

INVESTMENT ACCOUNT



APPLICATION FORM - NEW BUSINESS AND TOP-UP

For the individual investor

THIS DOCUMENT WAS LAST UPDATED IN JANUARY 2024.

Please confirm with your financial adviser representative that this is the most up-to-date document for your product or servicing needs.

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

SECTION	PAGE	COMPLETED
A Policy status	4	<input type="checkbox"/>
B Details of all individual applicant(s)	4	<input type="checkbox"/>
C Details of the life/lives assured (if different from applicant(s))	7	<input type="checkbox"/>
D Source of Funds - Bank details of where funds are being remitted from	8	<input type="checkbox"/>
E Investment details	8	<input type="checkbox"/>
F Investment choice	9	<input type="checkbox"/>
G Source of Funds - Activity which generated the amount to be invested	11	<input type="checkbox"/>
H Regular withdrawals (optional)	17	<input type="checkbox"/>
I Number of policies	18	<input type="checkbox"/>
J Appointment of an investment adviser	19	<input type="checkbox"/>
K Utmost International charges	22	<input type="checkbox"/>

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost Wealth Solutions is the registered business name of Utmost International Isle of Man Limited Singapore Branch.

Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909.

Tel: +65 6216 7990 Fax: +65 6216 7999.

Registered in Singapore Number T08FC7158E.

Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore.

Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 024916C.

Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Licensed by the Isle of Man Financial Services Authority.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

ULQ PR 09305 | 01/24

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SECTION	PAGE	COMPLETED
L Declaration and application	22	<input type="checkbox"/>
M Verification of customer identity - financial adviser/suitable certifier to complete	27	<input type="checkbox"/>
N Financial adviser representative/suitable certifier	29	<input type="checkbox"/>

CUSTOMER ID NUMBER(S)

If known please enter the Customer ID number(s)

Applicant 1

Applicant 2

FINANCIAL ADVISER REPRESENTATIVE

Utmost International
account reference

MAS representative
number

Name of Financial
Adviser Representative
Company name

Address

Telephone number

Fax number

E-mail address

Utmost International only accepts business introduced by companies which have Terms of Business with us.

We only sell our products through financial adviser representatives as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser representative, you need to bear in mind that they are acting on your behalf and not on behalf of Utmost International. You are responsible for their actions or omissions.

The Investment Account is issued by Utmost International Isle of Man Limited Singapore Branch on behalf of Utmost International Isle of Man Limited. All references to **Utmost International, we, us** and **our** in this application form mean Utmost International Isle of Man Limited.

IMPORTANT INFORMATION FOR YOU - THE APPLICANT

Your application can be submitted online via Wealth Interactive. If you choose this option your application can be submitted to us immediately without the delay that can be experienced through the postal system.

This application form is for individual applicants only. If you are a trustee or corporate applicant you should use the alternative application form which is available from your financial adviser representative.

This application form should be read together with the Policy Terms, Confirmation of Charges, Benefit Illustration, Product Summary and Product Brochure, which are available from Utmost International. You will also need to read Your Guide to Life Insurance (this can be downloaded from the Life Insurance Association's website: www.lia.org.sg) and the Product Highlight Sheets are available from your financial adviser representative. Please note this application form must not be used by applicants resident in Hong Kong or the United States of America or its territories.

Before completing the application form, please make sure you receive and read through the relevant product information:

- › Investment Account brochure
- › Investment Account product summary
- › Investment Account policy terms & conditions SO2

For ease of reference we have used an arrow ► to highlight certain facts and sometimes to let you know that you can find further information and explanations in the guidance notes for starting or adding to your Utmost International Investment Account - for the individual investor (referred to as the guidance notes).

ONLINE SERVICE ACCOUNT ON WEALTH INTERACTIVE

When you apply for your Investment Account, we will automatically set you up with an Online Service Account on our online service Wealth Interactive. You will receive an e-mail from us containing a link that lets you register for this service.

Once your policy and your Online Service Account is live, you can sign in to Wealth Interactive whenever you want to review your policy and carry out key transactions. You can also find all the information you need about your investment with us in one place.

Ongoing communication from us, such as policy valuations, will be done through your Online Service Account as much as possible, although there will be times when we do still need to correspond with you by letter.

If you would prefer to receive ongoing communication from us by post rather than online, please tick here. (✓)

If you already have an Online Service Account on Wealth Interactive tick here. (✓)

FREE LOOK PROVISION

You have the right to cancel your Investment Account or additional investment and obtain a refund of any premium(s) paid, less any applicable charges* and any fall in the value of the assets linked to your Investment Account. You have 30 days from the date that you receive the Schedule for the initial premium, or letter accepting the additional investment to let us know you want to cancel. Further information on how to cancel can be found in the Investment Account Terms & Conditions.

**Where relevant, applicable charges include non-refundable fund charges, fees we have paid to your financial adviser representative on your behalf and bank charges.*

COMPLETING THE FORM

To complete this form:

- › use CAPITAL LETTERS only
- › use blue or black ink
- › specify choices as appropriate
- › complete all relevant sections; refer to the checklist at the back of this document for guidance
- › do not use correction fluid; any amendments should be crossed out and initialled by all applicants.

Please ensure that you complete all relevant sections. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

A POLICY STATUS

If this is an application for an **ADDITIONAL INVESTMENT**, please provide your existing policy number: (you can find this in your policy documentation)

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► Unless your details have changed, you only need to complete the full forename(s) and surname of each policyholder and life assured (if applicable) in section B and C. **YOU MUST ALSO COMPLETE SECTIONS E, F, G and J.**

Policy currency

I wish my policy to be valued in (✓)

SG\$

US\$

€

Other (state currency)

Please note if no currency is entered your policy currency will be US dollars (US\$). THE POLICY CURRENCY CANNOT BE CHANGED AFTER THE POLICY IS SET UP.

► If you are paying your premium in a different currency to your chosen policy currency, please refer to section A of the guidance notes.

Reason for investment
(e.g. saving for retirement)

B DETAILS OF ALL INDIVIDUAL APPLICANT(S)

In this section, please give details of all individual applicant(s). Applicants must be at least 18 years old and the maximum age is 89. The maximum age for a life assured is 89.

If there are any further applicants, please photocopy this page, attach the details with this application form and tick here. (✓)

► If additional pages are added, each separate page must be initialled by all applicants.

	Applicant 1	Applicant 2 (If any)																
Title (✓)	<div>Mr Mrs Miss</div> <div>Other <input type="text"/></div>	<div>Mr Mrs Miss</div> <div>Other <input type="text"/></div>																
Full forename(s)	<input type="text"/>	<input type="text"/>																
Surname	<input type="text"/>	<input type="text"/>																
Maiden name, previous name or alias	<input type="text"/>	<input type="text"/>																
► Please refer to section B of the guidance notes.																		
Sex (✓)	<div>Male Female</div>	<div>Male Female</div>																
Date of birth	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
NRIC number (or equivalent, ie employment pass ID or dependants pass ID) (Singapore citizens only)	<input type="text"/>	<input type="text"/>																
Nationality	<input type="text"/>	<input type="text"/>																
Dual nationality (if applicable)	<input type="text"/>	<input type="text"/>																
Passport number/national identity card number	<input type="text"/>	<input type="text"/>																
Expiry date	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
Country of issue	<input type="text"/>	<input type="text"/>																
Country of residence	<input type="text"/>	<input type="text"/>																

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Residential address
(where you are currently living)

Postcode

Postcode

Correspondence address
► **Please refer to section B of the guidance notes.**

Postcode

Postcode

Utmost International accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International reserves the right to send correspondence to my residential address where regulations prevent it being sent to a third party.

Telephone number including area code (daytime)

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Telephone number including area code (evening)

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E-mail address
(Please note each client must have a unique e-mail address. An e-mail address cannot be shared by users on Wealth Interactive.)

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LEAD POLICYHOLDER (MUST BE APPOINTED FOR AN ONLINE SERVICE ACCOUNT)

If there is more than one applicant then each applicant must select one applicant to be the Lead Policyholder. Each applicant must agree to select the same Lead Policyholder.

We, the applicant(s), appoint (insert name in the box)

 to act as the Lead Policyholder for the policies comprising our Investment Account in accordance with the Policy Terms.

The specific e-mail address which will be used for the Online Service Account is

(Please note each client must have a unique e-mail address. An e-mail address cannot be shared by users on Wealth Interactive.)

EMPLOYMENT DETAILS

This section must be completed in all instances

Please give details of your employer or your own company, if self-employed. Relevant documentation proofs are needed for this application, please refer to 'Regular income from employment/Regular income from your business' under section G of the guidance notes.

If you have retired or are not currently employed please include details of your previous employer or your own company. If you have never been employed, please state N/A.

Please also enter your final year's salary/income and bonus if any.

	Applicant 1		Applicant 2 (If any)	
Employment status (✓)	Employed	Self Employed	Employed	Self Employed
	Retired	Not employed	Retired	Not employed
Occupation (including role, e.g. Director and sector, e.g. Accountancy. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited occupations as confirmed on our Source of Funds and Source of Wealth Guidelines)	<table border="1" style="width: 100%; height: 60px;"></table>		<table border="1" style="width: 100%; height: 60px;"></table>	

INVESTMENT ACCOUNT

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Name of employer or your own company	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Address of employer or your own company	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
	<input style="width: 95%;" type="text"/> Postcode	<input style="width: 95%;" type="text"/> Postcode	
Country	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Employer's phone number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Employer's e-mail address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Website address of employer or your own company (if any)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Last year's gross salary/ income amount	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Currency (✓)	<div style="display: flex; justify-content: space-around; width: 100%;"> £ US\$ € </div>	<div style="display: flex; justify-content: space-around; width: 100%;"> £ US\$ € </div>	
	Other (please state) <input style="width: 100px;" type="text"/>	Other (please state) <input style="width: 100px;" type="text"/>	
Last year's bonus amount (if applicable)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
If you receive income from another source, please provide full details here (e.g. dividend, investment, rental income including their nature and source)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

POLITICALLY EXPOSED PERSON

If the applicant(s), or any other party connected to this application either now or in the past/future, could be classed as a politically exposed person (PEP), or connected with a PEP, please provide details.

► For examples of what a PEP is please refer to section B of the guidance notes.

Applicant 1	Applicant 2 (If any)

All applicants must complete and sign the declaration in section L

► If a client is a PEP, or is linked to a PEP, Source of Funds evidence must be provided with the application and funding must come from the applicant's bank account. Due to the increased risk of accepting business from PEPs and the specific regulatory requirements relating to them, Utmost International will require Source of Wealth information which can be provided using the Source of Wealth Questionnaire, and may also require Source of Wealth evidence.

C DETAILS OF THE LIFE/LIVES ASSURED (IF DIFFERENT FROM APPLICANT(S))

Please note you do not need to complete this section if the applicant(s) is going to be the only life/lives assured.

Are the applicants going to be the life/lives assured (✓)

Applicant 1

Applicant 2

The maximum age for a life assured is 89.

► Please refer to section C of the guidance notes which have more details on the life/lives assured.

If there are any further lives assured, please photocopy this page, attach the details with this application form and tick here. (✓)

► If additional pages are added, each separate page must be initialled by all applicants.

There must be an insurable interest between the applicant and the life assured where the applicant would suffer loss in the event of the death of the life assured.

	First additional life assured (if any)			Second additional life assured (if any)		
Title (✓)	Mr	Mrs	Miss	Mr	Mrs	Miss
	Other <input type="text"/>			Other <input type="text"/>		
Full forename(s)	<input type="text"/>			<input type="text"/>		
Surname	<input type="text"/>			<input type="text"/>		
Maiden name, previous name or alias	<input type="text"/>			<input type="text"/>		
Sex (✓)	Male		Female	Male		Female
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>			<input type="text"/>		
NRIC number (or equivalent, ie employment pass ID or dependants pass ID) (if applicable)	<input type="text"/>			<input type="text"/>		
Relationship to applicant	<input type="text"/>			<input type="text"/>		
Dual nationality (if applicable)	<input type="text"/>			<input type="text"/>		

D SOURCE OF FUNDS - BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM

This section must be completed in all instances.

SOURCE OF FUNDS

- ▶ The premium payment must come from an account held in the name of the applicant(s).
- ▶ Before completing this section, please refer to section D of the guidance notes for information about your payment.
- ▶ If you are making multiple payments, please photocopy this page, attach the details and the reason why multiple payments are being made with this application form and tick here. (✓)

Payment amount	<input type="text"/>	Payment currency	<input type="text"/>
Bank account holder (name as stated on bank account)	<input type="text"/>		
Bank account number/IBAN	<input type="text"/>		
Sort code (if applicable)	<input type="text"/>	-	<input type="text"/>
SWIFT or BIC code (if applicable)	<input type="text"/>		
Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>		
How long have you held this account	<input type="text"/>	years	<input type="text"/>
			months

- › Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.
- › Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN).

E INVESTMENT DETAILS

- ▶ Before completing this section, please refer to section E of the guidance notes for information about paying in your premium. Please refer to pages 31 & 32 of this application form for bank details and payment methods.

PREMIUM PAYMENT

Currency (✓)	SG\$	US\$	€	£	Other (state currency)	<input type="text"/>
Amount to be invested in base currency (Minimum premium SG\$150,000/US\$75,000/EUR75,000 or currency equivalent of £50,000)	<input type="text"/>					
Payment method (✓)	Electronic bank transfer		Asset transfer			

- ▶ The premium payment must come from an account or transferred shares held in the name of the applicant(s).
- ▶ The minimum initial investment amount is £50,000 (or other currency equivalent) and the minimum additional investment is £5,000 (or other currency equivalent). Please remember to enclose either your copy of receipt of your electronic bank transfer payment (for banking details see the last page of this application form) or your asset transfer (your financial adviser can provide you with the necessary details) with this application form.

WARNING

It is usually disadvantageous to replace all existing life insurance policies with a new one.

Some of the disadvantages include:

- i. You may incur transaction costs without gaining any real benefit from the switch.
- ii. The new investment product may offer a lower level of benefit at a higher cost or the same cost, or offer the same level of benefits at a higher cost.
- iii. You may incur penalties for terminating the existing investment product.
- iv. The new investment product may be less suitable for you.

In your interest, we would advise that you consult your financial adviser representative before making a final decision.

If you sent in a premium with the application, we will offer you a refund of the premium in the event that you were not aware of the disadvantages of replacing one policy with another and do not wish to proceed with the application.

REPLACEMENT OF LIFE POLICIES

Is this policy to replace or intended to replace any insurance(s) or other Designated Investment Product(s), such as a unit trust or life policy, held with another financial institution including insurance companies and banks?

Yes If 'Yes' please provide details

No

DECLARATION

I confirm that I have consulted my financial adviser representative before making a final decision to proceed with this application who has made me aware of the disadvantages of replacing my old life Policy with a new one and I am happy to proceed with this application.

Signature of applicant(s) (If two applicants, both must sign. If there are more than two applicants, please continue on a separate sheet.)

	First or sole applicant	Joint applicant
SIGNATURE	<div></div>	<div></div>
Full name	<div></div>	<div></div>
Date	<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> </div>	<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> </div>

F INVESTMENT CHOICE

Please use this section to list the assets you wish to invest in.

- Please note that you can invest in as many assets as you wish, subject to a minimum of SG\$15,000/US\$7,500/ €7,500 or currency equivalent of £5,000 in each holding. Some asset providers may have a higher minimum investment requirement and this minimum will prevail. Before completing this section it is important you read through the information in section F of the guidance notes about who can manage your investment, what information you need to provide us with in the table below and details of the investment restrictions which apply.

Please note if we do not receive sufficient details, this will delay your investment.

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INVESTMENT CHOICE

SECURITY IDENTIFIER SEDOL/ISIN	SECURITY/FUND NAME - PLEASE ENTER NAMES IN FULL.	ACCUMULATION/ INCOME UNIT REQUIREMENT (IF APPLICABLE)	SHARE CLASS (IF APPLICABLE, FOR EXAMPLE A, B OR C)	BASE CURRENCY OF SECURITY/ FUND (E.G., GBP, USD)	INVESTMENT % (WHOLE% NUMBERS ONLY)
					%
					%
					%
					%
					%
					%
					%
					%
					%
Total					100%

► Please remember to refer to section F of the guidance notes to make sure you provide us with all the information we need to invest your premium without delay.

INVESTMENT RESTRICTIONS

All assets required shall either be quoted on a stock exchange recognised by Utmost International Isle of Man Limited Singapore Branch or specifically agreed by Utmost International Isle of Man Limited Singapore Branch as eligible to be purchased for the Portfolio Fund.

- › Where the selected asset is a collective investment, only schemes that are authorised or recognised schemes as defined in sections 286 and 287 of the Singapore Securities & Futures Act (Cap. 289) may be selected.
- › No tangible commodity (eg diamonds or gold coins) or futures may be requested.
- › Requests for assets which Utmost International Isle of Man Limited Singapore Branch considers are not permitted as assets for a life assurance fund will not be accepted.
- › Any assets purchased in respect of your Portfolio Fund will be purchased at the open market buying price as shown on the contract note used by the vendor or stockbroker.
- › All assets are held in the name of Utmost International Isle of Man Limited Singapore Branch by our default custodian and all dealing and contract notes must be made and rendered in the name of Utmost International Isle of Man Limited Singapore Branch.
- › Utmost Shares.

In the absence of complete investment instructions, or if a selected asset is not available, Utmost International Isle of Man Limited Singapore Branch will hold part or all of the premium in the transaction account which forms part of the portfolio fund.

In case we need to clarify the investment choice details above, please provide us with a contact name and telephone number.

Contact name	<input type="text"/>		
Telephone number including area code (daytime)	<input type="text"/>	Telephone number including area code (evening)	<input type="text"/>
Fax number	<input type="text"/>	E-mail address	<input type="text"/>

G SOURCE OF FUNDS - ACTIVITY WHICH GENERATED THE AMOUNT TO BE INVESTED

ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

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

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

Documentary evidence requirements:

If **all** of the following apply:

- › you are resident in; **and**
- › you are funding from; **and**
- › your financial adviser is regulated in,

Isle of Man, Jersey, Guernsey, Hong Kong, United Kingdom, Singapore or Sweden, the threshold for requiring supporting documentary evidence is GBP 2,000,000.00 of total premiums paid to date to Utmost International.

Where the above doesn't apply, your financial adviser will tell you if additional documentary evidence is required by referring to our [Source of Funds and Source of Wealth Guidelines](#) (the Utmost International Isle of Man Limited version).

a. Accumulated Earned income (including salary, bonus and fees)

Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>
Number of years income accumulated	<input type="text"/> <input type="text"/>	years		
Institution holding the funds	<input type="text"/>			
Name of account where funds have been held	<input type="text"/>			
Account number	<input type="text"/>			
Length of time funds have been in this account	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>	months
Nature of business	<input type="text"/>			
Main occupation during the accumulation period (e.g. Director. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited documents as confirmed on our Source of Wealth and Source of Funds Guidelines)	<input type="text"/>			
Main employer's name	<input type="text"/>			
Employer's address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Average annual salary over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>
Average annual bonus over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified
copy of **one** of the following:

- › Last three month's payslips; **or**
- › Three months of account statements showing declared income being credited; **or**
- › Letter on headed paper from employer confirming last year's annualised earned income; and, where applicable, bonus payment **or**
- › Tax statement e.g. P60 for the UK, IRAS for Singapore etc.; **or**
- › Copy of latest accounts if self-employed

b. Compensation

Name of organisation or individual that paid compensation	<input type="text"/>								
Reason for compensation	<input type="text"/>								
Country compensation was awarded	<input type="text"/>								
Total amount received	Currency <input type="text"/> Amount <input type="text"/>								
Date of received	<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y		

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Letter on company headed paper or court order from compensating body validating the information in the application form; **or**,
- › Signed letter on company headed paper from solicitor/ lawyer handling the compensation validating the information in the application form

c. Competition win

Name of competition organiser	<input type="text"/>								
Description of competition	<input type="text"/>								
Country competition was held in	<input type="text"/>								
Total amount won	Currency <input type="text"/> Amount <input type="text"/>								
Date of win	<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y		

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › A signed letter from the organisation providing the proceeds of the win on letter-headed paper confirming name of winner, date of win and value of winnings; **or**
- › Bank statement showing deposit of winnings in clients name and referencing the organisation providing the proceeds of the win; **or**
- › Media coverage of the win showing name of winner, date of win and value of winnings

d. Gift

Full name of person who gave the gift	<input type="text"/>
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"/>
Nationality	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Relationship to applicant	<input type="text"/>
Reason for gift	<input type="text"/>
Description of gift	<input type="text"/> <input type="text"/>
Total amount received	Currency <input type="text"/> Amount <input type="text"/>
Date received	<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"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copies of **all** of the following:

- › A valid identification documentation for the donor (even if it is not coming from their account); **and**
- › Letter from the donor explaining the reason for the gift and source of funds behind the gift; **and**
- › Documentary evidence as to the donor's source of wealth as set out in the Source of Funds and Source of Wealth Guidelines

e. Inheritance

Deceased's full name	<input type="text"/>
Relationship to applicant	<input type="text"/>
Date of death	<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"/>
Details of the inheritance Tell us about the assets forming the inheritance (eg. cash, property, shares etc.)	<input type="text"/> <input type="text"/>
Amount received	Currency <input type="text"/> Amount <input type="text"/>
Date received	<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"/>
Solicitor/lawyer's (who dealt with the estate) name	<input type="text"/>
Solicitor/lawyer's firm name	<input type="text"/>
Solicitor/lawyer's firm address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>

If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Grant of probate (with a copy of the will) which must include the value of the estate; **or**
- › The will relating to the inheritance; **or**
- › A signed letter from the regulated solicitor dealing with the estate on letter-headed paper confirming the information supplied in this application

f. Loan

Name of loan provider

--

Address of loan provider

Postcode

Total amount borrowed

11

11/11/2019

Date of loan

d	d	m	m	y	y	y	y
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If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy
of **one** of the following:

- › A signed letter from the lender on letter-headed paper confirming the name of borrower, amount of loan and date of draw-down; or,
- › A loan statement confirming the details provided in this form

g. Maturing policy/policy claim/replacement policy

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

Name of policy provider

Address of policy provider

Postcode

Policyholder's full name

Length of time policy held

--	--

years

--	--

months

► If the investment/policy being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the investment/policy. Please complete an additional relevant section to confirm this.

Reason for policy claim
or replacement policy
(if applicable)

Total amount received

Page 10

Surrender penalty
(if applicable)

Date received

d	d	m	m	y	y	y	y
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If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Letter on company headed paper from previous product provider regarding notification of proceeds of claim under the policy; **or**
- › Closing statement from previous product provider

h. Sale of asset portfolio or investment

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

Description of asset portfolio or investment (i.e. government bonds, equities etc.)	<input type="text"/>
Name of the company that held it	<input type="text"/>
Registered address of company	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Account name	<input type="text"/>
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Length of time asset portfolio or investment held	<input type="text"/>	<input type="text"/>	years	<input type="text"/>	<input type="text"/>	months
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► If the portfolio/investment being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the portfolio/investment. Please complete an additional relevant section to confirm this.

Date of sale	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Net amount received	Currency	<input type="text"/>	Amount	<input type="text"/>
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i. Sale of interest in company

Company name	<input type="text"/>
Business sector	<input type="text"/>
Address of company	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Your connection with the company For example: owner, partner or shareholder	<input type="text"/>
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Date of sale	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Sale amount	Currency	<input type="text"/>	Amount	<input type="text"/>
-------------	----------	----------------------	--------	----------------------

Net amount received The amount you have received after any deductions such as fees and taxes.	Currency	<input type="text"/>	Amount	<input type="text"/>
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► If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of one of the following:

- › Legal sale document; or
- › Copy of contract note

► If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Signed letter on company headed paper from solicitor/ lawyer validating the information confirmed in this section of the application form; **or**,
- › Signed letter on company headed paper from regulated accountant validating the information in this section of the application form; **or**,
- › Copy of contract of sale and bank statement in the name of the client showing payment of the proceeds into an account in the name of the applicant; **or**,
- › Copies of media coverage of the sale (if applicable) as supporting evidence that the information is in this section of this application form

j. Sale of property

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

Address of property sold (including postcode if applicable)	
	Postcode

Length of time property owned years months

▶ If the property being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the property. Please complete an additional relevant section to confirm this.

Date of sale

Total sale amount Currency Amount

Net amount applicant received from sale Currency Amount

k. Other

Description of the activity that generated the funds

Role in relation to above activities

Period over which the activities occurred

Country in which the activity occurred

Date received years months

Proceeds received from the activity Currency Amount

▶ If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Signed letter on headed paper from solicitor; or lawyer handling the sale or from regulated accountant; **or**
- › Signed letter on headed paper from estate agent (if applicable); **or**
- › Copy of contract of sale detailing the details included in the application form

▶ If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following

Original or suitably certified copy of **one** of the following:

- › Appropriate, independent supporting documentation which validates the information provided in this section of the application form; **or**,
- › Signed letter from a person with personal knowledge of the activities described and in a position subject to anti-money laundering regulation, for example a regulated accountant or lawyer

H REGULAR WITHDRAWALS (OPTIONAL)

WITHDRAWAL AMOUNT

Amount to be withdrawn each year

or

Percentage of premium to be withdrawn each year %

 %

Withdrawal frequency (✓)

Monthly

Every 2 months

Quarterly

Half-yearly

Yearly

Date of first payment (If you would like us to pay regular income payments from specific assets held in your policy, please clearly indicate the percentage or cash value of each asset/fund to be sold below.)

d	d	m	m	y	y	y	y
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NOMINATED ASSET(S)

Please state which asset(s) listed in Section F is/are to be used as the Nominated Asset to pay regular withdrawals.

Please note that you are required to keep a sufficient balance in your nominated asset to cover withdrawals debited to your policy. Therefore we are unable to pay any withdrawals if there is an insufficient balance in your nominated asset.

► Please see section H of the guidance notes for more information on taking regular withdrawals from specific assets held in your policy. If there are any further nominated assets, please photocopy this page, attach the details with this application form and tick here

ISIN/SEDOL	<input type="text"/>	Name	<input type="text"/>	Percentage or cash value	<input type="text"/>
ISIN/SEDOL	<input type="text"/>	Name	<input type="text"/>	Percentage or cash value	<input type="text"/>
ISIN/SEDOL	<input type="text"/>	Name	<input type="text"/>	Percentage or cash value	<input type="text"/>
ISIN/SEDOL	<input type="text"/>	Name	<input type="text"/>	Percentage or cash value	<input type="text"/>
ISIN/SEDOL	<input type="text"/>	Name	<input type="text"/>	Percentage or cash value	<input type="text"/>

PAYEE DETAILS

We will pay withdrawals to Policyholders only. For a Policy owned by two or more Policyholders we will normally pay regular withdrawals to a bank account held jointly by all Policyholders. Please note that third party payments are not permitted.

Do you want your payments to be made to the same bank account detailed in section D 'Source of Funds'? Yes ☐ No ☐

Please select your preferred payment method:

Telegraphic Transfer

Please be advised that payments incur a bank transfer charge.

BACS direct credit

Only available for GBP payments paid to a UK, IOM or Channel Islands bank account.

This payment method takes three working days to reach the account, but doesn't incur a bank transfer charge.

If no payment method is selected we will default to Telegraphic Transfer, unless you have requested GBP regular withdrawals payments, in which case we will default to BACS where possible.

If 'No', please complete your chosen bank account details below.

► Please note if the payee details below differ from the bank details you gave us relating to your original source of funds for your premium, as detailed in section D of this application form, then we may need additional documentation. This may delay the payment you have requested.

Bank account holder (name as stated on bank account)

Bank account number/IBAN

Sort code (applicable to UK accounts)

 - -

Branch code for non-UK payments

SWIFT or BIC code

ABA number

› Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.

› Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN).

Bank name

Bank address

Country

I NUMBER OF POLICIES

NEW CONTRACTS ONLY

Please enter the number of policies you would like

The number of policies cannot be changed after the policy is set up.

► We normally issue 1 policy schedule per contract. If you require more or less, please refer to section I of the guidance notes and insert the number required.

J APPOINTMENT OF AN INVESTMENT ADVISER

Appointing an Investment Adviser to your Utmost International portfolio bond

1 CLIENT AGREEMENT - TO BE COMPLETED BY THE ACCOUNT OWNER(S)

Policy type	Investment Account								
Policy number (to be completed by Utmost International)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
Investment Adviser details									
Name of firm	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr><tr><td style="height: 20px;"></td></tr></table>								
Contact name	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>								
Address	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr><tr><td style="height: 20px;"></td></tr><tr><td style="height: 20px;"></td></tr></table>								
	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;">Postcode</td></tr></table>	Postcode							
Postcode									
Country	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>								

APPOINTMENT OF AN INVESTMENT ADVISER

1. I confirm that I as the policyholder am legally entitled to effect any of the policy options contained in the policy terms.

Basis on which this authority is given (✓) (tick one option only)

2. I appoint and authorise the Investment Adviser to act in the following capacity. Where I have selected:

Option 1 - Investment Adviser authority

I understand the Investment Adviser will discuss any proposed alterations to the investment composition of the policy with me and that they must have my written agreement before any changes are made to the policy.

Option 2 - Discretionary Investment Adviser authority

I understand that the Investment Adviser has complete discretionary authority, without consulting me, to make all investment decisions, to buy or sell assets, hold cash or other investments. I authorise Utmost International to act upon the investment instructions of the Investment Adviser.

3. I appoint the Investment Adviser detailed above to act on my behalf in respect of my policy on the basis specified in point (2) above. I understand that the Investment Adviser is not acting on behalf of Utmost International.
4. I understand that Utmost International may need to:
 - a. verify the identity of the Investment Adviser;
 - b. verify that the Investment Adviser is regulated by any appropriate regulatory authority; and
 - c. check that they have any qualifications required by law or by regulation for the activity to be carried out.
5. I acknowledge and agree that such confirmation is to enable Utmost International to comply with its regulatory duties as an authorised insurer in Singapore. I understand that this is not, and should not be construed as, any endorsement of an Investment Adviser by Utmost International and that Utmost International does not warrant the Investment Adviser's suitability or regulatory credentials.
6. I agree that Utmost International is not responsible for any loss or liability to my policy arising from this appointment.
7. I confirm that I take full responsibility for the acts or omissions of the Investment Adviser, including any loss in the policy as a result of their acts or omissions (including, but without limitation, failure on the part of the Investment Adviser to produce a reasonable investment return in relation to the policy).
8. Further, I for myself and my estate(s) indemnify Utmost International against all claims, demands and actions against Utmost International relating to any such loss suffered. This includes all costs and expenses arising from or in respect of the activities and performance of the Investment Adviser (including, but without limitation, the cost of defending in any court of law any such claim demand or action against Utmost International).

9. If Utmost International becomes aware that an Investment Adviser:

- a. has been refused membership by, or has been expelled from, a professional organisation; or
- b. is under investigation by or has been the subject of disciplinary action by a regulatory authority; or
- c. has or is carrying out activities in a manner which could prejudice or be harmful to its reputation; then

Utmost International reserves the right to cease to act on the instructions of the Investment Adviser with immediate effect and Utmost International will advise me of the fact.

10. Where I have chosen 'Investment Adviser authority' Option 1:

- a. I understand that all decisions in relation to the investment strategy and alterations to the investment composition of my policy remain my sole responsibility.
- b. I have agreed with the Investment Adviser that they must:
 - i. discuss any proposed alterations to the investment composition of the policy with me; and
 - ii. have my prior written agreement before any changes are made;
- c. The date instructions are received will be in accordance with the policy terms.
 - i. If Utmost International receives more than one instruction on a given day they will be processed in the order in which they are received.
 - ii. Once the instruction has been received it is irrevocable.
- d. I agree to notify Utmost International in writing of any changes which affect the appointment or authority of the Investment Adviser. I understand that Utmost International will continue to accept my instructions which are sent by the Investment Adviser unless I advise Utmost International of a change in the Investment Adviser's appointment and authority.
- e. I understand that I can terminate the appointment of the Investment Adviser by giving notice in writing to both the Investment Adviser and Utmost International at their Branch Office of the termination of this appointment. The termination will not affect any transactions already carried out or for which binding instructions have been given, directly or indirectly.

11. Where I have chosen 'Discretionary Investment Adviser authority' Option 2:

- a. I understand that the Investment Adviser has complete discretionary authority, without consulting me, to make all investment decisions to buy or sell assets, hold cash or other investments. I authorise the Investment Adviser to exercise on my behalf any of the options available under the policy terms applicable to my Policy relating to the investment allocations and/or investment conversion.
- b. I confirm that I have delegated all investment decision making to the Investment Adviser.
- c. I understand that Utmost International will act exclusively on an authority once granted until I advise Utmost International in writing at its Branch Office of the termination of this appointment. The termination will not affect any transactions already carried out or for which binding instructions have been given, directly or indirectly.

12. Investment Adviser fee

- a. I agree to pay the Investment Adviser fee specified here:
Payment will be based on the value of the portfolio fund at the last Quarterly Date.

% or the following set amount a year
- b. I have agreed to the Investment Adviser fee at the rates specified in this Application. I authorise Utmost International to withdraw an amount from my policy which will be paid quarterly at each Quarterly Date and paid directly to my Investment Adviser.
- c. I understand that the Investment Adviser fee will be treated as a withdrawal from my policy.

Signature of applicant(s) (If two applicants, both must sign. If there are more than two applicants, please continue on a separate sheet. If additional pages are added, each separate page must be initialised by all applicants.)

	First or sole applicant	Joint applicant
SIGNATURE		
Full name		
Date	<div style="display: flex; justify-content: space-around;"> ddmmyyyy </div>	<div style="display: flex; justify-content: space-around;"> ddmmyyyy </div>

2 ACCEPTANCE OF APPOINTMENT - TO BE COMPLETED BY THE INVESTMENT ADVISER

PAYMENT DETAILS FOR INVESTMENT ADVISER FEES

Payments will be made in the currency and to the bank account already held on our records.

13. Basis on which this authority is given:

- I confirm I hold the relevant authority necessary under the regulations applicable to the Monetary Authority of Singapore (MAS) to act in accordance with my appointment as Investment Adviser.
- I confirm I will remain authorised to transact this type of business whilst I am acting as the Investment Adviser to this portfolio fund. I also confirm I will notify you of any changes to my authorisation.

14. Please complete the appropriate section below (✓):

Investment Adviser authority (applicant has selected option 1).

I confirm that I hold the appropriate authorisation from the Monetary Authority of Singapore to provide ongoing investment advice to the policyholder(s).

I understand that Utmost International can act upon investment instructions that have been given by the policyholder(s) or the Investment Adviser.

I understand that I must obtain a written agreement of the policyholder(s) to any investment advice given and that I may be asked to provide evidence of such to Utmost International, if requested.

MAS licence number

Discretionary Investment Adviser authority (applicant has selected option 2).

I confirm that I hold a Capital Markets Services (CMS) licence that allows me to provide investment instructions on behalf of the policyholder(s) to Utmost International.

I, the authorised Investment Adviser, confirm and agree that:

- There is an agreement in place ('Terms of Business') that allows the Investment Adviser to make any investment decisions about the portfolio fund.
- The Investment Adviser firm is fully responsible to the policyholder(s) for investment decisions, made by the Investment Adviser, on the policy. The investment decisions and the investment choice must comply with the types of investment permitted in the policy terms and the product summary.
- The policyholder(s) has the right to claim directly against the Investment Adviser firm in relation to any act or omissions of the Investment Adviser.

Capital Markets Services licence number

Telephone number

E-mail address

I have read the Conditions listed in this form and agree to act in accordance with them. I confirm I will notify you of any changes to my/our authority.

**Authorised representative of
Investment Adviser firm**

SIGNATURE

Full name of signatory

Position

Date

- **Your Investment Adviser must be your financial adviser representative.**
- **Please provide us with an authorised signatory list for your company showing all individuals authorised to place instructions with us on behalf of your company. In the absence of a signatory list we will assume the only authorised individual is the signatory on this form.**

K UTMOST INTERNATIONAL CHARGES

- **Before completing this section, please ask your financial adviser representative for a copy of the charging structure details recommended to you.**

The charging structure for your bond is based upon the reference code provided on your application; this will dictate the level, term and type of charges that apply and these will be confirmed to you in your policy documents. These charges will include our administration costs together with those incurred in making any initial commission payment to your financial adviser representative.

If you have agreed to pay your financial adviser an ongoing commission payment (referred to as fund based commission) then this will be reflected in the deduction of an additional Ongoing Service Charge equivalent to the amount paid.

Please enter the code for the Utmost International Charge package that your financial adviser has explained will apply to your Investment Account. The appropriate UI charging code should be used. Failure to provide the right code could result in the incorrect package being applied and/or delays.

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Please enter allocation percentage for this bond

 %

Please enter fund-based commission (if applicable)

 %

Please enter the reference code for your chosen charging structure which you confirm you have received and read in full

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Your financial adviser will be able to provide you with this code,

L DECLARATION AND APPLICATION

DATA PRIVACY STATEMENT

I understand that Utmost Services Limited, Utmost International Business Services Limited, Utmost Services Ireland Limited, Utmost Administration Limited, Utmost International Isle of Man Limited, Utmost International Trustee Solutions Limited and / or Utmost PanEurope dac (Utmost International) will process personal information about me and any other party whose personal information I have provided.

The type of personal information processed about me will depend on the purpose for which it has been collected and will include:

- › my contact details
- › information to verify my identity
- › information about my family, lifestyle, health and finances
- › my payment details.

The processing of my personal information may take place in a number of jurisdictions and may be shared with other parties within or outside the Utmost group of companies for the general purpose of establishing, maintaining and servicing an insurance policy. The sharing of my personal data may be used for any or all of the following purposes, to:

- › check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;
- › allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- › enable an appointed financial adviser or fund adviser to assist in the provision of services to the policyholder;
- › compile statistical analysis or market research, where information is not specific to the individual;
- › comply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standards;

- › enable an appointed discretionary asset manager or custodian to meet their legal or regulatory requirements, where that discretionary asset manager or custodian providing services in relation to a policy requests the personal data of an individual linked to an application, and where we are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

Where my personal information is shared with a third party for the provision of services relating to my policy, my personal information will only be used for the purposes for which it was collected. In some circumstances this may involve a transfer of my personal information to a third party outside the European Economic Area (EEA). Whenever my personal information is shared it will be subject to the same levels of security and protection that Utmost International would apply.

I may ask Utmost International to:

- › provide a copy of personal information held about me and an explanation of how this data is processed;
- › update or correct my personal information;
- › delete information about me (where it is no longer necessary in relation to the purpose for which it was originally collected);
- › restrict processing of my personal information where appropriate. I may also object to Utmost International processing my data but understand that this may have consequences in Utmost International being able to continue servicing my policy.

I have been made aware that a full explanation of how Utmost International collects, uses and shares my personal information can be found at www.utmostinternational.com/privacy-statements/

If I have any questions about data privacy I can address these to:

For Utmost PanEurope dac: The Data Protection Officer, Utmost PanEurope dac, Navan Business Park, Athlumney, Co Meath, C15 CCW8, Ireland.

Or email: dataprotection@utmost.ie

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Data Protection Officer, Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

Or email: IOM.DPO@Utmostinternational.com

If I have a complaint about the processing of my personal information and Utmost International is unable to provide a satisfactory response I may contact the appropriate regulator:

For Utmost PanEurope dac: The Ireland Data Protection Commissioner, Canal House, Station Road, Portllington, R32 AP23 Co. Laois, Ireland.

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, British Isles, IM1 1ET.

As the Isle of Man is not part of the United Kingdom, our Appointed Representative in the United Kingdom is an establishment of Utmost Services Limited based at Saddlers House, 5th Floor, 44 Gutter Lane, London, EC2V 6BR.

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to Utmost International either in this application or within accompanying documentation.

WARNING

Please read the declaration carefully. Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Investment Account. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that Utmost International Isle of Man Limited Singapore Branch can assess its possible significance. If you become aware of such a fact while Utmost International Isle of Man Limited Singapore Branch is considering your application, you should notify Utmost International Isle of Man Limited Singapore Branch immediately.

You should satisfy yourself under any taxation, exchange control or insurance law to which you may be subject that you are able to effect the proposed contract. You are responsible for any tax reporting and liability in relation to your Policy required by the relevant tax authorities. Your country of residence could vary how your Policy is taxed, and you should seek professional tax advice before moving to a new country.

DECLARATION - BY EACH APPLICANT

A copy of this completed application form is available on request. A copy of the policy terms for your application are contained on the Utmost International website. Links to these policy terms can be found here: www.utmostinternational.com

Utmost International Isle of Man Limited Singapore Branch will be referred to as Utmost International throughout this declaration.

1. I understand that I will have an Online Service Account set up, should I wish to activate it. If I do activate my Online Service Account, whilst I am submitting this application through my financial adviser to your Office, I agree that:
 - a. I will apply for and sign onto my Online Service Account; and
 - b. all Policy Transactions will be made by me using my Online Service Account where the Online Service allows, unless I have requested otherwise; and
 - c. all communications from you will be through my Online Service Account where the Online Service allows, unless I have requested otherwise.
2. I understand and agree that the contract I am applying to enter with Utmost International, it will be subject to the laws of Singapore and the Policy Terms will be in the English language.
3.
 - a. If an policy number is not shown in section A of this form, I request that the amount shown in section E be invested as an initial premium for policies comprising an Utmost International Investment Account, and request Utmost International to issue the policies in my name, and jointly with the other applicants, if any; or
 - b. I request that the amount shown in section E be invested as an additional premium for the policies currently in force bearing policy numbers consisting of the policy number, as shown in section A of this form.
4. I declare that to the best of my knowledge and belief, the statements made in this application, and any related documents, are true and complete and that I have not concealed any material fact. I agree to provide Utmost International with any further information in respect of the Application on request.
5. Where this application is for an Investment Account, I confirm that each life assured (or parent where parental consent is required) consents to this application and agrees to my acting on their behalf for the purposes of the information provided in this application.
6. I authorise and request Utmost International to effect the transaction detailed in section H and confirm that such payments will discharge Utmost International from all liabilities and claims arising from those regular withdrawals. I understand that this authority supersedes any authority previously given.
7. I confirm that I am not a resident in the United States of America or any of its territories. If I become a resident in the United States of America or any of its territories, I understand that Utmost International will not accept any further premiums until after I cease to be a resident of the United States of America or any of its territories.
8. I confirm that I have received a copy of the Investment Account product brochure, product summary, confirmation of charges, Policy Terms, Your Guide to Life Insurance and the guidance notes for starting or adding to your Utmost International Investment Account - for accredited individual investors, and I have had the opportunity to read them when completing this application form.
9. I confirm that the premium for this Policy has not been sourced from my Central Provident Fund (CPF) account.
10. I am aware of the charges payable on the Investment Account, including the charges payable in respect of the assets which may be held within it. I understand that the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and ongoing payments (such as commission) made by Utmost International to my financial adviser representative. These payments could be in addition to any commission payable by the asset provider to the financial adviser representative in respect of the assets held. I understand that Utmost International may receive payments in the form of fund manager rebates, from an asset provider in respect of the assets held, and which Utmost International may share with my financial adviser representative.
11. I confirm that in cases where the asset(s) I have selected is not redeemable for a certain period of time, Utmost International may not be able to return that part of my payment until the end of that period. The description of the funds and/or assets I have chosen will give details if this applies. I may invest immediately into non-daily dealing funds with the understanding that in the event of cancellation or requiring early access that I:
 - a. may not get my money back immediately and payment may be delayed for some time;
 - b. the institution may impose penalties and therefore I may get back less than I invested, and/or
 - c. the only way in which to receive value may be through an in-specie transfer of that asset into my own name.
12. I appoint the financial adviser specified on page 2 of my application form to act on my behalf in accordance with the policy terms.

13. I understand that the original copy of this application form and relevant documents must be delivered by post or courier to Utmost International Isle of Man Limited Singapore Branch – 6 Battery Road #16-02, Singapore 049909.
14. I confirm that Utmost International has not provided any investment advice to me and I, or my investment adviser am responsible for the selection of assets to be linked to the Portfolio Fund value of my policy arising from the investment. Utmost International does not have any responsibility for the management of the underlying assets and does not recommend any asset as a suitable investment.

APPOINTMENT OF A LEAD POLICYHOLDER - APPLICABLE IF THERE IS MORE THAN ONE APPLICANT

- I agree to the appointment of the Lead Policyholder, who is named in this application, for the policies comprising our Utmost International Investment Account in accordance with the Policy Terms.
- I understand that this appointment is revocable and can be changed at any time (as explained in the Policy Terms).
- I understand that by agreeing to the appointment of the Lead Policyholder I authorise the Lead Policyholder to provide Utmost International with instructions to carry out and request certain Policy Transactions on behalf of all Policyholders. The instruction or request shall be deemed to have been addressed, sent and authorised on behalf of all Policyholders.
- I understand that these instructions will be legally binding and that Utmost International can act on instructions received from the Lead Policyholder.

STATEMENTS AND VALUATIONS

You can access monthly statements and valuations from Wealth Interactive, our online service www.utmostinternational.com free of charge; we will also send you quarterly valuations free of charge. If you require printed statements and valuations to be sent to you each month, please tick 'yes'. If 'yes' is ticked we will make a charge of US\$105/SG\$210/£70/ €105 for each printed statement and valuation.

I/We confirm that I/we wish to receive monthly printed statements and valuations at a cost of US\$105/SG\$210/£70/ €105.	Yes	No
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INFORMATION ON ASSETS

Where requested by you we will provide documents or reports from providers of the underlying assets in which your Portfolio Fund invests. If you require this information, please tick 'Yes'. If 'Yes' is ticked we will charge US\$105/SG\$210/£70/ €105 for every document that we send to you.

I/We wish to receive any documents or reports from providers of the underlying assets in which my/our Portfolio Fund invests at a cost of US\$105/SG\$210/£70/ €105 for each document that is sent to me/us.	Yes	No
--	-----	----

SINGAPORE RESIDENCY DECLARATION

This is a requirement by Monetary Authority of Singapore (MAS). Please tick the relevant box below.

- | | Applicant 1 | Applicant 2
(if any) | Life assured 1 | Life assured 2
(if any) |
|--|-------------|-------------------------|----------------|----------------------------|
| 1. I am "ordinarily resident" in Singapore under the following conditions | | | | |
| a. citizen of Singapore, as I have not resided outside Singapore continuously for five or more years and/or I am currently residing in Singapore, or | | | | |
| b. permanent resident or work pass/permit holder, as I have not resided in Singapore for less than a total of 183 days in the last 12 months, or | | | | |
| c. hold a pass or permit issued under the Immigration Act (Cap. 33) that has a duration longer than 90 days and have resided in Singapore continuously for at least 90 days during the last 12 months. | | | | |
| 2. I am not "ordinarily resident" as per criteria in Q1 but hold Singapore citizenship or relevant pass issued by the Immigration of Checkpoints Authority of Singapore (ICA). | | | | |

- a. I will provide evidence to support non-residency as per above conditions such as employment letter.
- b. I will **not** provide evidence to support non-residency as per above conditions. I therefore consent to be considered an "ordinarily resident" of Singapore.
3. I am **not** "ordinarily resident" as per criteria in Q1 and do **not** hold Singapore citizenship or relevant pass issued by the Immigration of Checkpoints Authority of Singapore (ICA).

Please note if one person is considered as a "ordinary resident" then the policy is considered a Singapore resident policy, even if the other policyholder's/life assured are not.

TAXATION INFORMATION AND DECLARATION

For regulatory purposes Utmost International is required to obtain information concerning your taxation status. In order for us to fulfil our regulatory obligations, please confirm your country of residence for taxation and your tax reference number.

Normally you are resident for taxation in the country in which you spend the majority of your time each year. However, some countries (e.g. the United States) may also treat an individual as resident for taxation based on their nationality or citizenship.

If you are resident for taxation in more than one country, please provide the information in the additional boxes provided.

	Applicant 1	Applicant 2
Country of Residence for Taxation	<input type="text"/>	<input type="text"/>
Tax Reference Number	<input type="text"/>	<input type="text"/>
Dual Country of Residence for Taxation	<input type="text"/>	<input type="text"/>
Dual Tax Reference Number	<input type="text"/>	<input type="text"/>

I declare that:

1. I am resident for taxation only in the country(ies) shown above and am not resident for taxation elsewhere.
2. I am a national of the country (or countries in the case of dual nationality) detailed in Section B of this application and am not a national or citizen of any other country.
3. The premium shown in Section E (Investment details) and any other premium tendered in respect of this application is derived solely from the Source of funds shown in Section G and has, where required, been declared to the relevant tax authority in my country of residence for taxation.
4. The application for an Utmost International policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes I am obliged to pay.

TYPE OF ADVICE

Please confirm the type of advice you wish to receive from your financial adviser representative.

1. Full advice
2. Partial advice
3. No advice

By signing this declaration you confirm that you have read through the above declaration and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

Please enter the country in which this application form was completed.

This application must be completed by the applicant(s) unless you have asked your financial adviser representative to complete it.

Did you complete this application form yourself? (✓)

Yes No

If No, did a third party, such as your financial adviser representative, complete it on your behalf? (✓)

Yes No

INVESTMENT ACCOUNT
APPLICATION FORM - NEW BUSINESS AND TOP-UP

By signing this declaration you confirm that you have read through the above declaration and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

SIGNATURE

Applicant 1

Date

d	d	m	m	y	y	y	y
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Applicant 2

d	d	m	m	y	y	y	y
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Copies of the Policy Terms and/or this completed application form are available on request.

M VERIFICATION OF CUSTOMER IDENTITY - FINANCIAL ADVISER/SUITABLE CERTIFIER TO COMPLETE

This section must be completed whenever documentary evidence is submitted.

► **Please note that we will not be able to issue the policy until this section has been completed and you have provided the necessary identification documentation. Please refer to section M of the guidance notes for more information on certifying documents.**

Outlined below are the standard minimum requirements. In some circumstances we may need additional information.

We require one document from part A and one from part B. If neither document in part A is available, please provide the reason why and provide two formal documents showing appropriate personal details and verifiable reference numbers from part B. When certifying copies of original documents, the suitable certifier must provide the following:

- › a statement to reflect that it is a true copy of the original
- › their name
- › their signature
- › the date of certification

Identification documentation should be current and valid. Evidence of address should be the latest available, but no more than six months old.

► **Please tick (✓) to indicate the identification you have supplied for each individual party to the policy. If an investment adviser has been appointed we may need to verify the identity of the appointee.**

PART A - INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

1. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document	Passport	National identity card
Document reference	<input type="text"/>	
2. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document	Passport	National identity card
Document reference	<input type="text"/>	

PART A - REASON WHY DOCUMENT ARE NOR PROVIDED (IF APPLICABLE)

PART B - PROOF OF RESIDENCE - INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

These must be less than six months old

1 2 3 4 5 6

1. A recent utility, rates or council tax bill (*mobile/cell phone bills not acceptable*)
2. A recent mortgage statement, giving the residential address
3. An extract from the official register of electors
4. A state pension, benefit or other government produced document showing benefit entitlement
5. A recent tax assessment document
6. A recent account statement from bank or credit card (*store cards not acceptable*)
7. Proof of ownership or rental of the residential address

If there are more than four applicants, please photocopy this page, attach the details with this application form and tick here (✓)

► If additional pages are added, each separate page must be initialled by all applicants. Please contact us if you are unable to supply any of the above mentioned documents.

This section must be completed in all instances.

► This method of certification is required for Isle of Man and Singapore regulatory purposes.

PART C - FINANCIAL CRIME - RISK RATING

► Please refer to the Source of Funds and Source of Wealth guidelines (available from Utmost International) for information on how to complete the table below and section G of the guidance notes for information about the documentary evidence we may need.

To prevent financial crime, Isle of Man authorised life companies may adopt a 'risk-based approach' when obtaining evidence of the source of a client's wealth. In order to speed up the application process we have provided you with the table below to allow you to find out your client's risk rating before submitting the application form to us. **We highly recommend that you complete the risk rating as it allows you to determine if you need to enclose further documentary evidence with the application form or not. If we do not receive the necessary documentary evidence with the application form, then it will take longer to process the business.**

In order to decide what risk rating applies to your client's investment you need to take into account the following factors:

- a. your client's country of residence
- b. which country the premium is paid from.

(a) + (b) = total risk rating

APPLICANT	CLIENT COUNTRY OF RESIDENCE (A)	COUNTRY OF PREMIUM FUNDING (B)	TOTAL RISK RATING
Example	Singapore (1)	Singapore (1)	2

Utmost International reserves the right to request further documentation if it is felt appropriate. Please note that each new application or application for an additional investment, will be updated individually.

If additional pages are added, each separate page must be initialled by all applicants.
Please contact us if you are unable to supply any of the above-mentioned documents.

N FINANCIAL ADVISER REPRESENTATIVE/SUITABLE CERTIFIER

This section must be completed in all instances.

DECLARATION BY THE FINANCIAL ADVISER/SUITABLE CERTIFIER

PART 1 - WHO HAS MET THE CLIENT

Please complete one of the following:

- ☐ I have met my client(s) in person
- ☐ I have met my client(s) face-to-face via secure live video stream
- ☐ I have not met my client(s) face-to-face

PART 2 - HOW HAS THE CUSTOMER DUE DILIGENCE (CDD) BEEN OBTAINED

Please confirm which items of CDD have been provided and how they were obtained by ticking the relevant boxes:

Please note 'Obtained via a third party who has met the client face to face' also includes via live video stream.

	OBTAINED BY THE ADVISER DIRECTLY FROM THE CLIENT	OBTAINED VIA A THIRD PARTY WHO HAS MET THE CLIENT FACE TO FACE	PROVIDED DIRECT TO UTMOST INT. BY THE CLIENT
Valid identity document(s)			
Valid proof of residential address			
Source of funds			
Source of wealth documents/information			

Where certification is required, please ensure the following is carried out on each copy document:

I certify this document as a copy of the document that I have seen through <insert method of communication used> held on <x date> between me and the applicant /policyholder. The document has not been tampered with and I have received the same confirmation from the applicant /policyholder

PART 3 - THIRD PARTY DETAILS

If you have confirmed in either Part 1 that you have not met your client face to face or in Part 2 that CDD has been obtained via a third party who has met the client face to face, please provide the following details:

	THIRD PARTY DETAILS 1	THIRD PARTY DETAILS 2
Name of individual(s) that obtained the CDD or met the client face to face		
Date of Birth		
Residential Address		
Registered Company Name		
Registered Company Address		

Where there is more than two third parties involved in obtaining CDD, please contact your Utmost International Sales Consultant for further guidance.

PART 4 - FINANCIAL ADVISER DECLARATION

I declare that:

- › I have taken reasonable steps to ensure that the funding is legitimate and in line with the client's circumstances.
- › To the best of my knowledge, all the information provided with this form and application is true and complete and that I will provide further information if required.
- › I have not made any changes to the application form after the client has signed it
- › I have verified the contents of the original documents where copies have been enclosed and that they are true copies of the original.

By providing certification for Customer Due Diligence documents where these have been viewed and verified via secure live video stream, you confirm:

1. That the client held their ID beside their face to confirm the document as a true likeness.
2. The other elements of the Customer Due Diligence (CDD) were held up by the clients so I could verify they were a true likeness to those in my possession.
3. That I obtained evidence by retaining a recording of the video meeting or by taking a picture of my client with their CDD for record keeping purposes and to validate my certification. I will provide this to Utmost International upon request.

I confirm that I gave advice concerning this investment to the applicant(s) in (name of country)
on

d	d	m	m	a	a	a	a
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Regulatory body authorisation number (if applicable)

Regulator name

Utmost International financial adviser account number

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SIGNATURE

Financial adviser

Full name of financial adviser

Date

d	d	m	m	a	a	a	a
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Financial adviser stamp

Note: This form is unacceptable if not dated by the signatories.

Utmost International is a member of the Policy Owners' Protection Scheme (PPF Scheme) in Singapore. However, this Policy issued by Utmost International (where no additional life cover is purchased) is not covered under the PPF Scheme. Details of the PPF Scheme can be obtained at Singapore Deposit Insurance Corporation Limited's website on www.sdic.org.sg.

INVESTMENT ACCOUNT

BANK DETAILS AND PAYMENT METHODS

A CHEQUE PAYMENT

Cheques made payable to Utmost International Isle of Man Limited (account name is required to be printed on the crossed cheque).

B TELEGRAPHIC TRANSFER DETAILS

Payments from Singapore Banks in Singapore dollars, US dollars, Euros and Sterling.

Please send to the relevant currency account below, referencing your policy number. Please also provide the Telegraphic Transfer Confirmation showing your bank name, your name as bank account owner, your bank account number and the transfer details to Utmost International.

Account name: Utmost International Isle of Man Limited Singapore Branch
Swift code: HSBC SGSGXXX
Branch: HSBC
Branch address: 21, Collyer Quay, HSBC Building, Singapore 049320
A/c Singapore dollar: 147-409064-001
A/c US dollar: 260-601471-178
A/c Euro: 260-601471-179
A/c Sterling: 260-601471-180

Payments from overseas banks and other currency payments (Swift payments)

Payments should be effected to Utmost International Isle of Man Limited's accounts held below.

Swift code: NWBKGB2LXXX
Bank: National Westminster Bank
Bank address: 2 1/2 Devonshire Square, London, EC2M 4XB
Beneficiary: Utmost International Isle of Man Limited Singapore Branch
Account Number: (Select as applicable):

IBAN number	Account number
1. US dollar - GB31 NWBK 6073 0140 5312 87	140-00-40531287
2. Euro - GB80 NWBK 6072 1340 5313 25	550-00-40531325
3. Australian dollar - GB50 NWBK 6073 0140 5313 33	160-00-40531333
4. Canadian dollar - GB75 NWBK 6073 0140 5313 68	150-00-40531368
5. Danish krone - GB09 NWBK 6073 0140 5313 92	175-00-40531392
6. Hong Kong dollar - GB19 NWBK 6073 0140 5314 06	338-00-40531406
7. Japanese yen - GB94 NWBK 6073 0140 5314 14	349-00-40531414
8. New Zealand dollar - GB97 NWBK 6073 0140 5315 54	217-00-40531554
9. Norwegian krone - GB53 NWBK 6073 0140 5314 73	222-00-40531473
10. Singapore dollar - GB22 NWBK 6073 0140 5316 43	409-00-40531643
11. Swedish krona - GB44 NWBK 6073 0140 5316 35	232-00-40531635
12. Swiss franc - GB53 NWBK 6073 0140 5313 76	234-00-40531376

GBP Payments

Swift code: NWBKGB2147K
Bank: National Westminster Bank Southampton (56-00-68)
Bank address: High Street, Southampton
IBAN number
Account Number: GB44NWBK56006837880527
Important:

37880527

UTMOST INTERNATIONAL INVESTMENT ACCOUNT
BANK DETAILS AND PAYMENT METHODS

- › Please make sure that the applicant's name and/or Policy number (if reserved) is/are quoted in the payment field, referred to by the bank as SWIFT field 70, on the electronic bank transfer form to ensure that correct details are sent to Utmost International.
- › Please note that when sending payments electronically spaces should be excluded from the IBAN numbers.
- › All bank charges, such as telegraphic transfer charges, are the responsibility of the applicant, not Utmost International.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost Wealth Solutions is the registered business name of Utmost International Isle of Man Limited Singapore Branch.

Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909.

Tel: +65 6216 7990 Fax: +65 6216 7999.

Registered in Singapore Number T08FC7158E.

Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore.

Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 024916C.

Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Licensed by the Isle of Man Financial Services Authority.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

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