

DRIP-FEEDING & PORTFOLIO REBALANCING

INVESTMENT ALTERATION FORM

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

IMPORTANT NOTES

This form should be used for the Estate Planning Bond, Evolution, the International Discounted Gift Scheme, and the International Investment Bond.

Please note these features are only available if you are invested in Guided Architecture and there is no Dealing Account.

This form allows you to do one of the following:

- › change or begin a Drip-feeding strategy, or
- › change or begin a Portfolio Rebalancing strategy.

You should speak to your financial adviser to discuss whether Dripfeeding or Portfolio Rebalancing is right for you.

If you would like to change your fund selection, advise us in writing or use the **Investment Switch Request** form available from Utmost International Isle of Man Limited or your financial adviser.

If you have any questions regarding the completion of this form, contact our Customer Support Team on **+44 (0)1624 643 345**.

HOW TO COMPLETE THIS FORM

Please read the following notes carefully before completing this form fully 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. **Do not use correction fluid**. In this form words in the singular shall include the plural and vice versa.

SIGNATURE This symbol highlights the signature sections within this form which need to be signed by the policyholder, trustees or authorised signatories.

If you are taking withdrawal payments from particular funds, this request may change the amount taken from each fund. This is because the total withdrawal amount remains the same. If you choose to come out of fund(s) used for withdrawals, the total withdrawal amount would be spread across the remaining funds. You may wish to discuss this with your financial adviser.

New instructions are required for Drip-feeding or Portfolio Rebalancing:

- › when a switch request is received,
- › if a fund is closed to new business, or
- › if an additional single investment premium is invested.

Utmost uses the information you give it to provide its products and services. It will be kept securely. How your information is used, your rights, and how you can exercise them, is detailed in Utmost's Privacy Statement.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C. Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles. Tel: +44 (0)1624 643 345. 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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A POLICY DETAILS

It is essential that you provide all the information requested. If you do not, there will be a delay in carrying out your instructions.

1	Policy number	<input type="text"/>
2	Which product does this change apply to?	<div>Estate Planning Bond <input type="checkbox"/></div> <div>Evolution <input type="checkbox"/></div> <div>International Discounted Gift Scheme <input type="checkbox"/></div> <div>International Investment Bond <input type="checkbox"/></div>
3	Names of Policyholder (Please give full names)	<input type="text"/> <input type="text"/> <input type="text"/>
4	Correspondence address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	Telephone number (including international dialling code)	<input type="text"/>
6	Email address	<input type="text"/>

B INVESTMENT DETAILS

You have the option to apply **either** Drip-feeding **or** Portfolio Rebalancing to your bond (**but not both**).

1 – INVESTMENT OPTIONS

Which option do you want to use? **Drip-feeding** ☐ Go to Q2 **Portfolio Rebalancing** ☐ Go to Q3

Drip-feeding or Portfolio Rebalancing can be stopped or changed at any time by sending us written instructions.

2 – DRIP-FEEDING

To use Drip-feeding, choose the starting percentage to invest in a fund (or set of funds), using column 3 of Q4. Then choose the percentage of the investment you want to have in each fund (or set of funds) at the end of the period. That final percentage should be entered into column 4 of Q4.

The minimum Drip-feeding period is one month and the maximum is 10 years. The first move will take place using the frequency and date (or nearest available business day) chosen. For example, quarterly Drip-feeding will take place on the date chosen below and on the same day each quarter thereafter. If a date is not specified, the default date will be the 28th of the month.

DRIP-FEEDING

How long would you like to apply Drip-feeding to your bond?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Years	<input type="text"/> <input type="text"/> Months
When do you want the first move to take place? The date must be between 1 and 28 of the month.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Which frequency would you like? (to alter the amounts invested in each fund)	<input type="checkbox"/> Yearly	<input type="checkbox"/> Half-yearly
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly

You can choose which funds to apply Drip-feeding to, it does not need to apply to all funds.
Now go to the next page and complete the percentage allocations in Q4, using all 4 columns.

3 – PORTFOLIO REBALANCING

Portfolio Rebalancing applies to all funds, you cannot choose to rebalance only part of your fund selection.

Your fund portfolio will be rebalanced to the original percentages chosen in column 3 of Q4, on the day (or nearest available business day) and frequency chosen below. For example, quarterly rebalancing will take place on the day chosen below and on the same day each quarter thereafter. If a date is not specified the default date will be the 28th of the month.

PORTFOLIO REBALANCING

When do you want the Portfolio Rebalancing to start?

The date must be between 1 and 28 of the month.

d	d	m	m	y	y	y	y
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Please select the frequency for Portfolio Rebalancing: ☐ Yearly ☐ Half-yearly ☐ Quarterly ☐ Monthly

Now complete the percentage allocation in Q4 using column 3 (below) to confirm the allocation you wish your fund portfolio to be rebalanced to. Do not complete column 4.

4 – FUND SELECTION

Write the selected funds and the percentage to be invested in each fund.

If you have selected Drip-feeding, you will also need to complete the fourth column to show the investment allocation required as an end position after the Drip-feeding period has finished.

The percentage amounts given in columns 3 and 4 below must be whole percentages.

Speak to your financial adviser to discuss the funds available for your bond.

Fund name (please give full fund name)	Fund reference	Current allocation %			% at end of Drip-feeding		
Total		100%			100%		

If you need more space for your fund choices please continue on a separate sheet of paper, signed by all policyholders/ authorised signatories/trustees and attach it to this form.

C SIGNATURES

I/We* confirm and accept that this form constitutes a change of terms to the original application completed at the time of taking out the bond but nonetheless is incorporated into and forms part of the contractual arrangement between me and Utmost International Isle of Man Limited.

	Policyholder/Authorised Signatory/ Trustee 1	Policyholder/Authorised Signatory/ Trustee 2	
SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print full name	<div></div> <div></div>	<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>	
	Policyholder/Authorised Signatory/ Trustee 3	Policyholder/Authorised Signatory/ Trustee 4	
SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print full name	<div></div> <div></div>	<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>	

All policyholders/authorised signatories/trustees must sign this form. If there are more than four policyholders, authorised signatories or trustees, photocopy this page and after signing the additional copies attach it securely to the form.

*Delete as applicable

D NOTES

E CHECKLIST

We want to process your instruction 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.

› To ensure that the form has been signed by all policyholders, authorised signatories, or trustees as applicable.

› All policy details have been provided.

WHAT TO DO NEXT

Finally, please send the completed form to: **Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.**