

ADDITIONAL SINGLE PREMIUM INVESTMENT

APPLICATION FORM FOR INDIVIDUAL APPLICANTS WHO HAVE AN APEX (PORTUGAL) POLICY

Please refer to our **Apex (Portugal) Guide for Additional Single Premium for Individual Applicants**.

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

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. **Do not use correction fluid.**

Once complete, send this form and any supporting documents to the following address by email to adminsupport@utmost.ie or by post to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**

BEFORE YOU BEGIN

Only complete this form if you want to make an additional investment into your existing contract. Before completing this application form, ensure you have read the **Apex (Portugal) Product Guide**, your **Personal Illustration, Key Information Document**, the relevant **Apex (Portugal) Charge Schedule** and the **Apex (Portugal) Guide for Additional Single Premium for Individual Applicants**.

This application has been split into two parts, mandatory and appendices. Ensure you complete all mandatory questions and appendices where necessary.

PART 1 - TO BE COMPLETED IN ALL CASES

PAGE	SECTION	COMPLETED
2	A – Contract details	<input type="checkbox"/>
2	B – Additional Investment Amount & Source of Premium	<input type="checkbox"/>
4	C – Employment and Source of Funds	<input type="checkbox"/>
5	D – Investment options	<input type="checkbox"/>
7	E – Identification requirements	<input type="checkbox"/>
7	F – Politically exposed persons	<input type="checkbox"/>
7	G – Intermediary details	<input type="checkbox"/>
8	I – Declaration	<input type="checkbox"/>

PART 2 - TO BE COMPLETED ONLY WHERE DETAILS HAVE CHANGED

PAGE	APPENDIX	DESCRIPTION	NO	YES
11	K – Policyholder details	Have your personal details changed?	<input type="checkbox"/>	<input type="checkbox"/>
11-12	L – Regular withdrawals	Do you wish to set up or amend withdrawals?	<input type="checkbox"/>	<input type="checkbox"/>

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A CONTRACT DETAILS

MANDATORY

Policy Number

B PREMIUM DETAILS

MANDATORY

ADDITIONAL SINGLE PREMIUM AMOUNT

€/£/US\$/CHF*

(*delete as applicable)

OUR BANK DETAILS

FOR PAYMENTS SENT IN GBP

Address Citibank Europe plc, 1 North Wall Quay, Dublin 1, Ireland
Swift Code CITIE2X
Sort Code 99-00-51
IBAN IE16CITI99005127954510
Account Number 27954510
Account Name UPE APEX Premium GBP

FOR PAYMENTS SENT IN EUR

Address Citibank Europe plc, 1 North Wall Quay, Dublin 1, Ireland
Swift Code CITIE2X
IBAN IE38CITI99005127954502
Account Number 27954502
Account Name UPE APEX Premium EUR

FOR PAYMENTS SENT IN USD

Address Citibank Europe plc, 1 North Wall Quay, Dublin 1, Ireland
Swift Code CITIE2X
IBAN IE85CITI99005127954529
Account Number 27954529
Account Name UPE APEX Premium USD

FOR PAYMENTS SENT IN CHF

Address Citibank Europe plc, 1 North Wall Quay, Dublin 1, Ireland
Swift Code CITIE2X
IBAN IE22CITI99005127954499
Account Number 27954499
Account Name UPE APEX Premium CHF

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BANK ACCOUNT DETAILS

Provide the details of the bank account that the premium is being paid from.

Name of account holder	<input style="width: 100%;" type="text"/>
Account number	<input style="width: 100%;" type="text"/>
Bank sort code	<input style="width: 100%;" type="text"/>
Building Society roll number (if applicable)	<input style="width: 100%;" type="text"/>
Bank BIC/Swift code	<input style="width: 100%;" type="text"/>
IBAN	<input style="width: 100%;" type="text"/>
Name & address of bank	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>

C	EMPLOYMENT AND SOURCE OF FUNDS	MANDATORY
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C1 EMPLOYMENT DETAILS

Role	Applicant 1			
1. Employment status	Employed Self Employed Retired Unemployed Homemaker	<input style="width: 100%; height: 20px;" type="text"/>	Employed Self Employed Retired Unemployed Homemaker	<input style="width: 100%; height: 20px;" type="text"/>
Date of retirement or unemployment or became homemaker	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
2. Occupation	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
3. Last year's annual income/salary	Currency <input style="width: 100%;" type="text"/>		Currency <input style="width: 100%;" type="text"/>	
	Amount <input style="width: 100%;" type="text"/>		Amount <input style="width: 100%;" type="text"/>	
4. Do you receive income other than from your occupation? If "Yes" please provide details including amount and source	Yes No		Yes No	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
5. Employer/business name	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
6. Employer/business Address	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
	Postcode	<input style="width: 100%;" type="text"/>	Postcode	<input style="width: 100%;" type="text"/>

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🔍 Include previous occupation where you are retired, unemployed or a homemaker.

Income details are required for Know Your Client and AML requirements and failure to complete will result in a delay in processing the application.

C2 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost PanEurope dac is required to record details of how the funds being invested have been accumulated.

Where your funds come from more than one source, you should complete all relevant Sections to give us the full picture of its origin.

Documentary evidence requirements:

All investments are assessed on a case-by-case basis. Independently certified documentary evidence of source of funds may be required in order to proceed with the application.

1. Savings from employment income (including salary, bonus and fees)

Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>			
Number of years income accumulated	<input type="text"/> <input type="text"/>	years					
Institution holding the funds	<input type="text"/>						
Name of account where earned income accumulated	<input type="text"/>						
Account number	<input type="text"/>						
Sort code	<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"/>		
Length of time funds have been in this account	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>	months			
Main occupation during the accumulation period (e.g. Director)	<input type="text"/>						
Industry/Business sector	<input type="text"/>						
Main employer's name	<input type="text"/>						
Employer's address	<input type="text"/>						
	<input type="text"/>		<input type="text"/>				
	<input type="text"/>		<input type="text"/>				
Date employment commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average annual salary over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>			
Average annual bonus over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>			

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2. Compensation payment

Name of organisation or individual that paid compensation

Reason for compensation

Country compensation was awarded

Total amount received Currency Amount

Date received

3. Competition win

Name of competition organiser

Description of competition

Country competition was held in

Total amount won Currency Amount

Date of win

4. Gift

Full name of person who gave the gift

Date of birth

Nationality

Address

Postcode Country

Relationship to applicant

Reason for gift

Description of gift

Total amount received Currency Amount

Date received

Details of the activity that generated the amount received

Country gift was accumulated in

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5. Inheritance

Deceased's full name

Relationship to applicant

Date of death

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

Details of the inheritance
Tell us about the assets forming the inheritance (eg. cash, property, shares etc.)

Amount received Currency Amount

Date received

d	d	m	m	y	y	y	y
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Details of the activity that generated the amount received

Country inheritance was accumulated in

Solicitor/lawyer's (who dealt with the estate) name

Solicitor/lawyer's firm name

Solicitor/lawyer's firm address

Postcode	Country
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6. Loan

Name of loan provider

Address of loan provider

Postcode	Country
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Total amount borrowed Currency Amount

Date of loan

d	d	m	m	y	y	y	y
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Purpose of loan

7. Maturing policy/policy claim/replacement policy/pension

If the source of funds is the sale of an investment rather than maturity, please complete 8 instead.

Name of policy provider	<input style="width: 100%;" type="text"/>		
Address of policy provider	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Postcode			
Country			
Policyholder's full name	<input style="width: 100%;" type="text"/>		
Length of time policy held	<input style="width: 20px;" type="text"/>	years	<input style="width: 20px;" type="text"/>
	<input style="width: 20px;" type="text"/>	months	
Amount of the original investment	<input style="width: 100%;" type="text"/>		
Details of the activity that generated the original investment	<input style="width: 100%;" type="text"/>		
Reason for policy claim or replacement policy (if applicable)	<input style="width: 100%;" type="text"/>		
Total amount received	Currency	<input style="width: 50px;" type="text"/>	Amount <input style="width: 50px;" type="text"/>
Surrender penalty (if applicable)	<input style="width: 100%;" type="text"/>		
Date received	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

8. Sale of asset portfolio or investment

If the source of funds is a maturing investment rather than one that you are choosing to sell, please complete 7 instead.

Description of asset portfolio or investment (e.g. government bonds, equities etc.)	<input style="width: 100%;" type="text"/>		
Name of the company that held it	<input style="width: 100%;" type="text"/>		
Registered address of company	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Postcode			
Country			
Account name	<input style="width: 100%;" type="text"/>		
Length of time asset portfolio or investment held	<input style="width: 20px;" type="text"/>	years	<input style="width: 20px;" type="text"/>
	<input style="width: 20px;" type="text"/>	months	
Amount of the original investment	<input style="width: 100%;" type="text"/>		
Details of the activity that generated the original investment	<input style="width: 100%;" type="text"/>		
Date of sale	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Net amount received	Currency	<input style="width: 50px;" type="text"/>	Amount <input style="width: 50px;" type="text"/>

9. Company sale or sale of interest in company

Company name			
Industry/business sector			
Address of company			
	Postcode	Country	
Your connection with the company For example: owner, partner or shareholder			
Date connection with the company began	d	d	m
	m	y	y
Average year dividend/income from the company over the previous three years			
Date of sale	d	d	m
	m	y	y
Sale amount	Currency		Amount
Net amount received i.e. the amount you have received after any deductions such as fees and taxes.	Currency		Amount

10. Property sale

If you are not the beneficial owner of this property, please select a different option for source of funds that is more appropriate.

Address of property sold (including postcode if applicable)			
	Postcode	Country	
Length of time property owned			years
			months
Source of funds for the original property purchase			
Was the property your main residence?	Yes	No	
If "Yes" was an alternative main residence purchased?	Yes	No	
If "Yes" please confirm Purchase price			
Address of new residence			
	Postcode	Country	
Date of sale	d	d	m
	m	y	y

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Total sale amount	Currency	<input type="text"/>	Amount	<input type="text"/>
Net amount applicant received from sale	Currency	<input type="text"/>	Amount	<input type="text"/>

11. Other income sources

Description of the activity that generated the funds	<input type="text"/>					
Role in relation to above activities	<input type="text"/>					
Period over which the activities occurred	<input type="text"/>					
Country in which the activity occurred	<input type="text"/>					
Date received	<input type="text"/>	<input type="text"/>	years	<input type="text"/>	<input type="text"/>	months
Proceeds received from the activity	Currency	<input type="text"/>	Amount	<input type="text"/>		

D	INVESTMENT OPTIONS	MANDATORY
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**PART 1 – NOMINATION OF DISCRETIONARY FUND MANAGER
 OR PLATFORM ARRANGEMENT**

A) Is part, or all, of this additional single premium to be managed by a DFM or on a Platform? Yes No

If **No**, give details of your initial fund selection in Part 2 below.

If **'Yes'** complete this section to allocate all, or part, of your additional investment to your chosen DFM or Platform. If only part of the additional investment is to be managed by a DFM or Platform, also complete Part 2 to state your chosen Fund selection for the remaining portion of the investment.

- › If you would like to request the nomination of a **new** DFM or Platform, please ensure that you have completed the separate **Nomination of Discretionary Fund Manager or Platform Arrangement** form. This form is also available from your Insurance Intermediary or us on request
- › If you would like the additional single premium to be managed by an **existing** DFM or Platform already linked to your life insurance policy then supply their details below.

Name of Firm

How much of this additional single premium would you like to invest with your existing DFM or Platform?

If you have more than one DFM linked to your life insurance policy and you wish for your additional investment to be split, photocopy and complete this page for each DFM.

(*delete as applicable)

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PART 2 – FUND SELECTION

FUND SELECTION

Full fund name	Fund reference/SEDOL/ISIN	%

Ensure the total adds up to 100% = 100%

Refer to our website www.utmostinternational.com for details of the funds available and the relevant SEDOL or ISIN codes. Ensure that the full fund names and references are provided.

NOMINATION OF FUNDS TO COVER OVERDRAWN DEALING ACCOUNT

All transactions, including charges and withdrawals, will go through the Dealing Account and it may become overdrawn. In these circumstances, we will sell sufficient funds to clear the negative debit balance.

If we have previously transferred any excess balances from the Dealing Account to a Money Market Fund, we will sell that Money Market Fund. If we have not previously transferred any excess balances from the Dealing Account to a Money Market Fund or if the holdings in that fund are insufficient to fully clear the negative debit balance, we will sell the funds indicated by you in the table below.

Indicate in the box below which funds you would like us to sell in these circumstances.

If no funds are selected, then from within the portfolio, we will automatically sell units from a fund of our choosing. You can not specify a deposit account.

Full fund name	%		

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E IDENTIFICATION REQUIREMENTS (To be completed by the Insurance Intermediary) MANDATORY

Under Anti-Money Laundering regulations we are required to verify the identity and address of all applicant(s) related to a life insurance agreement.

This information is required to satisfy Anti-Money laundering regulations.

It is likely that we already hold appropriate documentation on our files, however if this is not the case or your details have changed we will require you to provide the relevant documentation as detailed in our **Anti-Money Laundering and Source of Wealth Pack**, available on our website.

In addition to the above, we may also already hold appropriate tax information on file. If this is not the case, we will require completion of the **Tax Declaration and Self Certification for Individual Investors**, also available on our website www.utmostinternational.com

If you are unsure whether we already hold the necessary documents/information contact the Administration Support Team on **00 353 1 636 9383**.

F POLITICALLY EXPOSED PERSONS MANDATORY

We are required to identify persons associated with this application who could be classed as a Politically Exposed Person ("PEP"). A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities. For example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary or the Military, a senior employee of a State Owned Corporation, or a board member of a Central Bank. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

Is there anyone associated with this application who could be considered a PEP? Yes No

If "Yes", please provide details

G INSURANCE INTERMEDIARY DETAILS MANDATORY

1 Insurance Intermediary company name	
2 Utmost PanEurope dac broker number	
3 ASF registration number	
4 Name of Insurance Intermediary	
5 Commission required	Initial <input style="width: 40px;" type="text"/> % Ongoing <input style="width: 40px;" type="text"/> %

- › The Insurance Intermediary confirms the applicant has received the Apex (Portugal) Product Guide, the Apex (Portugal) Policy Conditions, the Key Information Document or Key Investor Information Document and relevant Charge Schedule.
- › The Insurance Intermediary acknowledges that to place trades on the Policyholder's behalf, the Insurance Intermediary must have been granted fund authorisation by the Policyholder within the **Application form** or the separate **Fund Authorisation Form**.

SIGNATURE

Insurance Intermediary

Print full name

Date

SIGNATURE

Refer to the **Apex (Portugal) Guide for Additional Single Premium Applicants** for further information.

Utmost PanEurope dac recognises that protecting your personal information including special categories of data (sometimes referred to as sensitive personal data), is very important to you and that you have an interest in how we collect, use, store and share such information. We have produced a Privacy Notice which clarifies these details and explains your rights in relation to your personal data and how to action those rights with us, including your right to make a complaint.

The Privacy Notice is available on our website www.utmostinternational.com or you can contact the Administration Support team on **00 353 1 636 9383** to request a copy.

I CLIENT DECLARATION

The Applicant(s) should read this section carefully before signing below.

Also it is important that the Applicant(s) read carefully the Apex (Portugal) Product Guide, the Apex (Portugal) Policy Conditions, relevant Charge Schedule and Key Information Document, all of which should have been provided by the Insurance Intermediary, as they contain important information about the life insurance policy.

If the Applicant(s) do not understand any part of these terms, the Data Protection notes or the product literature listed above, the Applicant(s) should ensure the Insurance Intermediary explains it before signing below.

The Applicant(s) apply for an additional investment to the Applicant(s)' existing contract in accordance with the Apex (Portugal) Policy Conditions and Schedule of Policies.

The Applicant(s) hereby confirm that they have not relied upon any statement made by the Insurance Intermediary which is not supported in the literature.

The Applicant(s) confirm and declare that the Applicant(s) have been advised to obtain appropriate professional advice in respect of the applicable taxation requirements, effects and legislation.

ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of funds - policyholder statement of truth

The Applicant(s) truthfully confirm that:

- i) all funds invested in the life insurance policy applied for have been or will be properly declared to the relevant tax authorities in the jurisdiction of the Applicant(s)' tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations.
- ii) none of the funds invested derive, directly or indirectly, from illegal activities or sources and/or tax evasion.

Potential Consequences of Misleading Utmost PanEurope - The Applicant(s) fully acknowledge and agree that if Utmost PanEurope discovers that the Applicant(s) misled Utmost PanEurope in respect of any part of the statements confirmed above, that Utmost PanEurope shall, to the fullest extent permitted by applicable law and regulation, without limiting Utmost PanEurope's legal remedies or options, have the contractual ability to:

- i) terminate the life insurance policy immediately and, regardless of the actual date termination of the life insurance policy, impose the maximum encashment and any other relevant charges which may be imposed on the Applicant(s) under the life insurance policy as if the life insurance policy had been surrendered immediately after the commencement date of the life insurance policy. Such charges shall be applied to the extent that they cover any costs, expenses or losses caused by Utmost PanEurope being misled, without limiting the Utmost PanEurope's ability to seek additional recompense from the Applicant(s) in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at Utmost PanEurope's discretion concerning the Applicant(s) and/or the life insurance policy; and
- iii) if considered appropriate after consultation with government authorities and/or legal counsel, either
 - a) subject to satisfying the Utmost PanEurope's further reasonable requirements, refund the Surrender Value less encashment and other charges in accordance with clause (i) above (the 'Refund Amount'), or
 - b) if legally required to do so by competent government authorities, freeze or pay over to relevant government authorities all or a portion of the Refund Amount or take such other actions as competent government authorities may legally require.

Disclosure of information to Tax and other Government Authorities

The Applicant(s):

- › **have been advised** that the Utmost Group and Utmost PanEurope have a longstanding policy of cooperating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities.
- › **understand and agree** that Utmost PanEurope may collect information about each investor's tax residency in accordance with regulations created to enable automatic exchange of information, including Foreign Account Tax Compliance Act provisions contained in the US H.I.R.E Act 2010, and various agreements to improve international tax compliance entered into between Ireland, the US and other countries.
- › **understand and agree** that in certain circumstances Utmost PanEurope may be obliged to share this information with the Central Bank of Ireland.
- › **agree** to inform Utmost PanEurope immediately should any information within this application change, and understand that the Applicant(s) are obliged to do so.
- › **consent and agree** that in cases where Utmost PanEurope suspects that the funds invested in the policy are wholly or partly derived from illegal activities/sources and/or tax evasion, then Utmost PanEurope shall, to the fullest extent permitted by applicable law and regulation, without limiting Utmost PanEurope's legal remedies or options, have the ability to disclose to the Applicant(s)' home country tax and/ or other government authorities the Applicant(s)' identity and any relevant information considered necessary or appropriate, in Utmost PanEurope's discretion, concerning the policy.
- › **understand and agree** that Utmost PanEurope'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 Utmost PanEurope 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, United States of America or Portugal.

Further consents and confirmations

The Applicant(s):

- › **hereby confirm** that all the information that the Applicant(s) have provided, whether handwritten or otherwise, in this application form is complete and accurate to the best of the Applicant(s)' knowledge and belief. The Applicant(s) agree that this information, together with all other questionnaires, statements, reports or other information completed or given by the Applicant(s) in the Applicant(s)' name, shall form the basis of the contract with Utmost PanEurope.
- › **understand** that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to Utmost PanEurope by the Applicant(s) or on the Applicant(s)' behalf was misleading or incomplete, then this might invalidate the Applicant(s)' contract and adversely affect the Applicant(s)' right to the payment of policy benefits.
- › **understand** the requirement to provide accurate and relevant information in the Applicant(s)' dealings with Utmost PanEurope is continuous and binding upon the Applicant(s) or any subsequent holder of the policy.
- › **understand** that no contract shall be issued in respect of this application and Utmost PanEurope shall be under no obligation in respect of this application until the additional premium has been received by Utmost PanEurope and Utmost PanEurope has expressly confirmed in writing that it accepts the additional investment.

The Applicant(s) accept that:

- › The selection of investments is the Applicant(s)' (even where the Applicant(s) is receiving advice in relation to the selection of the assets from their Insurance Intermediary) or any appointed DFM.
- › Utmost PanEurope has no legal responsibility in respect of future performance of such linked assets.
- › **understand** that Utmost PanEurope and the Applicant(s) have a free choice about the law that can apply to any contract relating to this application. Utmost PanEurope proposes to choose the laws of Portugal and by completing this application form, the Applicant(s) agree that the laws of Portugal shall apply and that the Courts of Portugal shall be the sole forum to consider disputes in relation to any contract arising from this application. The Applicant(s) agree that any decision to alter the Courts of Portugal jurisdiction shall be in the discretion of Utmost PanEurope such discretion being exercised reasonably.
- › **agree** that a copy of the Applicant(s)' agreement given in this Declaration will have the validity of the original. The Applicant(s) understand that the Insurance Intermediary is acting as the Applicant(s)' agent and not an agent of Utmost PanEurope.

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- › **confirm** that the Applicant(s) are not ordinarily resident in Ireland and the Applicant(s) are resident (that is normally live) in Portugal and confirm that, to the best of the Applicant(s)' knowledge and belief, the Applicant(s) are not subject to any legislation which would make such an investment unlawful. The Applicant(s) hereby undertake to inform Utmost PanEurope of any change in the Applicant(s)' country of residence during the lifetime of the life insurance policy.
- › **confirm and declare** that the Applicant(s) are tax resident in the jurisdiction(s) entered in section C on page 4 of this application form, and that if the Applicant(s) are a US tax resident, the Applicant(s) have indicated this in section C and have provided the Applicant(s)' T.I.N.

	Applicant 1	Applicant 2																
SIGNATURE																		
Print full name																		
Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>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											

SIGNATURE

If there are more than two Applicants, photocopy this page and after signing the additional copies attach it securely to the form.

The signature of the Applicant's/Policyholders' spouse is required below, if the Applicant and the spouse are subject to the joint marital regime and the spouse is not an Applicant:

	Signature of spouse								
SIGNATURE									
Print full name									
Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y		

PART 2 – TO BE COMPLETED ONLY WHERE DETAILS HAVE CHANGED

APPENDIX J - APPLICANT DETAILS

Only complete this page if your details have changed since the time of application.

	Applicant 1	Applicant 2
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 First name(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4 Do you have a maiden name, previous name or alias?	Yes No	Yes No
If "Yes" provide the other name(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5 First name(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	<input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>
7 Correspondence address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
If your correspondence address is the same as your residential address, tick here.	<input style="width: 100%;" type="checkbox"/>	<input style="width: 100%;" type="checkbox"/>
Postcode	<input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	<input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>

If there are more than two Applicants photocopy this section, complete all the details for the additional Applicant(s) and attach securely to this form.

If your Anti-Money laundering documents differ to what we hold on file, ensure you provide us with up to date documentation.

APPENDIX K - REGULAR WITHDRAWALS

Complete section A if you wish to set up a regular withdrawal or amend an existing withdrawal instruction currently in place. For new instructions you will need to supply bank details within section B. You can also use this page to change the bank details on an existing instruction. There is a minimum of €300 per payment (or currency equivalent: £200 / US\$400 / CHF400). Payments will only be made in the currency of the life insurance policy at the end of each payment frequency option.


If you are investing in this policy to benefit from the reinvestment regime established in the Portuguese Personal Income Tax Code. Please remember that the regular payments must not exceed an annual maximum amount of 7.5% of the invested amount.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
**INDIVIDUAL POLICYHOLDERS WHO
 HAVE AN APEX (PORTUGAL) POLICY**

A - SET UP WITHDRAWALS / AMEND EXISTING WITHDRAWALS

I do not currently take withdrawals and I would like to set them up


I currently take withdrawals and I would like to amend this figure

If you have any existing withdrawals, these will cease and be replaced with the new amount / percentage and frequency stated below. 

1 Amount to be withdrawn from the whole policy per annum % **or** per payment

2 Frequency of payments Monthly Quarterly Half-yearly Yearly

3 Payment to start d d m m y y y y
 As soon as possible

If you are setting up new withdrawals, the earliest the first withdrawal can be taken is 30 days after the additional single premium documents have been issued. Payments will be made at the end of the frequency selected. 

B - WITHDRAWAL BANK/BUILDING SOCIETY DETAILS

Tick as appropriate:

- › I am setting up a new withdrawal instruction and my bank details are below
- › I am amending an existing withdrawal instruction and my bank details have changed as below
- › I am amending an existing withdrawal instruction and my bank details remain the same
- › I am providing you with new bank details for my existing withdrawal instruction

1 Name of account holder

2 Account number

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 (required for all bank accounts in the EU)

7 Bank/Building Society name

8 Address

Postcode -

If an IBAN is not supplied for an EU bank account, due to EU regulations we will be unable to process your payment. 

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac is registered in Ireland, registered number 311420. Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEurope dac is regulated by the Central Bank of Ireland as a Life Insurance Undertaking.

Utmost PanEurope dac is authorised to conduct life insurance business in Portugal on a freedom to provide services basis and is duly registered for this purpose with Autoridade de Supervisão de Seguros e Fundos de Pensões ("ASF") under number 4693.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

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