

# ADVISER MANAGEMENT AUTHORITY

**Part 1** – For completion by the planholder(s)  
(Please write in black ink and use BLOCK CAPITALS)

## SECTION A

Planholder Name:

Plan Number:

Name of Investment Adviser:

### Declaration

I/We hereby declare that the Adviser has been appointed as Investment Adviser to my plan(s). I/We authorise and request Utmost Worldwide Limited (the "Company") to enter into any formal agreements required by the Adviser to facilitate this appointment.

### Authority granted

I/We grant the Adviser authority to act, in the following capacity **(please read the two options below carefully, before indicating the authority you have granted to your Investment Adviser):**

**(Please tick one box)**

#### Option A1

**Advisory basis only, my signed consent required:** I/We declare that the Adviser will discuss any proposed fund alterations, to which the value of my plan(s) are linked, with me/us, and the Company will only act upon investment instructions that I/we, as planholder(s), have signed.

**The Company will not action any instructions that have not been signed by me/us.**

#### Option A2

**Delegated Investment Management:** I/We declare that I/we have delegated investment decisions to the Adviser, who has complete discretionary authority, without consulting me/us first, to make all investment decisions to exercise all options for switching between funds, to which the value of my plan(s) is linked.

**I authorise the Company to act upon the investment instructions of the Adviser as if the Adviser was the Planholder.**

I/We agree that the Company shall not be responsible for any loss or liability to the value of the plan(s) arising from this appointment or from reliance upon the advice given or investment instructions rendered by the Adviser to the Company or for any other action or failure to take action on the part of the Adviser giving rise to any loss in the value of the plan(s) howsoever.

Further, I/we for myself/ ourselves and my/our estate(s) indemnify the Company against all claims, demands and actions against the Company in respect of such loss as aforesaid and all costs and expenses howsoever arising from or in respect of the activities and performance of the Adviser (including but without limitation the cost of defending in any court of law any such claim, demand or action against the Company).

**SECTION B**

**Remuneration**

I/We have agreed to pay the Adviser a fee at the rate of [%] \_\_\_\_\_ of the bid value of the plan(s)\* on each anniversary of the commencement of the plan(s). I/We wish to make a series of withdrawals from the plan(s) in order to pay the fees and request the Company to effect these withdrawals by cancelling units allocated to the plan(s) and subsequently to pay the fee to the Adviser as my/our agent.

\* For regular premium contracts, the value of any initial units will not be included in the bid value of the plan for the cancellation and payment of the fee.

**I/We authorise the Company to act upon this authority until I/we revoke this authority in writing.**

**Signature(s) of Planholder(s):**

Signature:

Signature:

Date:

Date:

**Part 2** – For completion by the Adviser  
(Please write in black ink and use BLOCK CAPITALS)

**DECLARATION**

On behalf of the 'Financial Adviser' named in Section A above, I have read and understand the conditions outlined above and agree to act in accordance with them.

The capacity in which I will act as Fund Adviser will be **(please indicate below, by ticking the appropriate box):**

**Advisory Basis only** (Applicant has selected **Option A1** above)

I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the planholder(s).  
I understand that the Company can only act upon investment instructions that have been signed by the planholder(s).

My Financial Adviser (FA) License Number is

**Delegated Investment Management Basis** (Applicant has selected **Option A2** above)

I confirm that I hold the appropriate authorisation enabling me to provide investment instructions to the Company, and that I have the agreement of the planholder(s) to issue investment instructions on their behalf.

I confirm that I will comply with all legal and regulatory requirements in the jurisdiction(s) in which I am authorised to provide advice. I confirm that I will notify you of any changes to my authorisation, including any disciplinary action taken against me.

**Signed:**

Signature:

Date:

Name of Adviser:

For and on behalf of:

**(Name and address of firm)**

Telephone No:

Fax No:

E-mail:

**Please return the original document to this office to receive acknowledgement. In Instances where a faxed copy is sent initially, we will allow a period of 8 weeks for the original to be received. In the event it is not, this authority may be revoked.**

## A WEALTH *of* DIFFERENCE

[www.utmostinternational.com](http://www.utmostinternational.com)

Utmost Worldwide Limited (No. 27151) also trading as Utmost Wealth Solutions, is incorporated in Guernsey. It is authorised and regulated by the Guernsey Financial Services Commission to conduct long term business and general business. Registered Office: Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR.

Utmost Worldwide Limited also holds a permit issued by the Jersey Financial Services Commission to conduct long term business in Jersey.

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