

# SILK LIFE PLAN

## INSURABILITY INFORMATION OF SECOND LIFE ASSURED



For application of Singapore accredited investors only

**WARNING:** PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 OF SINGAPORE, AS MAY BE AMENDED FROM TIME TO TIME, IF YOU DO NOT FULLY AND FAITHFULLY DISCLOSE IN THIS APPLICATION FORM ALL FACTS WHICH YOU KNOW, OR OUGHT TO KNOW, THE POLICY ISSUED MAY BE VOID AND YOU MAY RECEIVE NOTHING FROM THE POLICY.

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                |
|---|------|--------------------------|
| 1 Financial insurability information (This section must be completed)   | 4    | <input type="checkbox"/> |
| 2 Other insurability information (This section must be completed)   | 9    | <input type="checkbox"/> |
| 3 Health insurability information (complete this section if the application is subject to non-medical underwriting) | 11   | <input type="checkbox"/> |

## A WEALTH *of* DIFFERENCE

[www.utmostinternational.com](http://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 10289 | 01/24

### CUSTOMER ID NUMBER(S)

If known please enter the Customer ID number(s)

Applicant 1

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
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Applicant 2

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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### FINANCIAL ADVISER REPRESENTATIVE DETAILS

Utmost International account reference

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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Adviser ID

|  |  |  |  |  |  |
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Name of financial adviser  
representative

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Company name

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Address

|  |
|--|
|  |
|--|

Telephone number

|  |
|--|
|  |
|--|

Fax number

|  |
|--|
|  |
|--|

E-mail address

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

- ▶ You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- ▶ Please make sure you understand the nature and purpose of this application. Should you need more information please talk to the applicant and consult the financial adviser representative via the applicant.
- ▶ This form, forms part of an application for an Utmost International SILK Life Plan and must be used when there is more than one life assured, the first life assured should fill in the relevant information in Section D of the application form, while the life assured please fill out this 'Insurability information of the second life assured' and attach together with the application form.

To complete this form:

- › use CAPITAL LETTERS only
- › use blue or black ink
- › specify choices as appropriate
- › complete all relevant sections
- › do not use correction fluid; any amendments should be crossed out and initialled by all applicants as well as the relevant life assured.

Sections 1 and 2 must be completed for every application.

Section 3 must be completed for non-medical underwriting applications only.

If the Life Assured is subject to a medical underwriting, a separate medical underwriting form must be completed and sent to us along with this application. The medical underwriting form is available from the applicant's financial adviser representative.

## INFORMATION OF APPLICANT(S)

For individual applicant(s)

|   | <b>Applicant 1</b>  | <b>Applicant 2</b>  |
|---|---|---|
| Title (✓)                                 | <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>Mr</span> <span>Mrs</span> <span>Miss</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Other</span> <input style="width: 150px; height: 20px;" type="text"/> </div> | <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>Mr</span> <span>Mrs</span> <span>Miss</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Other</span> <input style="width: 150px; height: 20px;" type="text"/> </div> |
| Full forename(s)                          | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>  |
| Surname                                   | <input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/>  |
| Correspondence address                    | <input style="width: 250px; height: 25px;" type="text"/><br><input style="width: 250px; height: 25px;" type="text"/><br><input style="width: 250px; height: 25px;" type="text"/><br><input style="width: 250px; height: 25px;" type="text"/>  | <input style="width: 250px; height: 25px;" type="text"/><br><input style="width: 250px; height: 25px;" type="text"/><br><input style="width: 250px; height: 25px;" type="text"/><br><input style="width: 250px; height: 25px;" type="text"/>  |
| Date of application                       | <div style="display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>  | <div style="display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>  |
| For corporate applicant<br>Corporate name | <input style="width: 550px; height: 25px;" type="text"/>  |   |
| Correspondence address                    | <input style="width: 550px; height: 25px;" type="text"/><br><input style="width: 550px; height: 25px;" type="text"/><br><input style="width: 550px; height: 25px;" type="text"/>  |   |
| Date of application                       | <div style="display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>  |   |

## IMPORTANT INFORMATION ON COVERAGE DURING ASSET TRANSFER (TO BE READ BY BOTH THE APPLICANT AND THE LIFE ASSURED)

### Interim cover benefit

The Interim Cover Benefit applies where we have agreed to the payment of all or part of the Premium by Asset transfer for a new Utmost International Silk Life Plan - it does not apply to any request by you to pay an additional Premium.

This benefit will start on the Working Day that we receive the last of the following items:

- › Fully completed and duly signed application, including all the required and necessary documents provided they are accepted by Utmost International; and
- › Terms of Acceptance that are issued by Utmost International and signed by the Applicant; and
- › Confirmation from the bank that the Asset transfer process has started.

If the Relevant Life Assured dies we will provide the Sum Assured, provided the Relevant Life Assured's death did not result either directly or indirectly, voluntarily or involuntarily, from:

- a. any self-inflicted injury or suicide, whether the Relevant Life Assured was mentally capable or not; or
- b. any exclusion which is included within your Terms of Acceptance. The Sum Assured will be adjusted accordingly, for example, any condition stated in your Terms of Acceptance.

We will also return the Premium paid by Asset transfer.

Please refer to the Policy Terms and Conditions for the definition of Relevant Life Assured.

**When does this cover end?**

The Interim Cover Benefit ends on the earliest of:

1. The date we accept the application, the Contract Date; or
2. The date the applicant or the relevant financial adviser representative tells us the application is not going ahead; or
3. 90 calendar days from the date this coverage starts.

We must be notified within three months of the death of the Relevant Life Assured.

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**DETAILS OF THE LIFE ASSURED**

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**The maximum age for a life assured is 85 (as at last birthday).**

|   |   |  |        |   |   |   |   |   |   |   |   |   |
|---|---|--|--------|---|---|---|---|---|---|---|---|---|
| Title (✓)   | Mr  | Mrs  | Miss   |   |   |   |   |   |   |   |   |   |
|   | Other   | <input style="width: 150px;" type="text"/> |        |   |   |   |   |   |   |   |   |   |
| Full forename(s)  | <input style="width: 580px;" type="text"/>  |  |        |   |   |   |   |   |   |   |   |   |
| Surname   | <input style="width: 580px;" type="text"/>  |  |        |   |   |   |   |   |   |   |   |   |
| Sex (✓)   | Male  |  | Female |   |   |   |   |   |   |   |   |   |
| Date of birth   | <table border="1" style="display: inline-table; text-align: center; width: 100%;"> <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 |   |   |   |   |   |
| Nationality   | <input style="width: 580px;" type="text"/>  |  |        |   |   |   |   |   |   |   |   |   |
| Dual nationality<br>(if applicable)                           | <input style="width: 580px;" type="text"/>  |  |        |   |   |   |   |   |   |   |   |   |
| NRIC number/passport number/<br>national identity card number | <input style="width: 580px;" type="text"/>  |  |        |   |   |   |   |   |   |   |   |   |
| Country of residence  | <input style="width: 580px;" type="text"/>  |  |        |   |   |   |   |   |   |   |   |   |
| Residential address<br>(currently residing)                   | <input style="width: 580px;" type="text"/>  |  |        |   |   |   |   |   |   |   |   |   |
|   | <input style="width: 580px;" type="text"/>  |  |        |   |   |   |   |   |   |   |   |   |
|   | <input style="width: 580px;" type="text"/>  |  |        |   |   |   |   |   |   |   |   |   |
| Relationship to applicant(s)                                  | <input style="width: 580px;" type="text"/>  |  |        |   |   |   |   |   |   |   |   |   |

1
FINANCIAL INSURABILITY INFORMATION (THIS SECTION MUST BE COMPLETED)

a. What is the purpose of this application/assurance? (✓)

Personal/family protection

Legacy planning

Business cover

Other (Please specify)

b. Have you ever been declared insolvent/bankrupt? (✓)

Yes

No

If 'Yes', please provide details. If applicable, include date of rehabilitation.

|  |
|--|
|  |
|  |

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## INSURABILITY INFORMATION OF SECOND LIFE ASSURED

- c. Have you ever been investigated or committed tax fraud in any jurisdiction? (✓) Yes ☐ No ☐  
 If 'Yes', please provide details.

|  |
|--|
|  |
|  |

- d. How was the sum assured calculated? Please explain all assumptions.

|  |
|--|
|  |
|  |
|  |

- e. Details of dependents

| NAME OF DEPENDENT | RELATIONSHIP TO THE LIFE ASSURED | AGE OF DEPENDENT |
|-------------------|----------------------------------|------------------|
|                   |                                  |                  |
|                   |                                  |                  |
|                   |                                  |                  |
|                   |                                  |                  |
|                   |                                  |                  |

- f. Details of income

|                         |      |       |      |        |  |
|-------------------------|------|-------|------|--------|--|
| Income Statement in (✓) | US\$ | GBP £ | SG\$ | Euro € | Other currency <input style="width: 50px;" type="text"/> |
|-------------------------|------|-------|------|--------|--|

| Annual Earnings  | Current Year <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> | Current Year <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> |
|--|--|--|
| Salary, including allowances and benefits paid by the employer |  |  |
| Bonuses (Average over two years)                               |  |  |
| Business interest  |  |  |
| Rental income  |  |  |
| Dividends  |  |  |
| Other sources of income (please specify)                       |  |  |

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## INSURABILITY INFORMATION OF SECOND LIFE ASSURED

g. Details of assets and liabilities

| Assets in (✓)                         |  |  |  | Liabilities in (✓)                    |  |  |  |
|---------------------------------------|--|--|--|---------------------------------------|--|--|--|
|                                       |  |  |  |                                       |  |  |  |
| US\$      GBP £      SG\$      Euro £ |  |  |  | US\$      GBP £      SG\$      Euro £ |  |  |  |
| Other currency                        |  |  |  | Other currency                        |  |  |  |

  

| Asset Description                                      | Current Year | y | y | y | y | Previous Year | y | y | y | y |
|--|--------------|---|---|---|---|---------------|---|---|---|---|
| Real Estate*   |              |   |   |   |   |               |   |   |   |   |
| Valuables (Motor Vehicles, Furniture, Jewellery, etc.) |              |   |   |   |   |               |   |   |   |   |
| Investments (Stocks and Bonds)                         |              |   |   |   |   |               |   |   |   |   |
| Business interest                                      |              |   |   |   |   |               |   |   |   |   |
| Cash and savings accounts                              |              |   |   |   |   |               |   |   |   |   |
| Other  |              |   |   |   |   |               |   |   |   |   |
| Other  |              |   |   |   |   |               |   |   |   |   |

  

| Liability Description | Current Year | y | y | y | y | Previous Year | y | y | y | y |
|-----------------------|--------------|---|---|---|---|---------------|---|---|---|---|
| Mortgages             |              |   |   |   |   |               |   |   |   |   |
| Personal Loans        |              |   |   |   |   |               |   |   |   |   |
| Credit Cards          |              |   |   |   |   |               |   |   |   |   |
| Overdraft facility    |              |   |   |   |   |               |   |   |   |   |
| Other                 |              |   |   |   |   |               |   |   |   |   |
| Other                 |              |   |   |   |   |               |   |   |   |   |
| Other                 |              |   |   |   |   |               |   |   |   |   |

\* If you own any property, please complete (h) below.

h. Schedule of properties owned

| ADDRESS | YEAR PURCHASED | PERCENTAGE OWNERSHIP | MARKET VALUE IN (✓) |       |      |        |
|---------|----------------|----------------------|---------------------|-------|------|--------|
|         |                |                      | US\$                | GBP £ | SG\$ | Euro £ |
|         | y y y y        | %                    |                     |       |      |        |
|         | y y y y        | %                    |                     |       |      |        |
|         | y y y y        | %                    |                     |       |      |        |
|         | y y y y        | %                    |                     |       |      |        |
|         | y y y y        | %                    |                     |       |      |        |
|         | y y y y        | %                    |                     |       |      |        |
|         | y y y y        | %                    |                     |       |      |        |
|         | y y y y        | %                    |                     |       |      |        |

i. What is the source of premium(s) under this insurance cover? (✓)

- ☐ Own income
- ☐ Premium financing
- ☐ Employer
- ☐ Other

j. Is the payer different from the applicant or the life assured? (✓) Yes No

(Please note payment from a third party is subject to acceptance by Utmost International.)

If 'Yes' please complete the following information:

|  |  |
|--|--|
| Payer's details:   |  |
| 1. NRIC number, national identity card number or passport number                 |  |
| 2. Issuing date  |  |
| 3. Issuing country   |  |
| Reason for paying the premium  |  |
| Relationship to the life assured   |  |
| If the payer is a company:<br>please provide Certificate of Incorporation number |  |
| If the payer is a business:<br>please provide the Business Registration number   |  |

**Business details of life assured (to be completed for business cover only)**

k. What is the purpose of this application/business insurance? (✓)

Partnership

Key Person

Business Loan Protection

Employment Benefit

Other (Please specify)

l. Type of business entity: (✓)

Limited company

Partnership - Limited

Partnership - General

Sole Proprietorship

m. Business details:

|   |  |
|---|--|
| Business name   |  |
| Business Registration number or Certificate of Incorporation number |  |
| Registered address  |  |
| Web address   |  |
| Life assured's percentage ownership of this business                |  |
| Value of business interest  |  |
| How long has the business been in operation?                        | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">y</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">y</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">y</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">y</div> <div style="margin-right: 10px;">years</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">m</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">m</div> <div>Month</div> </div> |

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## INSURABILITY INFORMATION OF SECOND LIFE ASSURED

n. Details of Business Assets and Liabilities

|               |  |                |  |      |                    |  |                |  |      |
|---------------|--|----------------|--|------|--------------------|--|----------------|--|------|
| Assets in (✓) |  |                |  |      | Liabilities in (✓) |  |                |  |      |
| US\$          |  | GBP £          |  | SG\$ | US\$               |  | GBP £          |  | SG\$ |
| Euro €        |  | Other currency |  |      | Euro €             |  | Other currency |  |      |

  

| Asset Description | Current Year | Previous Year | Liability Description         | Current Year | Previous Year |
|-------------------|--------------|---------------|-------------------------------|--------------|---------------|
|                   | y y y y      | y y y y       |                               | y y y y      | y y y y       |
| Fixed assets      |              |               | Long term (more than 3 years) |              |               |
| Current assets    |              |               | Short term (up to 3 years)    |              |               |
| Investments       |              |               | Other                         |              |               |
| Other             |              |               | Other                         |              |               |

Net Worth

o. Business income details:

|              |      |       |      |        |                |
|--------------|------|-------|------|--------|----------------|
| Currency (✓) | US\$ | GBP £ | SG\$ | Euro € | Other currency |
|--------------|------|-------|------|--------|----------------|

  

|               | TURNOVER | GROSS PROFIT | NET PROFIT (AFTER TAX AND EXPENSES) | NET PROFIT (BEFORE TAX AND EXPENSES) |
|---------------|----------|--------------|-------------------------------------|--------------------------------------|
| Current Year  | y y y y  |              |                                     |                                      |
| Previous Year | y y y y  |              |                                     |                                      |

p. Please complete below if applying for key person or employment benefit

What special skills does the life cover have to qualify him/her as a key person?

What is his/her percentage ownership in the business?  %

What is the life assured's contribution to the business's profits?

Please provide the calculations for the key person's cover applied for

Is there any existing, concurrent or planned cover for other key person(s) in the business?  
If 'Yes', please provide details below.

Yes      No

q. Is it an application for partnership cover? If 'Yes', please provide details below.

Yes      No

What is the current value of the business?

Please provide cover calculations and value of business, and submit valuation report and two years financial statements (if available)



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## INSURABILITY INFORMATION OF SECOND LIFE ASSURED

Is there a signed Buy and Sell agreement in place?

Yes

No

If 'Yes', please provide a copy

If 'No', explain why there is no agreement in place

Are reciprocal benefits in place, or being applied for, for the other business partner(s)?

If 'Yes', please complete below:

Yes

No

|                                |  |
|--------------------------------|--|
| Company name                   |  |
| Policy number                  |  |
| Type of cover and cover amount |  |

r. Please provide all calculations if applying for estate duty cover or any other tax implications

## 2 OTHER INSURABILITY INFORMATION (THIS SECTION MUST BE COMPLETED)

a. Do you have any life assurance policies in force in your country of residence or anywhere else? (✓)

Yes

No

If 'Yes', please provide the information below:

| NAME OF INSURANCE PROVIDER/COMPANY | POLICY NUMBER | NAME OF LIFE ASSURED | ISSUING DATE    | SUM ASSURED (PLEASE STATE CURRENCY) | CURRENT VALUE OF POLICY |
|------------------------------------|---------------|----------------------|-----------------|-------------------------------------|-------------------------|
|                                    |               |                      | d d m m y y y y |                                     |                         |
|                                    |               |                      | d d m m y y y y |                                     |                         |
|                                    |               |                      | d d m m y y y y |                                     |                         |
|                                    |               |                      | d d m m y y y y |                                     |                         |
|                                    |               |                      | d d m m y y y y |                                     |                         |

b. Do you have concurrent applications for life assurance applied for or pending with other insurance companies? (✓)

Yes

No

If 'Yes', please provide the information below:

| NAME OF INSURANCE PROVIDER/COMPANY | NAME OF LIFE ASSURED | SUM ASSURED (PLEASE STATE CURRENCY) |
|------------------------------------|----------------------|-------------------------------------|
|                                    |                      |                                     |
|                                    |                      |                                     |
|                                    |                      |                                     |

c. Do you plan to replace, change or use values from any existing insurance as a source of premium payment for any life insurance coverage that may be applied for? (✓)

Yes

No

If 'Yes', please provide the information below:

| NAME OF INSURANCE PROVIDER/COMPANY | NAME OF LIFE ASSURED | SUM ASSURED (PLEASE STATE CURRENCY) |
|------------------------------------|----------------------|-------------------------------------|
|                                    |                      |                                     |
|                                    |                      |                                     |
|                                    |                      |                                     |

d. Have you ever been rated, postponed or declined for insurance? (✓) Yes No

If 'Yes', please provide name(s) of the insurance company(ies) and reason(s)

e. Will your occupation require you to travel or reside outside the borders of your original country of residence for more than one week in any year? (✓) Yes No

► If yes, please fill in the **Travel and Residency questionnaire**.

f. Do you participate or expect to participate in any of the following hazardous activities:

- › Flying other than a fare paying passenger on a schedule airline route
- › Piloting an aircraft
- › Parachuting without a static line
- › Sky diving
- › Automobile, motorcycle racing or power boat racing
- › Professional sports
- › Rock climbing

› Or any other risky activity that may expose you to a higher than average risk of accident and/or injury? (✓) Yes No

► If 'Yes', please complete the applicable **Sports and Hazardous activities questionnaire**, which is available from your financial adviser representative.

g. Occupational profile:

|  |  |
|--|--|
| Highest educational qualification      |  |
| Occupation                             |  |
| What is your position in the business? |  |
| Description of main duties             |  |
| Line/nature of business and industry   |  |
| Name of employer                       |  |
| Employer's registered address          |  |
| Website address of employer            |  |

Does your occupation involve working at heights, working underground, commercial diving, working on an oil rig and/or handling explosives? (✓) Yes No

h. Have you ever been charged or convicted for any criminal offence? (✓) Yes No

If 'Yes', please provide details

**3 HEALTH INSURABILITY INFORMATION (COMPLETE THIS SECTION IF THE APPLICATION IS SUBJECT TO NON-MEDICAL UNDERWRITING)**

► Should you require a medical examination at one of our designated medical clinics, it is not necessary to complete the following medical questions. Please consult your financial adviser representative for further details.

a. Family Questions:

1. Has any of your immediate family members or near relatives (i.e. siblings of parents) ever suffered from cancer, diabetes, high blood pressure, heart or kidney disease, nervous or mental disorder, tuberculosis or hereditary disorder? (✓) Yes No

2. Please provide the following details:

|   | AGE OF LIVING/PRESENT HEALTH | AGE AT DEATH/CAUSE OF DEATH |
|---|------------------------------|-----------------------------|
| Father                                    |                              |                             |
| Mother                                    |                              |                             |
| Brother(s)                                |                              |                             |
| Sister(s)                                 |                              |                             |
| Near relatives (i.e. siblings of parents) |                              |                             |

b. Please provide the following details regarding any hospital or clinic you have consulted in the last 24 months:

1. Name, address and contact number of the hospital or clinic
2. Date and reason of last consultation
3. Diagnosis and result of visit
4. List of current medications (prescription or non-prescription)
- 

c. Smoking and Alcohol Status:

Have you ever used tobacco or nicotine products in any form? (✓) Yes No  
(including cigarettes, cigars, cigarillos, pipe, chewing tobacco, nicotine patches, gum or shisha)

| PRODUCT    | QUANTITY/<br>FREQUENCY | CURRENT (✓) | PAST (✓) | DATE LAST USED (DD/<br>MM/YYYY) |
|------------|------------------------|-------------|----------|---------------------------------|
| Cigarettes |                        |             |          | d d m m y y y y                 |
| Cigars     |                        |             |          | d d m m y y y y                 |
| Others:    |                        |             |          | d d m m y y y y                 |

Have you ever consumed alcoholic beverages? (✓) Yes No

| PRODUCT | QUANTITY/<br>FREQUENCY | CURRENT (✓) | PAST (✓) | DATE LAST USED (DD/<br>MM/YYYY) |
|---------|------------------------|-------------|----------|---------------------------------|
| Beer    |                        |             |          | d d m m y y y y                 |
| Wine    |                        |             |          | d d m m y y y y                 |
| Others: |                        |             |          | d d m m y y y y                 |

d. Personal Health Questions:

For any questions below which are answered 'Yes', please provide details in question 8 on page 13.

- |   |     |    |
|---|-----|----|
| 1. Have you ever had or been treated for or been told you had: (✓)  |     |    |
| a. Chest pain, angina; congestive heart failure, heart valve disease; heart attack; high blood pressure; heart murmur or palpitation; irregular heartbeat; or any other disease or disorder of the heart.   | Yes | No |
| b. Aneurysm; transient ischemic attack (TIA); stroke; or peripheral vascular diseases?  | Yes | No |
| c. Anaemia; leukaemia; bleeding or clotting disorder; recurrent infection; or any other disorder of the immune system or blood or veins or arteries or bone marrow or lymph node?   | Yes | No |
| d. Asthma; sleep apnea; bronchitis; pneumonia; tuberculosis; emphysema; shortness of breath, chronic cough, or any other disorder of the lungs or respiratory system?   | Yes | No |
| e. Neuritis; epilepsy, convulsions; chronic fatigue; fainting spells; seizures; paralysis; stroke; or any other disorder of the brain?  | Yes | No |
| f. Alzheimer's disease; dementia; memory loss or organic brain syndrome?  | Yes | No |
| g. Any nervous, mental or emotional disorder, or received counselling for anxiety, depression, stress or any other emotional condition?   | Yes | No |
| h. Multiple sclerosis (MS), muscular dystrophy, ALS (Lou Gehrig's disease), Parkinson's disease or tremors?   | Yes | No |
| i. Significant weight loss; ulcer, indigestion; gallstone; hernia; colitis; diverticulitis, hepatitis; cirrhosis; persistent diarrhoea; Crohn's disease or other disease of the liver, gall bladder, pancreas, stomach or intestines?                               | Yes | No |
| j. Diabetes; elevated blood sugar; glucose intolerance; thyroid, recurrent enlarged glands; or other glandular disease or disorder?   | Yes | No |
| k. Arthritis; chronic fatigue; fibromyalgia, myalgia, osteoporosis; fractures; gout; or any disorder or disease or abnormality of the joints, muscles or bones?   | Yes | No |
| l. Injuries due to falls or imbalance?  | Yes | No |
| m. Deformity or amputation?   | Yes | No |
| n. Polyp, tumour, Cancer, leukaemia, malignant melanoma, Hodgkin's disease or lymphoma?   | Yes | No |
| o. Disorder of the urinary tract or kidneys; urethritis; cystitis; sugar, albumin, bladder or blood in the urine?   | Yes | No |
| p. Prostate or testicular disease; venereal disease, herpes; diseases of the uterus, ovaries or breasts?  | Yes | No |
| q. Any disorder of the eyes, ears, nose or throat?  | Yes | No |
| r. Any other health impairment or medically or surgically treated condition within the last five years not mentioned above?   | Yes | No |
| 2. Have you ever been advised, examined or treated by a member of the medical profession for an immune deficiency disorder, Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease or positive test results for antibodies to the AIDS virus? (✓) | Yes | No |
| 3. Have you ever had a blood transfusion or been refused as a blood donor? (✓)  | Yes | No |
| 4. Are you now under regular medical observation by, or taking treatment from, a member of the medical profession? (✓)  | Yes | No |

5. Within the past ten years, have you: (✓)
- |   | Yes | No |
|---|-----|----|
| a. Consulted, been examined or been treated by any physician?   | Yes | No |
| b. Had an X-ray, electrocardiogram or any laboratory test/study?  | Yes | No |
| c. Had observation, treatment or admitted to a clinic, sanatorium, hospital or any other medical facility?  | Yes | No |
| d. Been advised by a member of the medical profession to have any diagnostic tests, hospitalization, or surgery which was not completed?  | Yes | No |
| e. Had dizziness, shortness of breath, pain or pressure in the chest?   | Yes | No |
| f. Had any injury requiring treatment?  | Yes | No |
| g. Used amphetamines, barbiturates, cannabis (marijuana), cocaine, heroin, hallucinogens, opiates or any prescription drug or any hallucinatory or mind-altering substances except in accordance with physician's instructions? | Yes | No |
| h. Been advised to limit or discontinue the use of alcohol or drugs, sought or received treatment, counselling or participated in a group for alcohol or drug misuse?   | Yes | No |

6. Build

- a. Height    cm      b. Weight    kg
- c. Weight change over last 12 months. (✓)      Lost      Gained    kg      No Change

7. For Females only

- a. Are you now pregnant? (✓) (If Yes, please state month of pregnancy)
- 
- Yes      No
- b. Have you been informed by a doctor or is there any reason to believe that your pregnancy may be abnormal?
- Yes      No
- c. Have you ever had any complications during your pregnancy or as a result of your pregnancy (eg ectopic pregnancy, diabetes, high blood pressure or protein in the urine)?
- Yes      No
- d. Have you ever had any disorder of menstruation or pregnancy?
- Yes      No
- e. When was your last menstruation?
- d

d

m

m

y

y

y

y
- f. Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?
- Yes      No
- g. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? (If Yes, please state type, reason, date of test done and results of test)
- Yes      No

8. Please give details of all Personal Health Questions (1-7) which are answered 'Yes'

| QUESTION NUMBER | START DATE | END DATE | REASON AND TREATMENT GIVEN | NAME AND ADDRESS OF DOCTORS AND HOSPITALS |
|-----------------|------------|----------|----------------------------|---|
|                 |            |          |                            |   |
|                 |            |          |                            |   |
|                 |            |          |                            |   |
|                 |            |          |                            |   |
|                 |            |          |                            |   |
|                 |            |          |                            |   |
|                 |            |          |                            |   |
|                 |            |          |                            |   |
|                 |            |          |                            |   |

## DECLARATION - BY LIFE ASSURED

1. I declare to the best of my knowledge and belief that the statements and answers given in any medical examination or questionnaires, including any supplementary medical questionnaires I have completed prior to completing this application, are full, complete and true and shall form the basis of any policy issued. I have not concealed a material fact. I agree to provide Utmost International with any further information in respect of the application on request.
2. I confirm I shall disclose to Utmost International any subsequent change in my health or insurability between signing this application and, where medical underwriting is required, any supplementary medical questionnaire, and Utmost International's acceptance of the policy. I understand that failure to do so may result in any subsequently issued policy being rendered void so that no Sum Assured or other benefits will be payable.
3. I understand that if any statement in this application, or any supplementary medical questionnaire, is inaccurate and this affects your assessment of the risk, any subsequently issued policy may be rendered void.
4. I authorise the financial adviser representative of the applicant to provide any/all of my personal data, information together with the supporting or related documents to Utmost International for the purpose of this application and to meet any ongoing administration and regulatory requirements. I further authorise Utmost International to pass this authorisation to the relevant financial adviser representative of the applicant for the purpose of facilitating the transfer provision of such data, information and documents as and when required and for this purpose.
5. I confirm I consent to the application for an Utmost International Silk Life Plan.

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## DATA PRIVACY STATEMENT

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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/](http://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](mailto: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](mailto: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, Portarlinton, 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.

**SIGNATURE OF LIFE ASSURED**

Date

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