

SELECTION

APPLICATION FORM FOR EXISTING PENSION SCHEMES

IMPORTANT NOTES

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

Ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

This application can be used for existing pension schemes wishing to hold a Selection bond. These will include:

- › Occupational Schemes - including Small Self Administered Schemes (SSAS) and larger occupational schemes
- › Personal Pension Schemes - including Personal Pension and Self Invested Personal Pension (SIPP) schemes.

BEFORE YOU BEGIN

Before completing this application form ensure you have read the current **Selection Product Guide**, your **Personal Illustration**, any applicable disclosure documents and our **Guide to Charges**. Your financial adviser will also be able to provide you with any relevant supporting literature in relation to your individual circumstances. The Policy Conditions and Policy Schedule detail the terms and conditions of the contract. Copies of all items are available from us on request.

HOW TO COMPLETE THIS FORM

If you are completing a hard copy of this form, please use **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.**

SIGNATURE This symbol highlights the signature sections within this form which need to be signed (where applicable) by the applicants and/or the financial adviser.

ELIGIBILITY

This application can also be used for certain overseas schemes, but only where the trustees are resident in the Isle of Man or the Channel Islands. These schemes may, or may not, have Qualifying Recognised Overseas Pension Scheme (QROPS) status.

OVERDRAWN DEALING ACCOUNT

In order to avoid an overdrawn balance occurring within the bond's Dealing Account, you should consider whether you wish to leave a cash balance to cover the bond charges, any advice charges or regular withdrawals of capital to you. You should also consider what amount of cash will be required to cover these events over a period of time e.g. six or 12 months.

IDENTIFICATION REQUIREMENTS

Under anti-money laundering regulations, Utmost PanEurope dac ('Utmost') are required to verify the identity and address of certain parties in the scheme. We are also required to obtain the full names, nationality, dates of birth and addresses of all parties associated with the application (for example, member(s) and if a life assurance contract is chosen, life assured persons).

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland.

Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

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

ALE PR 0013 | 07/25

IMPORTANT INFORMATION ABOUT THIS CONTRACT

It is important to check that the bond can be taken out under any taxation, exchange control or insurance legislation to which the applicant may be subject.

When you submit this application ensure you provide us with all residency and citizenship information by completing the separate **Tax Declaration and Self-Certification for Entities** form. You should speak to your financial adviser if you have any questions about FATCA.

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

You must advise us, in writing, immediately of any changes of trustees or other parties connected to the contract. We may require evidence to support this.

The information that we require may change in accordance with amendments to pension legislation.

WHAT TO DO NEXT

Using the checklist on the final page, ensure you have completed all of the relevant sections and that you have attached any supporting documents to submit, including the separate **Tax Declaration and Self-Certification for Entities** form.

Once completed, arrange for your financial adviser to return this form and any supporting documents to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at **info@utmostwealthsolutions.ie**

SECTION 1 – TO BE COMPLETED BY ALL APPLICANTS IN ALL CASES

A CONTRACT DETAILS (all schemes)

MANDATORY

1 Which contract type would you like?

☐ Life assurance ☐ Capital redemption

(Section I on page 13 **does not** need completing if capital redemption is chosen)

It is important that you complete this section. If you do not complete this in full, we will be unable to process your application and this will result in a delay in investing your premium.

2 Provide a copy of the Personal Illustration that you have been given or enter your Personal Illustration reference number here

3 Welcome team ticket reference

If the Welcome team produced a Personal Illustration for you, a Welcome team ticket reference can be found at the top of page one.

4 **Bond charge** - What is your chosen **product management charge Flex-Charge** option?

☐ Full initial charge ☐ Full ongoing charge

☐ Combination of initial and ongoing

If you choose a **combination of an initial and ongoing** product management charge, enter your chosen combination to a maximum of 3 decimal places:

% Initial % Ongoing (per annum)

Your chosen product management charge split can be found in the Personal Illustration your financial adviser has given you. For example, a product management charge could be split as follows: Initial 1.00%, ongoing 0.10%.

5 Which currency should the bond be held in?

☐ Sterling ☐ US Dollar ☐ Euro

Once your bond is established you cannot change the bond currency.

The Personal Illustration provided to you should match the investment details mentioned in this application. If there have been any changes in the investment details between the date of that illustration and the submission of this application, please ask your financial adviser for an updated illustration.

B 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

C SCHEME DETAILS

MANDATORY

- 1 What type of scheme is applying? ☐ Personal pension scheme including SIPPs
☐ Occupational pension schemes including SSAS
☐ Other
If other, please explain
- 2 Are the trustees for this scheme in the UK or overseas? ☐ UK ☐ Overseas
- 3 If the scheme trustees are overseas, has this scheme received (or applied for) QROPS status? ☐ Yes ☐ No
- 4 Scheme was created on
- 5 What is the HMRC pension tax reference number?
- 6 Scheme name
- 7 Name and address of the scheme provider

Postcode
- 8 Correspondence address for the scheme (in full)

Postcode
- 9 What is the name and address of the sponsoring employer? (Occupational Schemes only)

Postcode
- 10 What is the trade of the sponsoring employer? (Occupational Schemes only)
- 11 State the current scheme value (all schemes) ☐ Pound Sterling ☐ US Dollar ☐ Euro
- 12 Current number of members in the scheme (Occupational Schemes only)

If the scheme trustees are overseas (not UK) ensure questions 14 and 15 on the next page are also completed.



For any 'group schemes' we only require the value of the specific arrangement(s) in question, not the value of the whole group scheme.



13 State each individual member's pension benefits held within the scheme as a percentage of the total value in question 11, and the number of years held. (Occupational Schemes only)

If the occupational scheme is not a SSAS and has many members it may not be possible to fill out this section. For such cases you should supply details of the current scheme members and their current allocated pension pots. However, dependent on the information given, we may still need to request further documentation.

Member name	Scheme benefits held as a monetary amount	Years held

Provide details of the scheme benefits, per member, as they stand on the date of application for this bond.

14 Did the monies in the scheme that are being used for this investment all derive from UK pension transfers?

☐

Yes

☐

No

(if 'No' proceed to Question 15)

If the scheme has QROPS status answer Question 14 and, if applicable, Question 15. For schemes without QROPS status answer Question 15 only.

15 Provide source of funds details in the box below. For example, if contributions were made whilst the member was overseas.

We may request additional information in such cases.

PROVIDE DETAILS OF THE SCHEME'S BANK/BUILDING SOCIETY ACCOUNT

16 Account name

17 Account number

18 Bank sort code

19 Building Society roll number (if applicable)

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

21 IBAN (required for all bank accounts in the EU)

22 Bank/Building Society name

23 Address

Postcode

24 Telephone number (including international dialling code)

25 How long has the account been held?

Years

D CORPORATE TRUSTEE DETAILS**OPTIONAL**

Only complete this section if there is a corporate trustee connected to the pension scheme. If there is not a corporate trustee for your scheme, please go straight to section E to continue this application.


1	Corporate trustee name	<input type="text"/>
2	Company registration number	<input type="text"/>
3	Registered address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/> <input type="text"/> <input type="text"/>
	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"/>
4	Is the corporate trustee also the scheme administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Is this corporate trustee already known to Utmost PanEurope?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Is the corporate trustee quoted on a recognised stock exchange?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	If yes, which one?	<input type="text"/>
8	Is the corporate trustee in the process of being dissolved, struck off, wound up or terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Is the corporate trustee authorised by the Financial Conduct Authority/ Prudential Regulatory Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to question 9 is 'No', you will also need to complete section H.

AUTHORISED SIGNATORIES

- › Any additional individual trustees who are not members will need to complete Section F, Additional trustees (non-member) details
- › Enclose a certified copy of an authorised signatory list* ☐ Attached
- › For public registered companies please enclose a certified copy of the Board Resolution appointing the authorised signatories* ☐ Attached
- › Confirm the minimum number of authorised signatories required to sign the contract and provide instructions.
(number)

The minimum number of authorised signatories will be required to sign the Declaration in section N.

*These can be certified by the financial adviser. 

E SCHEME MEMBERS DETAILS

MANDATORY

Provide the details of all underlying members for the scheme. Questions 13-20 specifically cover source of funds and occupational details of each member. As this is a regulatory requirement must be completed before we can accept an application.

Any additional trustees that ARE NOT members should complete Section F. We are required to verify the identity and address of any scheme members and trustees.

It is likely that the pension trustees will wish to get these sections completed by members, as scheme trustees may not necessarily hold this information. Therefore, to assist with the completion of this application, we have created a standalone member data collection page on pages 25-26 of this application which you can tear out, photocopy and send to each member individually for them to complete. Complete the questions below for Member 1 and use the pull out on pages 25-26 for any other members.

Important note - The scheme name must appear on any copy and all scheme signatories who are completing this application must sign any additional sheets. Once the members have completed their details and returned this form to you, attach these securely to this application.

Member 1 of

1	Title (Mr, Mrs, Miss or Other)	<input type="text"/>
2	Surname	<input type="text"/>
3	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
4	Do you have a maiden name, a previous name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", provide the other name(s)	<input type="text"/>
5	Forenames (in full)	<input type="text"/>
6	Please list all nationalities/ citizenships held.	<input type="text"/>
7	Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
8	Place of birth	<input type="text"/>
9	Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>
	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"/>
10	Is this member also a trustee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, are they required to sign on behalf of the scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Is this member also the scheme administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12 Occupation and name of employer

13 If retired, previous occupation and name of last employer

14 If the member has more than one occupation provide more details

15 Current total annual income (including salary and investment income)

<input type="checkbox"/> up to £20,000	<input type="checkbox"/> £50,001 to £100,000
<input type="checkbox"/> £20,001 to £50,000	<input type="checkbox"/> £100,001+

If retired provide details of last salary before retirement.

16 Average income in the last 10 years, or if retired, provide the year of retirement and the average income in the 10 years prior to retirement (including salary and investment income)

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17 Is the member still contributing to the scheme this application relates to?

☐ Yes ☐ No

If 'Yes', go to question 19. If 'No', go to section F.

18 Are the member's contributions over 50% of their current salary? (excluding any employer contributions if applicable)

☐ Yes ☐ No

19 If the answers to 17 and 18 are yes, how is the member funding the contributions and maintaining their lifestyle? (i.e. inheritance, spousal income etc.)

F ADDITIONAL TRUSTEES (NON MEMBER) DETAILS

	Additional Trustee 1	Additional Trustee 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
4 Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
5 Forenames (in full)	<input type="text"/>	<input type="text"/>
6 Please list all nationalities/citizenships held.	<input type="text"/>	<input type="text"/>
7 Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
8 Place of birth	<input type="text"/>	<input type="text"/>
9 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If the person is an individual acting on behalf of a company (e.g. a law firm), enter their own residential address here. Provide the company address in the Notes section at the back of this application form) Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
10 Is this individual also the scheme administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Additional Trustee 3	Additional Trustee 4
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
4 Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
5 Forenames (in full)	<input type="text"/>	<input type="text"/>
6 Please list all nationalities/citizenships held.	<input type="text"/>	<input type="text"/>
7 Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
8 Place of birth	<input type="text"/>	<input type="text"/>
9 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If the person is an individual acting on behalf of a company (e.g. a law firm), enter their own residential address here. Provide the company address in the Notes section at the back of this application form) Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
10 Is this individual also the scheme administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

G SCHEME ADMINISTRATOR DETAILS

Is the scheme administrator also the corporate trustee, member, or any of the other additional trustees already known to Utmost PanEurope dac or previously named in this application? ☐ Yes ☐ No

If 'Yes', provide name and proceed to section I

If 'No', complete the table below with the details of the scheme administrator.

1	Scheme administrator's name	<input type="text"/>
2	Full address (registered address if a company)	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
	Postcode	<input type="text"/>
3	Company registration number (where applicable)	<input type="text"/>
4	Is the administrator quoted on a recognised stock exchange?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, which one?	<input type="text"/>
6	Is the administrator in the process of being dissolved, struck off, wound up or terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is the company authorised by the Financial Conduct Authority/ Prudential Regulatory Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to question 7 is 'No', then further details are required and you must complete section H with full details.

H ADDITIONAL ADMINISTRATOR/CORPORATE TRUSTEE DETAILS

DETAILS OF DIRECTORS

These pages must be completed if the administrator/corporate trustee is neither known by Utmost PanEurope dac, nor regulated by the Financial Conduct Authority/Prudential Regulatory Authority.

List below all the current directors of the company (photocopy this page if necessary). The scheme name must appear on any copies and all scheme signatories who are completing this application must sign any additional sheet.

Full name	Date of birth (dd/mm/yyyy)	Home postcode
1	d d m m y y y y	-
2	d d m m y y y y	-
3	d d m m y y y y	-
4	d d m m y y y y	-
5	d d m m y y y y	-
6	d d m m y y y y	-

From the list above, supply the details of two directors, including at least one executive director, and provide suitable verification of identity and residential address.

	Executive Director	Director
1 Title (Mr, Mrs, Miss or Other)		
2 Surname		
3 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
4 Do you have a maiden name, a previous name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the other name(s)		
5 Forenames (in full)		
6 Please list all nationalities/ citizenships held.		
7 Date of birth	d d m m y y y y	d d m m y y y y
8 Place of birth		
9 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If the person is an individual acting on behalf of a company (e.g. a law firm), enter their own residential address here. Provide the company address in the Notes section at the back of this application form)		
Postcode	-	-
10 Position/Job title		

DETAILS OF SHAREHOLDERS

Do any of the shareholders hold 25% or more of the issued share capital at the date of this application?

If 'Yes' provide details below:

Name	% share	Date of birth (if individual)	Home postcode (if individual)
1		d d m m y y y y	-
2		d d m m y y y y	-
3		d d m m y y y y	-
4		d d m m y y y y	-
5		d d m m y y y y	-
6		d d m m y y y y	-
7		d d m m y y y y	-
8		d d m m y y y y	-
9		d d m m y y y y	-
10		d d m m y y y y	-

The verification of identity of the above shareholders will be required in line with those of individuals, trustee or corporate applicants (as applicable). Full details of these requirements are available from us, or on our website at www.utmostinternational.com

Where there is a corporate shareholder, complete a further corporate application form providing all the relevant details. If any of the shares are held within a Trust, complete a Trust application ensuring the declaration sections are also completed.

- › Attach a certified copy of the Certificate of Incorporation*
- › Attach a certified copy of the latest annual report and accounts*
- › Evidence of the registered address.

☐

Attached

☐

Attached

☐

Attached

*These can be
certified by the
financial adviser.



I LIFE ASSURED DETAILS (NOT REQUIRED IF YOU ARE APPLYING ON A CAPITAL REDEMPTION BASIS) OPTIONAL

	Life Assured 1	Life Assured 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
4 Do you have a maiden name, a previous name or alias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the other name(s)	<input type="text"/>	<input type="text"/>
5 Forenames (in full)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
6 Please list all nationalities/ citizenships held.	<input type="text"/>	<input type="text"/>
7 Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
8 Place of birth	<input type="text"/>	<input type="text"/>
9 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="-"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="-"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
10 What is the life assured's relationship to the member(s)?	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

If there are more than two lives assured (up to a maximum of six), photocopy this section, complete all the details for the life/lives assured and attach it securely to this form.

J INVESTMENT AMOUNT

MANDATORY

1. NUMBER OF SEGMENTS

Indicate the number of required segments here. If you do not specify the number of segments, the bond will automatically default to the maximum available for the investment amount.

Each segment must have a minimum investment of £500 in each. The maximum number of segments is 9,999.

2. TOTAL INVESTMENT

Currency of the Premium ☐ Pound Sterling ☐ US Dollar ☐ Euro

Amount

The premium must be paid to Utmost PanEurope dac in the same currency that you wish to establish the bond.

If you exercise your right to cancel your investment, no interest will be paid on the premium.

Due to current low interest rates Utmost PanEurope dac does not pay credit interest on premiums received prior to bond issue. Units in your selected fund(s) will be purchased on the next dealing day after your bond is issued.

Important note: the bond will not start until we have received all outstanding requirements, including cleared funds.

Please make payment by Telegraphic Transfer (international payment). Our bank details are below, please ensure that the payment is sent DIRECT to Utmost PanEurope dac's bank account.

The minimum premium is £50,000, US\$100,000 or €75,000.

Please note that your bank may charge you for this service.

3. OUR BANK DETAILS

FOR PAYMENTS SENT IN GBP

Address Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland
Swift code CITIIE2X
Sort code 99-00-51
IBAN IE22CITI99005127954790
Account number 27954790
Account name Utmost PanEurope dac Premium GBP

FOR PAYMENTS SENT IN EUR

Address Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland
Swift code CITIIE2X
IBAN IE44CITI99005127954782
Account number 27954782
Account name Utmost PanEurope dac Premium EUR

FOR PAYMENTS SENT IN USD

Address Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland
Swift code CITIIE2X
IBAN IE32CITI99005127954804
Account number 27954804
Account name Utmost PanEurope dac USD

Clearly reference your policy number on the bank payment.

We can only accept payments from the scheme bank account you provided in section C.

PART 1 – NOMINATION OF EXTERNAL MANAGER AND/OR CUSTODIAN
(EMC) OR INVESTMENT ADVISER

A) Is your policy to be managed by an EMC?

If 'No', see B) below.

If 'Yes', a fund choice is not required, however, please ensure that a **Nomination of External Manager and/or Custodian Form** has been completed. This form is available from either your financial adviser or from us on request. In addition, to help us process your application together with the nomination of the EMC, supply details of the EMC including a contact telephone number and contact name (if any) below.

1	Name of firm to be appointed	<input type="text"/> <input type="text"/>
2	Contact name	<input type="text"/>
3	Contact details	
	Telephone number (including international dialling code)	<input type="text"/>
	Facsimile number (including international dialling code)	<input type="text"/>
	Email address	<input type="text"/>
4	Address	<input type="text"/> <input type="text"/> <input type="text"/>
	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"/>
5	Custody Account number	<input type="text"/>

Once you have completed the details for your chosen EMC proceed to **section L** on page 17 to continue with your application.

B) Do you wish to nominate an Investment Adviser to be appointed to choose or change your investments?

If 'No', provide details of your initial fund selection in part 2 below.

If 'Yes', complete a separate **Nomination of Investment Adviser Form** available from either your financial adviser or from us on request. To avoid any delay in processing the application, you will still need to complete the fund selection on the following pages of this form after consulting with your Investment Adviser.

PART 2 – OPEN ARCHITECTURE

Open Architecture allows the value of the bond to be linked to the performance of numerous external funds and cash deposits. For details of the funds available, refer to our website www.utmostinternational.com

The minimum investment varies according to the fund manager. Your investment will be governed by the rules of the underlying investment as applied by the fund or deposit provider.

Where relevant, we will purchase accumulation units unless otherwise instructed. If income units are selected, the fund manager will be requested to pay all income as cash which will be credited to the Dealing Account.

It is important to write the percentage of the net premium to be invested in each chosen fund, after any initial charges for advice have been deducted if applicable, rather than a monetary amount.

FUND SELECTION

Refer to our website www.utmostinternational.com for details of the funds available and the relevant SEDOL or ISIN codes. Please ensure that the full fund name and SEDOL or ISIN codes are provided, any missing information will result in a delay in investment.

Certain funds require completion of the **Investor Declaration Form** which is available from your financial adviser. Contact our Customer Support team on **+44 (0) 203 038 3941** if you need more information.

Fund name (please give full fund name)	Fund reference/SEDOL/ ISIN	%		

CASH DEPOSITS

Refer to your financial adviser for details of cash deposits currently available.

Bank/Building Society	Full name of deposit account	%		

DEALING ACCOUNT

A Dealing Account will be set up and all transactions (including charges and withdrawals) will go through this Dealing Account and it may become overdrawn from time to time. In these circumstances we will sell sufficient funds to clear the negative debit balance.

Indicate in the box below which funds you would like us to sell in these circumstances. If no funds are selected, then we will automatically sell units from the fund within the portfolio with the highest value at the time of sale.

Please note that if an external fund is chosen to clear a negative debit balance, each sale will be subject to the prevailing dealing fees.

L REGULAR WITHDRAWALS

OPTIONAL

Complete this section if regular withdrawals are to be set up from the start of your bond.

Regular withdrawals will be taken equally across all policy segments.

Minimum £200 per payment (or currency equivalent). Payments will only be made in the currency of the bond.

If a regular withdrawal would take the bond to a surrender value lower than the minimum value required to be kept in the bond withdrawals will stop.

1	Amount of withdrawal	% of premium per annum	or	Monetary amount per payment					
		<input type="text"/> %		<input type="text"/>					
2	Frequency of payments	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly	<input type="checkbox"/> Annually				
3	Payment to start	<input type="text"/> d	<input type="text"/> d	<input type="text"/> m	<input type="text"/> m	<input type="text"/> y	<input type="text"/> y	<input type="text"/> y	<input type="text"/> y

The earliest the first withdrawal can be taken is 30 days after the bond has been issued.

Payment method will be BACS transfer for sterling payments to UK clearing banks only or Telegraphic Transfer (international payment) for other currencies or banks outside the UK. A charge will be levied by our bankers for Telegraphic Transfer payments which will be deducted from the value of the bond.

Payments will only be sent to the scheme bank account provided in section C on page 5.

If you have opted for an end date on your client personal Illustration, note that this is for illustrative purposes only. When you wish for withdrawals to stop, we will require an instruction at that point to us.

M PRIVACY NOTICE

Our Privacy Notice explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy on our website www.utmostinternational.com/privacy-statements or you can contact our Customer Service team on +44 (0) 203 038 3941 and request a copy.

N DECLARATION

MANDATORY

This is our standard client declaration upon which we intend to rely. For your own benefit and protection you should read these terms and the data protection notes section of this form carefully before signing below.

Please make sure that all relevant persons, including the scheme trustees and any members, have read the Product Guide, Guide to Charges, Personal Illustrations, any applicable disclosure documents and Key Features Document. All of these should have been provided to each member as they contain important information about the bond the scheme is about to invest in.

If you, or any member, do not understand any part of this declaration, the Data Protection notes or the product literature listed above, please ask the appointed financial adviser to explain it to you or the member before signing below.

In this declaration, "we", "us" and "our" mean the scheme trustees and "the Company" means Utmost PanEurope dac.

We apply for Selection to be issued to us in accordance with the Policy Conditions and Policy Schedule.

We hereby confirm that neither the scheme trustee nor any of the members have relied on any statement made by their financial adviser which is not supported in the literature.

We confirm and declare that the members have been advised to obtain appropriate professional advice in respect of the applicable taxation requirements, effects and legislation. If the scheme is applying as an occupation scheme, they have taken the necessary advice to make this application.

ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of Funds – Policyholder Statement of Truth

We truthfully confirm that:

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

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

- i) terminate the bond immediately and, regardless of the actual date of bond termination, impose the maximum encashment and any other relevant charges which may be imposed on us under the bond as if the bond had been encashed immediately after issue. Such charges shall be applied to the extent that they cover any costs, expenses or losses caused by the Company being misled, without limiting the Company's ability to seek additional recompense from us in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at the Company's discretion concerning us and/or the bond; and
- iii) if considered appropriate after consultation with government authorities and/or legal counsel, either
 - a) subject to satisfying the Company's further reasonable requirements, refund our premium(s) and other amounts paid to the Company to the date of such termination less applicable 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.

Consent to disclose information to Tax and other Government Authorities

We have been advised that Utmost Group plc and the Company have a longstanding policy of co-operating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities.

We consent and agree that in cases where the Company suspects that the funds invested in the bond are wholly or partly derived from illegal activities/sources and/or tax evasion, then the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the ability to disclose to our home country tax and/or other government authorities our identity and any relevant information considered necessary or appropriate, at the Company's discretion, concerning the bond.

We 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.

Further consents and confirmations

We hereby confirm that all the information that we have provided, whether handwritten or otherwise, in this application form is complete and accurate to the best of our knowledge and belief. We agree that this information, together with all other questionnaires, statements, reports or other information completed or given by us in our name, shall form the basis of the contract with the Company.

We understand that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to the Company by us or on our behalf was misleading or incomplete, then this might invalidate our contract and adversely affect our right to the payment of policy benefits. We understand the requirement to provide accurate and relevant information in our dealings with the Company is continuous and binding upon us or any subsequent holder of the policy.

We understand that no contract shall be issued in respect of this application and the Company shall be under no obligation in respect of this application until the first premium has been received by the Company and the Company has expressly confirmed in writing that it accepts the application.

We accept that selection of investments is our responsibility (or, where appropriate, that of our Investment Adviser or any nominated EMC) and the Company makes no representations or guarantees in relation to the future performance of any assets linked to the bond and accordingly has no legal responsibility in respect of future performance of such linked assets.

We understand that the Company and us have a free choice about the law that can apply to any contract relating to this application. The Company proposes to choose the laws of England and Wales and by completing this application form we agree that the laws of England and Wales shall apply and that the Courts of England and Wales shall be the sole forum to consider disputes in relation to any contract arising from this application.

We agree that any decision to alter the Courts of England and Wales jurisdiction shall be at the discretion of the Company such discretion being exercised reasonably.

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

We confirm that the Scheme has the power to enter into the contract applied for.

We confirm that, to the best of our knowledge and belief, the members are not subject to any legislation which would make such an investment unlawful.

SCHEME SIGNATORIES

	Signatory 1	Signatory 2
SIGNATURE	<div></div>	<div></div>
Print full name	<div></div>	<div></div>
Date	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>

SIGNATURE

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

O IDENTIFICATION REQUIREMENTS

MANDATORY

THIS SECTION SHOULD BE COMPLETED BY THE FINANCIAL ADVISER IN ALL CASES

Under anti-money laundering regulations we are required to verify the identity and address of all individuals related to a contract (e.g. joint applicants, trustees, Power of Attorney). For trustee shareholders, we are required to verify the identity and address for all trustees together with satisfactory evidence of proper appointment of the trustees.

Outlined below are the standard minimum requirements. However we may, in some circumstances, require additional information.

Individual trustee(s) and director(s) - We require **one document** from **Part 1** together with **one document** from **Part 2**. If an individual does not hold either of the documents listed in **Part 1** then, under certain circumstances, we may be able to accept **two documents** from **Part 2**, showing verifiable reference numbers. Please also note that if no documentation is supplied from **Part 1**, we need a reason why this is not available.

Trust - for identification of the Trust see **Part 3**. All documentation in this section must be supplied.

Corporate trustee - for verification of the corporate trustee see **Part 4**. All documentation in this section must be supplied.

Tick in the boxes below to indicate the identification you have supplied for each party to the policy.

PART 1 - PERSONAL IDENTITY

	Executive Director	Director	Trustee 1	Trustee 2	*
1 Valid passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 National ID card (with photograph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence (with photograph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you cannot supply an item from **Part 1**, tell us why in the box below.

This information is required to satisfy anti-money laundering regulations for the applicants and the trustees.

Use one document from Part 1 PLUS one document from Part 2. Alternatively, use two documents from Part 2 and confirm why no ID from Part 1 can be provided. Please always provide originals or certified copies.

PART 2 - VERIFICATION OF ADDRESS

	Executive Director	Director	Trustee 1	Trustee 2	<div></div>
1 A recent utility bill, rates or council tax bill The document must be the most recent available and date no more than six months old, and must also be certified. (Mobile phone bills are not acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 A recent mortgage statement, giving the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 A state pension, benefit or other government produced document showing benefit entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 A recent tax assessment document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 An account statement from the bank or bank credit card which is dated no more than six months old and certified (Store cards are not acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Proof of ownership or rental of the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Complete for any other party to the application for which identification has been provided. Continue on a separate sheet of paper should there be more individuals to be identified than the space provided.

If there are other parties to the application not quoted on the form, have you enclosed a list of copy evidence submitted and can you confirm that you have seen the originals of such evidence?

☐ Yes

Where relevant, tick this box.



(Ensure that any separate list quotes the name of the applicants and is signed by the certifier.)

The following declaration must be fully completed in all cases, this method of certification is required for Utmost PanEurope dac's regulatory purposes.

I confirm that

- a) I have had sight of the original documents and all documents enclosed herewith are true copies of the original and are hereby certified accordingly. ☐ Yes
- b) The information in Section O was obtained by me in relation to the policyholder. ☐ Yes
- c) Where I have an existing relationship, the policyholders' account/relationship has been conducted satisfactorily. ☐ Yes
- d) I am not aware of any reason why this application should be refused. ☐ Yes
- e) I am unaware of any activities undertaken by these policyholders which lead me to suspect that they are involved in any form of criminal activity and/or money laundering. ☐ Yes
- f) I shall inform you immediately if I suspect such activity. ☐ Yes

PART 3 - SCHEME VERIFICATION

SUPPLY ALL OF THE FOLLOWING DOCUMENTS

- The Pension Agreement and any Supplementary Deeds showing the proper appointment of the trustees and classes of beneficiaries ☐
- An authorised signatory list (where applicable) ☐
- A completed **Tax Information Exchange Pack for Entities**. ☐

PART 4 - ADDITIONAL VERIFICATION

THE FOLLOWING DOCUMENTS WILL BE REQUIRED IF SECTION H WAS COMPLETED.

SCHEME TRUSTEE		SCHEME ADMINISTRATOR	
A Certificate of Incorporation	<input type="checkbox"/>	A Certificate of Incorporation	<input type="checkbox"/>
Evidence of the registered address	<input type="checkbox"/>	Evidence of the registered address	<input type="checkbox"/>
Board resolution appointing authorised signatories, and signatory list (for public registered companies only)	<input type="checkbox"/>	Board resolution appointing authorised signatories, and signatory list (for public registered companies only)	<input type="checkbox"/>

If there are other parties to the application not quoted on the form, have you enclosed a list of copy evidence submitted and can you confirm that you have seen the originals of such evidence? ☐ Yes

(Ensure that any separate list quotes the name of the applicants and is signed by the certifier.)

The following declaration must be fully completed in all cases, this method of certification is required for Utmost PanEurope dac regulatory purposes.

I confirm that I have had sight of the original documents and all documents enclosed are true copies of the originals. ☐ Yes

P INTRODUCER'S DETAILS

MANDATORY

1 How and when were you introduced to the trustees/ members?

2 Who was the advice given to? ☐ Trustees ☐ the member (for personal pensions and SIPP cases)

If the advice was given to the member, did that member approach the trustees to request this application ☐ Yes ☐ No

3 Which country was the advice leading to this application given in?

4 Which country was this application signed in?

5 The basis on which the advice was offered is (UK advisers only) ☐ Independent ☐ Restricted

6 Name of regulatory body

7 Regulatory body membership number

8 Certifier and authorised signatory

9 Print full name

10 Date

11 Financial adviser company name and address (company stamp)

12 Provide the name of your Utmost sales consultant (if known)

Provide full details of your authorisation and where applicable, FCA number.

SIGNATURE

If no company stamp is available, write in the company address.

We will not be able to start the policy until sections O and P have been completed and identification has been provided.

Q STANDALONE MEMBERS FORM

Member of

- 1 Title (Mr, Mrs, Miss or Other)
- 2 Surname
- 3 Gender ☐ Male ☐ Female
- 4 Do you have a maiden name, a previous name or alias? ☐ Yes ☐ No
If "Yes", provide the other name(s)
- 5 Forenames (in full)
- 6 Please list all nationalities/ citizenships held.
- 7 Date of birth
- 8 Place of birth
- 9 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)

Postcode
- 10 State the jurisdiction in which you are tax resident
- 11 Is this member also a trustee? ☐ Yes ☐ No
If yes, are they required to sign on behalf of the scheme? ☐ Yes ☐ No
- 12 Is this member also the scheme administrator? ☐ Yes ☐ No
- 13 Occupation and name of employer
- 14 If retired, previous occupation and name of last employer
- 15 If the member has more than one occupation please provide more details
- 16 Current total annual income (including salary and investment income)
- 17 Average income in the last 10 years, or if retired, provide the year of retirement and the average income in the 10 years prior to retirement. (including salary and investment income) ☐ up to £20,000 ☐ £50,001 to £100,000
☐ £20,001 to £50,000 ☐ £100,001+

This question must be completed.



If retired, provide details of last salary before retirement.



18 Is the member still contributing to the scheme this application relates to?

☐ Yes

☐ No

If 'Yes', go to question 19. If 'No', go to the final page.

19 Are the member's contributions over 50% of their current salary?
(excluding any employer contributions if applicable)

☐ Yes

☐ No

20 If the answers to 18 and 19 are yes, how is the member funding the contributions and maintaining their lifestyle? (i.e. inheritance, spousal income etc.)

NOTES

CHECKLIST

We want to process your application as quickly as possible, to help us do this on completion of this form we will need the following:

- › The separate **Tax Declaration and Self-Certification for Entities** form with all relevant sections completed and signed ☐
- › Certified copies of the identification and address verification documents, where applicable ☐
- › Certified copy of Trust Deeds and any Supplementary Deeds ☐
- › Corporate trustee verification documents, where applicable ☐
- › If you are also appointing an Investment Adviser, ensure you enclose a fully completed and signed **Nomination of Investment Adviser Form** available from your financial adviser or us on request ☐
- › If you wish for your policy to be externally managed, ensure you enclose a fully completed and signed **Nomination of External Manager and/or Custodian Form** available from your financial adviser or us on request ☐
- › If you are sending any additional instructions or documentation, attach them securely to the back of the form. ☐

WHAT TO DO NEXT

Once completed, arrange for your financial adviser to return this form and any supporting documents to Utmost PanEurope dac at: **Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**