GENERATION PLANNING BOND

PRE-APPLICATION UNDERWRITING FORM

utmost™ WEALTH SOLUTIONS

This form allows you to assess the likely outcome of underwriting where there may be issues in relation to age and state of health. This can help you, with your financial adviser, decide whether or not to apply for a Generation Planning Bond.

Please be aware that this form is designed to start the underwriting process. You will be required to complete the standard Generation Planning Bond application form if you wish to proceed with your application.

Please complete this form using **blue or black 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**.

Throughout this form, 'I', 'me' and 'my' mean you, the applicant, and 'the Company' or 'we' means Utmost PanEurope dac.

You should use this form to indicate that you wish to be informed of any variation of gift value as a result of underwriting. You will be asked to sign a form agreeing to these terms before the investment can be made, as well as completing the standard **Generation Planning Bond application form**.

Once complete please return this form and any supporting documents to: **Utmost PanEurope dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.**

	PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
Applicant and Policy details	2	A – Policy details	Mandatory	☐
	2	B – Applicant details	Mandatory	☐
	3	C – Applicant medical details	Mandatory	☐
	11	**E – Introducer's details**	**Mandatory***	☐
Declarations	8	D – Standard applicant declaration	Mandatory	☐

***Financial adviser to complete.**

Please ensure that all relevant sections of this form are completed before submitting.

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

Utmost PanEurope dac is regulated by the Central Bank of Ireland (No 311420). Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

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

UI PR 0080 | 08/22

A POLICY DETAILS — MANDATORY

1 Provide a copy of your personal illustration and/or enter your personal illustration reference number

2 Welcome Team Case ID reference

If the Welcome team produced a Personal Illustration for you, a four digit case ID can be found at the top of page one.

3 Indicative premium GBP

4 Indicative withdrawals (per annum) Monetary amount (£) . or % of premium %

Minimum £200 per payment. The percentage or monetary figure will be divided by the frequency you specify.

5 Indicative withdrawal frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually

6 Indicative rate of increase in 'income' payment (optional)

If increasing in line with RPI please write RPI in the box

B APPLICANT DETAILS — MANDATORY

Please complete this section for both applicants, if this is a joint case.

		Applicant 1	Applicant 2
1	Title (Mr, Mrs, Miss or Other)		
2	Gender	☐ Male ☐ Female	☐ Male ☐ Female
3	Surname		
4	Forenames (in full)		
5	Residential address (PO Boxes and 'care of' addresses are not acceptable)		
	Postcode	–	–
6	What is the relationship of Applicant 1 to Applicant 2?	☐ Spouse ☐ Civil Partner	
7	Date of birth	d d m m y y y y	d d m m y y y y
8	Correspondence address (PO Boxes and 'care of' addresses are not acceptable)		
	Postcode	–	–
9	Contact telephone number		

C APPLICANT MEDICAL DETAILS — MANDATORY

Please ensure you answer each question fully and accurately indicating 'no' where applicable. **If the answer to any question numbered 7-14 is 'yes', give full details in the boxes provided.** If you are in any doubt if certain information should be provided you are strongly advised to disclose it. Any missing information may delay an underwriting decision. You have a duty to give clear, frank and honest answers to all questions posed and any misstatements could have a detrimental effect on the future Inheritance Tax benefits available to your estate.

In accordance with the Association of British Insurers policy on genetics and insurance, you do not need to tell us about any genetic test result you have had. However, you must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

	Applicant 1	Applicant 2
1 Height (without shoes)	☐ ft ☐ ins ☐ cm	☐ ft ☐ ins ☐ cm
2 Weight (in normal indoor clothing)	☐ st ☐ lbs ☐ kg	☐ st ☐ lbs ☐ kg
3 Has your weight increased or decreased by more than 1 stone (6kg) in the last 6 months?	☐ Yes ☐ No	☐ Yes ☐ No
4 Have you smoked OR used tobacco OR nicotine replacement products in the past 12 months? (Please provide details of amounts per day)	☐ Yes ☐ No If yes, please provide details of your daily consumption or in the case of nicotine replacement tell us what you are using, at what frequency and strength.	☐ Yes ☐ No
5 Do you drink alcohol? If yes, please provide the number of units per week Has your consumption been greater than this in the last five years?	☐ Yes ☐ No ☐ Units ☐ Yes ☐ No	☐ Yes ☐ No ☐ Units ☐ Yes ☐ No
6 Please provide us with the full name, address and postcode of your doctor. A report is required from your doctor and if the full address is not given it may result in a delay in assessment. Postcode **a)** Telephone number (including international dialling code) **b)** Fax number (including international dialling code)		

This question must be answered.

1 measure spirits = 1 unit

Small glass of wine = 1.5 units

Large glass of wine = 3 units

1 pint of lower strength beer = 2 units

You can find more information on www.nhs.uk/live-well

Please tick all appropriate boxes to all of the questions 7 to 14. If you answer 'yes' to any of the questions, please provide more details, including the nature and date of illness/injury, the treatment given and the name, address and telephone number of the doctor consulted.

	Applicant 1	Applicant 2
7 Have you ever been advised to reduce or stop alcohol or smoking on health grounds? If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No
8 Do you, or do you intend to, take part in any hazardous sport, activity, pastime or event that involves hazard or risk of injury OR do you intend to travel or reside outside the UK for 12 weeks or more per annum? If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No
9 Have you suffered, or are you suffering, from any major illnesses such as cancer (whether benign or malignant), leukaemia, Hodgkin's disease or lymphoma? If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No

If you answer 'yes' to any of the questions, please provide more details, including the nature and date of illness/injury, the treatment given and the name, address and telephone number of the doctor consulted.

	Applicant 1	Applicant 2
10 Have you suffered, or are suffering, from heart disease including high blood pressure, angina, heart attack, heart defects, valve disorders or irregular heart beat? If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No
11 Have you suffered, or are you suffering, from a stroke, "mini stroke", transient ischaemic attack (TIA) or brain haemorrhages? If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No
12 Have you suffered, or are suffering, from Alzheimer's disease or other forms of dementia, multiple sclerosis, Parkinson's disease, paralysis or paraplegia? If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No

If you answer 'yes' to any of the questions, please provide more details, including the nature and date of illness/injury, the treatment given and the name, address and telephone number of the doctor consulted.

13 In the last 5 years have you had any of the following?

	Applicant 1	Applicant 2
a) Diabetes, a blood disorder or any hormone disorder If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No
b) Kidney disease, bladder disorder or urinary disorder, prostate disorder (males only)? If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No
c) Any mental illness including anxiety, depression, stress for which you have sought medical advice, attempted self-harm or overdose? If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No

If you answer 'yes' to any of the questions, please provide more details, including the nature and date of illness/injury, the treatment given and the name, address and telephone number of the doctor consulted.

	Applicant 1	Applicant 2
d) Any liver or intestinal disorder including hepatitis, haemachromatosis, Crohn's disease, ulcerative colitis or diverticulitis If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No
e) Any condition, disease or disorder that you have not mentioned above? If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No
14 Current health **a)** Do you have any signs or symptoms of ill health, disability or memory loss/ dysfunction for which you have not yet consulted a medical practitioner? If yes, please provide details	☐ Yes ☐ No	☐ Yes ☐ No

D UNDERWRITING FORM DECLARATION — MANDATORY

Please read this section carefully before you sign it as it affects your rights and any representations or responses made in relation to the questions set out above will form part of your formal application for the bond and upon which the Company may subsequently rely. Should you have any questions on the content of the form please consult your financial adviser.

I hereby confirm that all the information provided by me, in this pre-application underwriting form, is complete and accurate to the best of my knowledge and belief. I agree that this information, together with any supporting information completed or given by me in my name, shall form the basis of any future contract with the Company should I decide to go ahead and invest in a bond.

I agree to inform the Company immediately should any information within this form change, and understand that I am obliged to do so.

HOW THE COMPANY USES YOUR INFORMATION

We use the information you give us, about yourself and other people, to provide our products and services. In order to support our products and services, we transfer information between different entities within our immediate operating group and to appointed data processors, but we do not transfer information to other parties, unless required to do so by law or regulation. We do not carry out marketing using the information or transfer, or sell, your personal information to others for marketing purposes.

More details about how we use your information, your rights over this information and how you can exercise your rights can be found in the applicable Privacy Notice. We publish our Privacy Notices on our website at **www.utmostinternational.com/privacy-statements** or you can call us on **0845 602 9281** and request a copy.

I acknowledge that:

The Company will store, process or pass on my data whether or not my application is accepted.

The Company will in the event of my death obtain such medical or other records from medical practitioners and/or other relevant institutions or authorities regarding my medical history or circumstances relating to my death should it wish to do so.

ACCESS TO MEDICAL RECORDS

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 and equivalent legislation. Your rights under the legislation are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us, we can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following.

› Your current health

- Any care, medication or treatment you are currently receiving
- The result of referrals or tests you are waiting for.

› Any time off work in the last three years

› Your past health.

Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your doctor or any other medical adviser, therapist or counsellor, in particular whether you have a history of:

- malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) disease;
- musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints of muscles;
- anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
- suicidal thoughts or attempts at suicide; or
- conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in last two years, urinalyses (tests on urine), x-rays or other investigations;
- any blood pressure readings in the last three years;
- any history of disease among your parents or brothers or sisters that you have told your doctor about

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test results which show that you have not inherited a condition your family suffers from.

The Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Acts 1993 will be relevant to the Company getting a medical report from any medical practitioner who has attended to you (the client) in England, Scotland, Wales, Northern Ireland or the Isle of Man but not, at present (although this may change in the future), the Channel Islands or elsewhere.

For the purposes of the Medical Reports Act 1988 and equivalent legislation:

I consent to the Company, its employees or agents asking any doctor I have consulted about my physical or mental health to provide medical information so it may assess my application. The Company may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows the Company to gather medical reports within six months of the start of any prospective policy which I may take out or after my death, to support any claim made on any prospective policy proceeds.

I understand that I should notify the Company if my health or circumstances change between the date of signing this application form and the date that a certified discount certificate is issued.

	Applicant 1		Applicant 2	
Do you wish to see the medical report before it is sent to us?	☐ Yes	☐ No	☐ Yes	☐ No
Do you wish to be informed if the underwriting results show a variation to the gift or the discount?	☐ Yes	☐ No	☐ Yes	☐ No

	Applicant 1	Applicant 2	
SIGNATURE			SIGNATURE
Print full name			
Date	d d m m y y y y	d d m m y y y y	

If there is a variation to the gift or the discount after the underwriting process then we will require your signed approval.

E INTRODUCER'S DETAILS (to be completed by the financial adviser) MANDATORY

1 Print full name

2 Date d d m m y y y y

3 Telephone number

4 Email address

5 Financial adviser company name and address (company stamp)

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

6 Please provide the name of your usual Utmost sales consultant