

NOMINATION OF INVESTMENT ADVISER

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

IMPORTANT NOTES

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

HOW TO COMPLETE THIS FORM

Please complete this form using **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.**

This form is split into 2 sections for ease of completion. A summary of who should complete which section is outlined below:

- › **Section 1:** Nomination of Investment Adviser - **Applicant/policyholder/trustee** must complete in all cases
- › **Section 2:** Investment Adviser declaration - **Investment Adviser** must complete in all cases

SIGNATURE This symbol highlights the signature sections within this form which need to be signed by the applicant/policyholder/trustee or Investment Adviser.

Throughout this form, 'I', 'me' and 'my' means the applicant, policyholder or trustee and 'we' means Utmost Limited.

NOMINATING AN INVESTMENT ADVISER

Please do not use this form if you wish to change your existing financial adviser. If this is the case please complete a separate **Appointment of financial adviser form**.

If you have any queries please contact your financial adviser or our Customer Support team on **+44 (0)1624 643 345**.

INVESTMENT ADVISER CHARGES

If you would like Utmost to facilitate any initial, ongoing or ad hoc payments for advice to your Investment Adviser from inside the bond, you must complete the Investment Adviser section of our separate **Adviser charges pack**. This pack is available from our website www.utmostwealth.com or your financial adviser on request.

Please speak to your financial adviser for further details.

CHECKLIST

We want to process the nomination as quickly as possible. To help us do this please remember:

- › If you are sending any additional information or documentation, please attach it securely to the back of the form.
- › Please ensure that the form has been signed by all applicants, policyholders, trustees or authorised signatories, as applicable.
- › If Utmost is facilitating any initial, ongoing or ad hoc payments for advice, you must complete the relevant section of the separate **Adviser Charges pack**.

Finally, please send the completed form to: **Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.**

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions and Utmost Trustee Solutions are brand names used by a number of Utmost companies. This item has been issued by Utmost Limited.

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

The following company is registered in Ireland. Utmost Ireland dac (No 303257) is authorised by the Central Bank of Ireland and regulated by the Financial Conduct Authority in the UK for Conduct of Business Rules. Registered office: Block 2, Harcourt Centre, Harcourt Street, Dublin 2, Ireland.

SECTION 1 – APPLICANT/POLICYHOLDER/TRUSTEE MUST COMPLETE
 IN ALL CASES

A NOMINATION

1	Policy number	<input type="text"/>
2	Contract owner	<input type="text"/>
3	Name of firm to be appointed (the Adviser)	<input type="text"/>
4	FCA number	<input type="text"/>
5	Name of contact person	<input type="text"/>
6	Address of Investment Adviser	<input type="text"/>
	Postcode	<input type="text"/>

If you name an individual we will only accept instructions from that person.

Please provide us with the name and address of the firm you wish to appoint as your Investment Adviser.

I hereby nominate the above named firm to be appointed as the Investment Adviser (the Adviser), subject to the terms of my bond, to advise on and change the investments to which my policy is linked. I agree that Utmost Limited or its authorised agents or attorneys (collectively referred to as 'the Company') shall not be responsible for any loss or liability to the bond arising from this appointment or actions or failure to take action on the part of the Adviser giving rise to any loss in the value of the bond howsoever arising (including but without limitation failure on the part of the Adviser to produce a reasonable investment return in relation to the bond).

I promise that I will be responsible for any costs, losses and/or expenses reasonably incurred by the Company as a result of any formal or informal legal claims, complaints or proceedings brought against the Company in respect of any loss arising from or in respect of the activities and performance of the Adviser. I also promise that I will not make or bring about any formal or informal legal claims, complaints or proceedings against the Company in respect of the activities and performance of the Adviser. I make these promises on the basis of my acknowledgement of the Adviser's clear responsibility in relation to this nomination which I have made in the paragraph above.

I nominate the above named firm to be appointed on a:

- Discretionary basis.** The Adviser will make investment decisions on the fund(s) without any specific consultation with me. The Adviser has confirmed to me that they have the necessary regulatory authorisations to perform this discretionary service.
- Advisory basis.** I confirm that each investment instruction made by the Adviser on the fund(s) will be the result of prior discussions made with me and in accordance with my agreement. I authorise and request the Adviser to retain evidence of my agreement and I authorise and request the Adviser to send the Company copies of such evidence if requested to do so by the Company. The Adviser has confirmed to me that they have the necessary regulatory authorisations to perform this non-discretionary service.

Do not leave blank. Please tick one of the following boxes to indicate the type of service you require. If no boxes are ticked, the form will be returned and this will cause a delay in processing your request.

B APPLICANT/POLICYHOLDER/TRUSTEE DECLARATION

I understand that:

1. The bond may only invest in the type of assets shown in the published menu applicable to my contract, which the Company reserves the right to change from time to time. The Company also has the right at its discretion to refuse individual assets for investment in the bond.
2. Any assets purchased as a result of an instruction received from the Adviser shall be purchased at the open market buying price as shown in the contract note issued by the vendor or stockbroker, less any discount the Company has negotiated.
3. The Company reserves the right to realise assets to clear an overdrawn position on any part of the bond at any time.
4. Any appointment made under this nomination can be terminated by the Company at my request or otherwise by the Adviser and the Company at any time by giving written notice to the other.

	Applicant/Policyholder/Trustee 1	Applicant/Policyholder/Trustee 2																	
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Print full name																			
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SECTION 2 – INVESTMENT ADVISER MUST COMPLETE IN ALL CASES

C INVESTMENT ADVISER DECLARATION

I, the Adviser, have read and understood the terms of the appointment outlined above and agree to act in accordance with them. I confirm that I have the authorisation necessary under the legislation and regulations in

(country)

to act as Adviser on the specified basis and will remain so authorised, and comply with the rules of the appropriate regulatory body(ies), whilst acting as Adviser to this bond. I confirm that I will notify the Company forthwith of any changes to my authorisation including any disciplinary action taken against me.

Please indicate below which of the following regulatory authorisations you currently hold:

FCA permission Managing Investments (article 37)	<input type="checkbox"/>
FCA permission Advising on Investments (article 53)	<input type="checkbox"/>
Isle of Man FSA regulated	<input type="checkbox"/>
Class 2	<input type="checkbox"/>
Class 3	<input type="checkbox"/>
Jersey FSC regulated	<input type="checkbox"/>
Class B	<input type="checkbox"/>
Class C	<input type="checkbox"/>
Class D	<input type="checkbox"/>
Guernsey FSC regulated Category 1 and 2 Restricted Activities held to	<input type="checkbox"/>
Advise on investments	<input type="checkbox"/>
Act as discretionary manager	<input type="checkbox"/>

Telephone number (including international dialling code)

Facsimile number (including international dialling code)

Regulators membership number

Authorised signatory (Adviser)

Date /
/

Print name

For and on behalf of (company stamp)

SIGNATURE

The Authorised Signatory must sign all investment instructions. Alternatively, we will require an Authorised Signatory mandate to show individuals who can sign instructions on behalf of the Investment Adviser.

Please sign, date and stamp in the spaces provided.

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