing plan investment* holdings, you must complete a separate switch request.)

I wish to allocate my future regular contributions to plan investments* as per the table below (please complete table):

Plan Investment Name*	Currency	% Percentage of Regular Contribution
(Please ensure your allocation instruction totals 100%) Total Allocation:		100%

* In relation to the term "plan investment" used in this document, in certain territories the terms "ILP sub-fund", "investment option" or "fund" are used. All have the same meaning.

C SINGLE CONTRIBUTION TOP-UP REQUEST (FOCUS, Vision and Choice Plans)

I wish to pay a single contribution top-up for my Plan as detailed below:

Single Contribution Top-Up Amount: <input style="width: 300px;" type="text"/>	(please specify currency)	
Plan Investment Name*	Currency	% Percentage to be Allocated
(Please ensure your allocation instruction totals 100%) Total Allocation:		100%

* In relation to the term "plan investment" used in this document, in certain territories the terms "ILP sub-fund", "investment option" or "fund" are used. All have the same meaning.

D EMPLOYMENT AND FINANCIAL DETAILS


	First Policyholder	Second Policyholder (if applicable)
1 Employment details	<input type="checkbox"/> Employed or Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not currently employed	<input type="checkbox"/> Employed or Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not currently employed
2 Date of retirement or leaving employment (if applicable)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3 Your occupation		
a. The nature of your employment and the position held (e.g. job title, level of seniority)		
b. Length of service with current Employer or business		

REGULAR CONTRIBUTION INCREASE AND SINGLE CONTRIBUTION TOP-UP REQUEST

D EMPLOYMENT AND FINANCIAL DETAILS (CONTINUED)

c. If less than 18 months please state previous employment details

d. If you are self-employed or business owner, please state percentage of business owned

 If retired or not currently employed, please state former occupation, including role e.g. Director and industry sector e.g. accountancy and include date of retirement or unemployment.

4 Name and address of employer or business

 Postcode Postcode

5 Industry or business sector

6 Employer or business website address

D1 INCOME DETAILS

Please provide an estimated breakdown of your current annual income:

DETAILS	FIRST POLICYHOLDER		SECOND POLICYHOLDER (IF APPLICABLE)	
Specify Currency	<input type="checkbox"/> US\$	<input type="checkbox"/> GBPE	<input type="checkbox"/> Euro€	<input type="checkbox"/> US\$
	<input type="checkbox"/> Other (state currency)	<input type="text"/>	<input type="checkbox"/> Other (state currency)	<input type="text"/>
INCOME DETAILS	DESCRIPTION	VALUE	DESCRIPTION	VALUE
Annual Salary/Income				
Annual Bonus Income				
Other Annual Income (please specify, for example, Investment Income, Pension Income, Benefits in Kind)				
Total Annual Income				

REGULAR CONTRIBUTION INCREASE AND SINGLE CONTRIBUTION TOP-UP REQUEST

E SOURCE OF FUNDS AND WEALTH

E1 SOURCE OF FUNDS FOR YOUR INVESTMENT WITH UTMOST

<p>First Policyholder</p> <p><input type="checkbox"/> Savings from employment income (including salary, bonus and fees)</p> <p><input type="checkbox"/> Compensation payment/legal settlement</p> <p><input type="checkbox"/> Competition win</p> <p><input type="checkbox"/> Gift</p> <p><input type="checkbox"/> Inheritance</p> <p><input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Maturing policy/policy claim/replacement policy/pension</p>	<p>Second Policyholder</p> <p><input type="checkbox"/> Savings from employment income (including salary, bonus and fees)</p> <p><input type="checkbox"/> Compensation payment/legal settlement</p> <p><input type="checkbox"/> Competition win</p> <p><input type="checkbox"/> Gift</p> <p><input type="checkbox"/> Inheritance</p> <p><input type="checkbox"/> Loan</p> <p><input type="checkbox"/> Maturing policy/policy claim/replacement policy/pension</p>
<p><input type="checkbox"/> Sale of asset portfolio or investment</p> <p><input type="checkbox"/> Company sale or sale of interest in a business</p> <p><input type="checkbox"/> Property sale</p> <p><input type="checkbox"/> Other income sources</p> <p><input type="checkbox"/> Third party payment (please specify)</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p><input type="checkbox"/> Sale of asset portfolio or investment</p> <p><input type="checkbox"/> Company sale or sale of interest in a business</p> <p><input type="checkbox"/> Property sale</p> <p><input type="checkbox"/> Other income sources</p> <p><input type="checkbox"/> Third party payment (please specify)</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>

	First Policyholder	Second Policyholder (if applicable)
a. Please confirm the main country that the above economic source of funds came from.		
b. Which country has your overall wealth been generated in, if different?		

E2 PERSONAL WEALTH

a. Please state your estimated personal net worth (after deduction of mortgages or loans).

	First Policyholder	Second Policyholder (if applicable)
Currency		
Amount		

b. Please provide an estimated breakdown of how your current wealth is held:

DETAILS	FIRST POLICYHOLDER		SECOND POLICYHOLDER (IF APPLICABLE)	
	CURRENCY	VALUE	CURRENCY	VALUE
1. Property				
2. Valuables (motor vehicles, furniture, jewellery etc.)				
3. Investments (stocks and bonds)				
4. Owner managed business interests				
5. Cash and savings accounts				
6. Other				

REGULAR CONTRIBUTION INCREASE AND SINGLE CONTRIBUTION TOP-UP REQUEST

c. Please indicate the main source for your wealth:

First Policyholder

- Same as Source of Funds (see D1 above)
- Where different to Source of Funds, please specify main source of your wealth below.

DETAILS	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

Second Policyholder

- Same as Source of Funds (see D1 above)
- Where different to Source of Funds, please specify main source of your wealth below.

DETAILS	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

F REMITTING BANK ACCOUNT

Please confirm the bank account details that will be used to fund the regular contribution increase or top-up in the section below:

Bank Name:

Bank Address:

Account Holder Name:

Account No.:

IBAN CLABE:

Sort Code Swift Code BIC ABA:

Years account held¹:

If your regular contributions are paid by credit card, we will deduct the increased amount at your next contribution collection date.

¹ If the Planholder is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

REGULAR CONTRIBUTION INCREASE AND SINGLE CONTRIBUTION TOP-UP REQUEST

G PLANHOLDER(S) SIGNATURE(S)

IMPORTANT NOTES - PLEASE READ CAREFULLY:

Before increasing your regular contribution and/or making a single contribution top-up, you should ensure that you are aware of the impact on fees and charges associated with your Plan.

Vision only: For regular contribution increases that exceed any previous regular contribution level, a new Initial Period will apply, meaning that higher Administration Fees will apply throughout the remaining Payment Term of the Plan. Administration Fees are based on the highest committed regular contribution level regardless of actual regular contributions paid. Any subsequent regular contribution decreases or an early surrender of your Plan will not result in a decrease in Administration Fees. The balance of these fees is deducted on surrender before the end of the Payment Term.

Vision and Choice only: For single contribution top-ups, a new Early Discontinuance Charge will apply to the value of the additional contribution paid if full surrender of the Plan occurs, or if the Plan is terminated within 5 years of payment of the top-up. Establishment charges are also payable.

FOCUS only: Regular contribution increases during the Commitment Period which exceed any previous regular contribution level will result in an increase in the monthly Regular Contribution Establishment Fee which will apply throughout the remaining Commitment Period. Any subsequent regular contribution decrease or an early surrender of your Plan will not result in a decrease in Regular Contribution Establishment Fees. The balance of these fees is deducted on surrender before the end of the Commitment Period.

FOCUS only: For single contribution top-ups, a Single Contribution Establishment Fee is deducted when the Contribution is allocated to the Plan.

Utmost Worldwide reserves the right to refuse to accept any request for a regular contribution increase or single contribution top-up. Capitalised terms used and not defined in this form have the meanings given to them in the Terms and Conditions applicable to the relevant Plan.

Local Rules, Laws and Regulations

All transactions related to your Plan are subject to any rules, laws and regulations applicable to Utmost Worldwide Limited in your jurisdiction of tax residence; inclusive of tax deductions and reporting.

Planholder Declaration

- › I/We request to increase the regular contribution and/or make a single contribution to my/our Plan as indicated above.
- › I/We declare that, to the best of my/our knowledge and belief, all the information above is true, correct and complete.
- › I/We declare that I/we have considered and understand the change in fees and charges that will be associated with the regular contribution increase and/or single contribution top-up; and
- › I/We confirm that the monies being used to fund the contribution are derived from legitimate activities.

	First Planholder²:	Second Planholder (if any):																
SIGNATURE																		
Date:	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											

If there are further Planholders, please complete this section on an additional sheet(s) and attach securely to this form. Please tick this box if additional sheet(s) are attached:

² If the Planholder is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

H FINANCIAL ADVISERS

Where you have received financial advice in connection with the proposed contribution increase or single contribution top-up, your adviser should complete the section below:

Financial Adviser Declaration

- › I declare that, to the best of my knowledge and belief, the Planholder is of good standing and the information given in this questionnaire is true and complete;
- › I confirm and am satisfied that, to the best of my knowledge and belief, the monies being used to pay the contribution are derived from legitimate activities;
- › I confirm that client fact-find forms have been duly completed and the change to the Plan is within the risk profile of the Planholder(s);
- › I confirm that I have explained to the Planholder the change in fees and charges that will be associated with the regular contribution increase and/or single contribution top-up.

SIGNATURE

Signature of the Financial Adviser³:

Date:

d	d	m	m	y	y	y	y
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Financial Adviser Name
(printed in BLOCK CAPITALS):

Financial Adviser Legal
Entity Name:

³ If the Financial Adviser is not an individual, its authorised signatories should sign in accordance with its authorised signatory list. A legal entity name should be specified wherever the Financial Adviser is acting as a representative of that entity.