

REGULAR CONTRIBUTION INCREASE AND SINGLE CONTRIBUTION TOP-UP REQUEST FORM

FOR USE WITH FOCUS, VISION AND CHOICE PLANS

Plan Number:

Full name of First Planholder:

Full name of Second Planholder
(if any):

A 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.

A WEALTH *of* DIFFERENCE

Registered Head Office address: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Utmost Wealth Solutions is the trading name used by Utmost Worldwide Limited 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).

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

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A REGULAR CONTRIBUTION INCREASE (FOCUS and Vision Plan only) (CONTINUED)

- 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.

B 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 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.

C SOURCE OF FUNDS FOR ALL PLANS

It is important for us to understand how the increase in regular contribution, and/or the single contribution, will be funded; please therefore complete the section below:

Please provide details of your current annual income, including currency:

☐ USD ☐ GBP ☐ EUR ☐ SGD ☐ HKD

☐ Other (please specify)

i) Total amount received annually from all sources:

ii) Where income is received in addition to, or instead of employment, please specify from the list below the source(s) it originated from, including the amount and currency per annum:

Rental income:

Investment income:

Pension income:

Other (please specify):

C SOURCE OF FUNDS FOR ALL PLANS (CONTINUED)

iii) Employment status (First Planholder): ☐ Employed ☐ Self-employed / Business owner ☐ Retired ☐ Other

Do you beneficially own or part own the company that generates the employment income? ☐ Yes ☐ No

If applicable, state percentage owned: %

Please state your occupation (if retired, please state your former occupation):

If Employed, please state:

Name and address of Employer / Business:

Employer's / Business website address:

Annual basic income:

Bonus:

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

Other (please specify):

Length of service with current employer:

If less than 18 months, please state previous employer and length of service:

If Self-employed / Business owner, please state:

Business name and address:

Website address:

Annual income / dividends:

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

Other (please specify):

Length of time Self-employed / Business owner:

C SOURCE OF FUNDS FOR ALL PLANS (CONTINUED)

If less than 18 months, please
give details of previous
employment status:

If Other, please provide details:

**iv) Employment status
(Second Planholder,
where applicable):**

☐ Employed ☐ Self-employed /
Business owner ☐ Retired ☐ Other

Do you beneficially own or part
own the company that generates
the employment income?

☐ Yes ☐ No

If applicable, state
percentage owned:

%

Please state your occupation
(if retired, please state your
former occupation):

If Employed, please state:

Name and address
of Employer / Business:

Employer's / Business
website address:

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Annual basic income:

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Bonus:

--

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

--

Other (please specify):

Length of service with
current employer:

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If less than 18 months, please
state previous employer and
length of service:

C SOURCE OF FUNDS FOR ALL PLANS (CONTINUED)

If Self-employed / Business owner, please state:

Business name
and address:

Website address:

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Annual income / dividends:

--

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

--

Other (please specify):

--

Length of time Self-employed /
Business owner:

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If less than 18 months,
please give details of
previous employment status:

If Other, please provide details:

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For Single Contribution Top-Ups over USD10,000 (or currency equivalent) only:

Please state how and when the source of wealth for this investment has been raised.

If answering Yes to questions i), ii) or iii) below, please provide proof by way of supporting documentation.

i) Gift or inheritance from
a third party:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please give details:

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ii) The disposal of a
business or other asset?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please give details and
specify the original source of
wealth for the investment in the
business or asset:

iii) Other?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please give details and
specify the original source
of wealth for the proposed
additional investment:

How was wealth generated?

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When was wealth generated?

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D 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:	<input type="text"/>
Bank Address:	<input type="text"/> <input type="text"/> <input type="text"/>
Account Holder Name:	<input type="text"/>
Account No.:	<input type="text"/>
<input type="checkbox"/> IBAN <input type="checkbox"/> CLABE:	<input type="text"/>
<input type="checkbox"/> Sort Code <input type="checkbox"/> Swift Code <input type="checkbox"/> BIC <input type="checkbox"/> ABA:	<input type="text"/>
Years account held ¹ :	<input type="text"/>

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

¹ If this account has been held for less than 1 year, then previous bank details are also required.
Please use a separate page if necessary.

E 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.

SIGNATURE	First Planholder²:	Second Planholder (if any):
Date:	<div style="display: flex; justify-content: space-around; padding: 2px;"> ddmmyyyy </div>	<div style="display: flex; justify-content: space-around; padding: 2px;"> ddmmyyyy </div>

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.

F 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.