

Additional Premium Amount Form

Policy number: _____

Policyholder: _____

Cash Investment instruments

Total value of additional Premium (in words and digits): _____

Currency: _____

Please note that the additional Premium will be allocated in accordance with your existing Investment Strategy in the same proportion as your previous Premium payment. **If you want your Premium allocation to be changed, please complete the Investment Strategy form.**

Additional Premium paid in cash

Amount (in words and digits): _____

Currency: _____

Please check your Terms and Conditions to ensure that your additional Premium amount meets the minimum requirements and that the currency selected is acceptable.

Please note that a payment fee may apply on an additional Premium payment. Please check your Terms and Conditions.

Additional Premium paid in Investment instruments

Payment by re-registration of assets is only accepted at the discretion of Utmost PanEurope dac (Utmost PanEurope). The additional Premium applied to your Policy will depend on the value of the Investment instruments as of the date of transfer into the Policy.

Full registered name of assets/Funds	Identification code (Sedol or ISIN)	Number of shares/ transfer amount	Currency	Estimate of current market value
			Total estimate:	

(Continued overleaf)

Additional Premium Amount Form (continued)

Notice: Utmost PanEurope requires all relevant questions in section 1 and 2 below to be completed to facilitate its compliance with its obligations under the relevant anti-money laundering legislation.

1. Source of funds

Source of funds means the source from which the money for the Premium was forwarded to Utmost PanEurope.

Part 1: Source of funds for transfer of Investment instruments

If the Premium is being paid by transfer of assets, please confirm the name of the financial institution used to purchase the assets if different from the financial institution from which the Premium will be paid.

Part 2: Source of funds for cash Premiums

Please provide the account details from which the Premium will be paid:

Name of bank: _____

Address of bank: _____

BIC: _____ IBAN: _____

Account holder's name: _____

How many years have you held this account: _____

If the account has been held for less than 1 year and the Policyholder is not a fiduciary/trust, please provide your previous account details:

Name of bank: _____

Address of bank: _____

BIC: _____ IBAN: _____

Account holder's name: _____

If the Premium is paid by using an additional account, please provide the relevant details:

Name of bank: _____

Address of bank: _____

(Continued overleaf)

Additional Premium Amount Form (continued)

Part 2: Source of funds for cash Premiums (continued)

BIC: _____ IBAN: _____

Account holder's name: _____

How many years have you held this account: _____

If the account has been held for less than 1 year and the Policyholder is not a fiduciary/trust, please provide your previous account details:

Name of bank: _____

Address of bank: _____

BIC: _____ IBAN: _____

Account holder's name: _____

Are there any other parties indirectly involved with this payment of the additional Premium e.g. lender? Yes No

If yes, please provide the following details:

Name: _____

Relationship to Policyholder: _____

Reason for involvement: _____

2. Source of wealth

Individual Policyholders, beneficial owners or settlors should complete sections a. to g., as appropriate. Companies should complete section h.

Source of wealth means the way in which the Policyholder accumulated the money being used to pay the Premium. If the Premium is being paid by transfer of assets, please confirm where the source of wealth for the purchase of the original assets originated.

To help you to describe the way in which the Policyholder accumulated the money being used to pay the Premium one or more sections below will need to be completed. Source of wealth may be related to different origins, in this case more sections should be filled in

Total annual income

Total amount received annually from all sources: _____

(Continued overleaf)

Additional Premium Amount Form (continued)

a. Employment

Name of employer: _____

Address of employer: _____

Industry: _____

Occupation (for example, teacher): _____

Job title (for example, finance manager): _____

Length of service with current employer: _____

Total length of employment in particular industry: _____

Annual basic income: _____ Annual bonus: _____

Annual benefits in kind (for example, housing allowance, education, travel, etc.): _____

Other (please provide details of reason for payment and amount): _____

Saving capacity in one year: less than 10% between 10% and 20% over 20%

b. Self-employed

If you are self-employed or a company shareholder, please provide the following details:

Name of company (if incorporated): _____

Address of company (or address from which you work): _____

Industry: _____

Company annual profit or annual income of the last 5 years: _____

Type of income (for example, dividends, salary, bonus, liquidation etc.): _____

Number of years in the business activity: _____

(Continued overleaf)

Additional Premium Amount Form (continued)

c. Retired

Lump sum at retirement

Date of retirement or date of liquidation:

Previous occupation and job title: _____

Name of the last employer: _____

Address of last employer: _____

Industry of last employer: _____

Amount available at the moment of retirement: _____

d. Gift/donation or inheritance

Donor's name: _____

Policyholder's relationship to donor: _____

Occupation of the donor before arranging the donation or on death: _____

Date of donor's death (if applicable):

Reason for gift: _____

Total amount received: _____

If the original source of funds is over 3 years old, please confirm where the money has been invested in the interim:

e. Disposal of business/sale of personal or real estate or sale of a company

Type of property/name of business or company sold: _____

Address of the property or of the business or company sold: _____

(Continued overleaf)

Additional Premium Amount Form (continued)

e. Disposal of business/sale of personal or real estate or sale of a company (continued)

Country where business was registered: _____

Nature of business: _____

Total value of sale: _____

Share of total value received: _____ Date of sale:

If the original source of funds is over 3 years old, please confirm where the money has been invested in the interim:

f. Income/Assets from financial investments

Initial investment capital: _____

Date of the initial investment capital:

Additional investments along the period: _____

Withdrawals along the period: _____

Type of the investments (for example, private equity, hedge funds, shares, bonds, other investments):

Value of the investment capital at today's date: _____

g. Other sources

If you receive income from a different source not mentioned above, please provide the following details, as applicable:

Source	Income amount	Frequency	Total annual income
Rental income			
Investment income			
Other			

(Continued overleaf)

Additional Premium Amount Form (continued)

g. Other sources (continued)

If appropriate, please provide additional information (for example, how and when the wealth was generated):

Further information may be required at the discretion of Utmost PanEurope.

h. Company

Is the company providing the Premium the same as the Policyholder:

Yes

No

If no, please contact Utmost PanEurope.

Company details

Company industry: _____

Company average annual profit for the last 5 years: _____

Number of years the company has been active: _____

Beneficial owner's details

Please provide the details of the individual beneficial owners of the company who have a shareholding of more than 25%¹ or, in absence, the details of senior managing officials:

Full name	Date and place of birth	Address	Country of residence	Position in company for example, CEO

Please be advised that each beneficial owner will need to provide Utmost PanEurope with original certified copies of their identification and proof of address.

(Continued overleaf)

¹ Note that a holding of 25% plus one share triggers a disclosure.

Additional Premium Amount Form (continued)

h. Company details (continued)

Please provide a description about your company and the financial statements for the last 2 years:

Facilitated Adviser Charges

I have agreed to pay a facilitated advisory charge of _____ (please include currency) or _____ % of the additional Premium to the Adviser and I have been made aware that this charge might have an effect on my personal tax circumstances. I instruct Utmost PanEurope to pay this fee on an:

Initial basis to be deducted:

Before the additional Premium is invested in the Policies

After the additional Premium has been invested in the Policies

or

On-going basis to be deducted: Quarterly Half-yearly Annually

Commencing:

Please note that this is an annual amount, which will be adjusted according to the frequency of payment selected above and paid to your Adviser over the course of each year.

International Tax Compliance Self-Certification Form

Utmost PanEurope dac (Utmost PanEurope) is required by Irish law to ask the Policyholder for tax related information. Utmost PanEurope may be required to pass on this information to The Office of the Revenue Commissioners in Ireland. This form incorporates the requirements of:

- i. the US Foreign Account Tax Compliance Act (FATCA) based on the Intergovernmental Agreement signed on 21 December 2012 between the US Government and the Irish Government.
- ii. the Standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard (CRS), as implemented in Irish law.

If you have any questions on how to complete this form, Utmost PanEurope recommends that you speak to your tax or legal adviser.

(Continued overleaf)

Additional Premium Amount Form (continued)

Individual Entity

Individual

Once this section is completed please continue to the Declaration section and sign the form.

If there are more than two Policyholders, please use a separate sheet to provide the required information.

First Policyholder	Second Policyholder (if any)
Name:	Name:
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Current residential address:	Current residential address:
Country of tax residence ² :	Country of tax residence ² :
Taxpayer Identification Number (TIN):	Taxpayer Identification Number (TIN):
Citizen/Resident in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>	Citizen/Resident in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, US Federal TIN:	If yes, US Federal TIN:

Entity

Address: _____

Country of incorporation/organisation: _____

Country of tax residence³: _____

Tax Identification Number (TIN): _____

All entities must complete part 1 and part 2.

Part 1: Foreign Account Tax Compliance Act (FATCA)

Is the entity a foreign financial institution? Yes No

If **yes**, please state your Global Intermediary Identification Number (GIIN):

- - -

(Continued overleaf)

² If you are tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN.

³ If the entity is tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN. If not tax resident in any country, please provide the country of effective management or principal office location.

Additional Premium Amount Form (continued)

Part 1: Foreign Account Tax Compliance Act (FATCA) (continued)

If you do not hold a GIIN but are sponsored by another entity, please provide your sponsor's GIIN:

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If the entity is a foreign financial institution but does not hold a GIIN or sponsor GIIN, the entity will be classified as a Non-Participating Foreign Financial Institution (NPFPI).

If **no**, is the entity classified as an **Active** Non-Financial Foreign Entity (NFFE)? Yes No

If the entity is not a foreign financial institution or Active NFFE, the entity will be classified as a **Passive** NFFE and **part 3 must be completed**.

Part 2: Common Reporting Standard (CRS)

a. Is the entity a financial institution? Yes No

If **yes**, and the financial institution is an investment entity located in a non-participating jurisdiction and managed by another financial institution, **part 3 must be completed**.

Please tick the box if this applies and continue to part 3.

If **no**, is the entity excluded from reporting under CRS? Yes No

If the entity is not a financial institution or Active NFE, the entity will be classified as a **Passive** NFE and **part 3 must be completed**.

Part 3: Controlling person

Where required and as indicated by your answers above, please provide details on all controlling persons identified as part of anti-money laundering and know your customer processes. If there are more than two controlling persons, please use a separate sheet to provide the required information.

First controlling person	Second controlling person (if any)
Name:	Name:
Date of birth: □□□□□□	Date of birth: □□□□□□
Current residential address:	Current residential address:
Country of tax residence ⁴ :	Country of tax residence ⁴ :
Taxpayer Identification Number (TIN):	Taxpayer Identification Number (TIN):
Citizen/Resident in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>	Citizen/Resident in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, US Federal TIN:	If yes, US Federal TIN:

(Continued overleaf)

⁴ If you are tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN.

Additional Premium Amount Form (continued)

Data protection
Utmost PanEurope is registered as a data controller with the Data Protection Commissioner of Ireland. Utmost PanEurope complies with its legal obligations under the Data Protection Acts 1988 and 2003 as may be amended including but not limited to by the General Data Protection Regulation (Regulation (EU) 2016/679) and ensures that the treatment of data you provide in this form, including sensitive personal data (if any), remains confidential and is processed only for the purposes outlined in this form. You should only provide personal information about another individual in this form where you have received their consent to do so. By signing this form you are providing your consent to Utmost PanEurope processing your personal data as described above and confirming that you have obtained the required consent of any other individual whose data may be provided in this form.

Declaration
My signature below is confirmation that:

- the information provided in this form is true, correct and complete; and
- the wealth used to pay the Premium is from legitimate sources.

Signature of first Policyholder: 	Signature of second Policyholder (if any):
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Date:

Date:

To be completed by the Intermediary

Declaration
My signature below is confirmation that:

- I have seen the original anti-money laundering documents provided and have checked the name, identity and address of the Policyholder and attach a certified copy of the documents for Utmost PanEurope’s records.
- I am satisfied, to the best of my knowledge and belief, that the funds being used to pay the Premiums are derived from legitimate activities and I am unaware of any aspects arising from the Policyholders activities which would lead me to suspect that they might be involved in money laundering and there is nothing I need to highlight to Utmost PanEurope in this regard.
- to the best of my knowledge and belief, the information provided by the Policyholder is complete and accurate and no material fact has been omitted or concealed.

Signature of Intermediary:

Date:

Name: _____

(Continued overleaf)

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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.

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