

SELECTION

APPLICATION FORM FOR EXISTING PENSION SCHEMES

IMPORTANT NOTES

Please 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 please 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

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

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. 6 or 12 months.

IDENTIFICATION REQUIREMENTS

Under Anti-Money Laundering regulations, we 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 address 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

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

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

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

IMPORTANT INFORMATION ABOUT THIS CONTRACT

Please make sure that under any taxation, exchange control, or insurance legislation, to which the applicant may be subject, the bond can be taken out.

When you submit this application please ensure that you provide us with all residency and citizenship information by completing the separate **Tax Information Exchange Pack for Entities** available from our website www.utmostwealth.com or your financial adviser on request. Please 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.

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

Please note that the information that we require may change in accordance with amendments to pensions legislation.

WHAT TO DO NEXT

Using the checklist on the final page please ensure you have completed all of the relevant sections and that you have attached any supporting documents to submit including the separate **Tax Information Exchange Pack for Entities**.

Once completed, please arrange for your financial adviser to return this form and any supporting documents directly to Utmost Ireland at the following address: **Utmost Ireland dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.**

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

A CONTRACT DETAILS (all schemes)

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

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3 Welcome Team Case ID reference

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If the Welcome team produced a Personal Illustration for you, a four digit case ID 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 initial and ongoing Product Management Charge, please enter your chosen combination to a maximum of 3 decimal places:

% Initial % Ongoing (per annum)

Please state the Product Management Charge option chosen.

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

Please note that once your bond is established you cannot change the bond currency.

Please note that 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

Under our current anti-money laundering obligations we are required to identify any 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. Please provide details in the box below of any persons that could be considered to be a PEP (as defined above) in relation to this application, non-completion confirms that there are no associated Politically Exposed Persons:

Please see our separate document entitled 'Politically Exposed Persons' which is available from your financial adviser who can obtain this on our website, www.utmostwealth.com. This includes a list of those parties considered to be close relatives.

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 Please state the current scheme value (all schemes)
 (please delete where applicable)

12 Current number of members in the scheme (Occupational Schemes only)

If the scheme trustees are overseas (not UK) please make sure you complete questions 14 and 15 on the next page. 

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 Please 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

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

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

14 Did the monies in the scheme that are being used for this investment all derive from UK pension transfers? Yes No (if no please proceed to Question 15)

15 Please provide Source of Wealth details in the box below. For example, if contributions were made whilst the member was overseas.

We may request additional information in such cases.

PLEASE 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 number (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

Please 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

2 Company Registration number

3 Registered address (PO Boxes and 'care of' addresses are not acceptable)

Postcode -

4 Is the corporate trustee also the scheme administrator? Yes No

5 Is this corporate trustee already known to Utmost Ireland? Yes No

6 Is the corporate trustee quoted on a recognised stock exchange? Yes No

7 If yes, which one?


8 Is the corporate trustee in the process of being dissolved, struck off, wound up or terminated? Yes No

9 Is the corporate trustee authorised by the Financial Conduct Authority/ Prudential Regulatory Authority? Yes No

If the answer to question 9 is no, then please also complete Section H.

AUTHORISED SIGNATORIES

- › Any additional individual trustees who are not members will need to complete Section F, Additional trustees (non member) details.
- › Please 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
- › Please confirm the minimum number of authorised signatories required to sign the contract and provide instructions.
(number)

*These can be certified by the financial adviser 

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

E SCHEME MEMBERS DETAILS (Please complete in all cases)

Please provide the details of all underlying members for the scheme. Questions 13-20 specifically cover Source of Wealth and Occupational details of each member and 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 who are also 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. Please 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, please attach these securely to this application.

Member 1 of

1 Title (Mr, Mrs, Miss or Other)

2 Surname

3 Maiden name or any previous names (if applicable)

4 Forenames (in full)

5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)

Postcode

6 Please state the jurisdiction in which you are tax resident

7 Nationality

8 Date of birth

9 Country of birth


10 Gender Male Female

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

Please note that this question must be completed. 

15 If the member has more than one occupation please provide more details

16 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 please provide details of last salary before retirement

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)

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

Yes No

If yes, please go to question 19. **If no**, please go to section F.

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.)

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 Maiden name or any previous names (if applicable)	<input type="text"/>	<input type="text"/>
4 Forenames (in full)	<input type="text"/>	<input type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If the person is an individual acting on behalf of a company (e.g. a law firm), please enter their own residential address here. Please provide the company address in the notes section at the back of this application pack)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
6 Nationality	<input type="text"/>	<input type="text"/>
7 Date of birth	<input type="text"/>	<input type="text"/>
8 Country of birth	<input type="text"/>	<input type="text"/>
9 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
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 Maiden name or any previous names (if applicable)	<input type="text"/>	<input type="text"/>
4 Forenames (in full)	<input type="text"/>	<input type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If the person is an individual acting on behalf of a company (e.g. a law firm), please enter their own residential address here. Please provide the company address in the notes section at the back of this application pack)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
6 Nationality	<input type="text"/>	<input type="text"/>
7 Date of birth	<input type="text"/>	<input type="text"/>
8 Country of birth	<input type="text"/>	<input type="text"/>
9 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
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 Ireland or previously named Yes No in this application?

If **yes**, please give name and proceed to Section I

If **no**, please 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <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. Please 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 Ireland, nor regulated by the Financial Conduct Authority/Prudential Regulatory Authority.

Please 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, please 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)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Maiden name or any previous names (if applicable)	<input type="text"/>	<input type="text"/>
4 Forenames (in full)	<input type="text"/>	<input type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If the person is an individual acting on behalf of a company (e.g. a law firm), please enter their own residential address here. Please provide the company address in the notes section at the back of this application pack)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
6 Position/Job title	<input type="text"/>	<input type="text"/>
7 Nationality	<input type="text"/>	<input type="text"/>
8 Date of birth	d d m m y y y y	d d m m y y y y
9 Country of birth	<input type="text"/>	<input type="text"/>
10 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

DETAILS OF SHAREHOLDERS

Do any of the shareholders hold 25% or more of the issued share capital at the date of this application? Yes No

If yes please give 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 www.utmostwealth.com


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

- › Please attach a certified copy of the Certificate of Incorporation*
- › Please 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)

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

	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 Maiden name or any previous names	<input type="text"/>	<input type="text"/>
4 Forenames (in full)	<input type="text"/>	<input type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
6 Nationality	<input type="text"/>	<input type="text"/>
7 Date of birth	<input type="text"/>	<input type="text"/>
8 Country of birth	<input type="text"/>	<input type="text"/>
9 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
10 What is the life assured's relationship to the member(s)?	<input type="text"/>	<input type="text"/>

J INVESTMENT AMOUNT (Please complete in all cases)

MANDATORY

1. NUMBER OF SEGMENTS

Your bond will normally be made up of a series of 60 identical segments. However, you can request that your bond is set up with more segments. Please indicate the number required here.

You can have more than 60 segments, subject to the minimum investment of £500 in each. The maximum number of segments is 9,999.

2. TOTAL INVESTMENT

£/US\$/€*

(*Please delete as applicable)

Minimum investment is £50,000, US\$100,000 or €75,000.

If the premium received is in a currency that is different to the bond it will be converted to the currency of your contract at the exchange rate applicable at the time.

If you are paying by cheque, please make it payable to Utmost Ireland dac. If it is a non-personalised cheque, your name must be written on the front (e.g. Utmost Ireland dac ref: Mr John Smith). **The payer of the premium in all cases should be the scheme trustees and the payments must come from the scheme accounts. Third party payments under pension applications cannot be accepted.**

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

Cheques are banked on the day of receipt and cannot be held back, even if we are requested to do so. Due to current low interest rates Utmost Ireland 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.

If you want to pay by BACS, CHAPS, Faster Payment or telegraphic transfer please contact your bank separately to send the payment to us. Our bank details are below, please ensure that the payment is sent DIRECT to Utmost Ireland's bank account.

These are our preferred payment methods but please note that your bank may charge you for some of these services.

3. OUR BANK DETAILS

Address Royal Bank of Scotland International Limited, 2 Athol Street, Douglas, Isle of Man, IM99 1AN.
Swift Code RBOSIMDX
Sort Code 16-58-80
IBAN Number GB32RBOS16588058705079
Account Number 58705079
Account Name Utmost Ireland dac-Premium

Please reference your policy number on the bank payment.

Please note that 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, please 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, please supply details of the EMC including contact telephone number and contact name (if any) below.

1	Name of firm to be appointed	<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"/>
5	Custody Account number	<input type="text"/>

Once you have completed the details for your chosen EMC please 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, please give details of your initial fund selection in part 2 below.

If yes, please 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, please refer to our website www.utmostwealth.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

Please refer to our website www.utmostwealth.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. Please contact our Customer Support team on **0845 602 9281** if you need more information.

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

CASH DEPOSITS

Please 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.

Please 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)

Please 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	per payment									
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	<table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <tr> <td style="width: 20px;">d</td> <td style="width: 20px;">d</td> <td style="width: 20px;">m</td> <td style="width: 20px;">m</td> <td style="width: 20px;">y</td> <td style="width: 20px;">y</td> <td style="width: 20px;">y</td> <td style="width: 20px;">y</td> </tr> </table>						d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	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 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.

M PRIVACY STATEMENT

Our Privacy Statement 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 customer have about how we use that information. You can find a copy on our website www.utmostwealth.com/privacy-statement or you can ring our Customer Service Team on 0845 602 9281 and request a copy.

N DECLARATION

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 Documents. 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 Ireland 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 the Utmost Group 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 also 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	<input type="text"/>	<input type="text"/>
Print full name	<input type="text"/>	<input type="text"/>
Date	<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"/>

SIGNATURE

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

IDENTIFICATION REQUIREMENTS

THIS SECTION SHOULD BE COMPLETED BY THE FINANCIAL ADVISER. PLEASE COMPLETE 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.

This information is required to satisfy Anti-Money Laundering regulations for the applicants and 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.

Please 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"/>

Please 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.

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


PART 2 - VERIFICATION OF ADDRESS

	Executive Director	Director	Trustee 1	Trustee 2	*
1 A recent utility bill, rates or council tax bill The document must be the most recent available and date no more than 3 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 3 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"/>

*Please complete for any other party to the application for which identification has been provided. Please 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, please tick this box. 

(Please 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 Ireland 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

PLEASE 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

(Please 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 Ireland 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 (Please complete in all cases)

1	How and when were you introduced to the trustees/ members?			Please give details of the source of your introduction.								
2	Who was the advice given to? If the advice was given to the member, did that member approach the trustees to request this application	<input type="checkbox"/> Trustees <input type="checkbox"/> the member (for personal pensions and SIPP cases)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please tick the appropriate box and insert details where relevant.								
3	Which country was the advice leading to this application given in?											
4	Which country was this application signed in?			Please give full details.								
5	The basis on which the advice was offered is (UK advisers only)	<input type="checkbox"/> Independent <input type="checkbox"/> Restricted										
6	Name of regulatory body			Please give full details of your authorisation and where applicable, FCA number.								
7	Regulatory body membership number											
8	Certifier and authorised signatory			SIGNATURE								
9	Print full name			Please sign, date and stamp in the spaces provided.								
10	Date	<table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <tr> <td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td> </tr> </table>	d	d	m	m	y	y	y	y		
d	d	m	m	y	y	y	y					
11	Financial adviser company name and address (company stamp)			If no company stamp is available, please write in the company address.								
12	Please provide the name of your usual sales consultant, and their sales office (if known)				Please provide your sales consultant details here.							

Please note that we will not be able to start the policy until Sections O and P have been completed and identification provided.

BLANK

Q STANDALONE MEMBERS FORM

Member of

1 Title (Mr, Mrs, Miss or Other)

2 Surname

3 Maiden name or any previous names (if applicable)

4 Forenames (in full)

5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)

Postcode

6 Please state the jurisdiction in which you are tax resident

7 Nationality

8 Date of birth

9 Country of birth

10 Gender Male Female

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+

Please note that this question must be completed.

If retired please provide details of last salary before retirement

18 Is the member still contributing to the scheme this application relates to? Yes No

If yes, please go to question 19. **If no**, please 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

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CHECKLIST

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

- › Please ensure you have completed and signed the relevant sections of the separate **Tax Information Exchange Pack for Entities**.
- › 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, then please 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, please 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, please attach them securely to the back of the form.

WHAT TO DO NEXT

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Ireland dac at: **Utmost Ireland dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.**