# DECLARATION OF CONTINUED INSURABILITY



## SILK LIFE PLAN

Name of

#### 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.

#### 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 and servicing needs.

All references to Utmost International in this form mean Utmost International Isle of Man Limited or Utmost International Isle of Man Limited Singapore Branch.

When completing this form, please use BLOCK CAPITALS and blue or black ink only and complete all relevant sections. Please do not use correction fluid; any amendments should be crossed out and initialled. This form must be signed by the Life Assured.

Passport number/national

| LII | e Assured Laentity Card number  |                    |            |
|-----|---|--------------------|------------|
| Sir | nce the date of your application and information disclosure to Utmost International dated   | d d m m y          | y y y      |
|     | the answer is 'Yes' to any of the following questions, please provide full details in the space<br>aned declaration   | ce provided overle | af or in a |
| a.  | Have you consulted a medical professional or received any treatment for a medical illness or injury (other than for minor colds, flu or sprains?) If 'Yes', please give details of nature of condition, treatment received and contact details of treating doctor.                                    | Yes                | No         |
| b.  | Have you used any drugs except as prescribed for you by a medical professional?   | Yes                | No         |
| C.  | Have you changed your smoking habits? Meaning you were previously a non-smoker but have now started smoking, or, your use of tobacco products has increased substantially from what you disclosed to us previously.   | Yes                | No         |
| d.  | Have you consulted a health practitioner or been tested (including self-initiated oral fluid tests) for Human Immunodeficiency Virus, AIDS, and/or hepatitis or have reason to believe you need to consult or be so tested?   | Yes                | No         |
| e.  | Has your job description, occupational duties or income changed?  | Yes                | No         |
| f.  | Have you or do you plan to participate in any hazardous or potentially hazardous activities such as motor or motorcycle racing, power boat racing, skin or scuba diving, parachuting and sky diving, or any aviation activity other than as a fare paying passenger on a scheduled airline route?     | Yes                | No         |
| g.  | Has any application for life, accident or health insurance on your life or any reinstatement been declined, postponed or accepted other than at standard terms?   | Yes                | No         |
| h.  | Has the amount of existing life, accident or medical insurance on your life been increased (or is currently applied for with another company) from the information you previously disclosed to us?  | Yes                | No         |
| i.  | Have your travel activities changed from those disclosed to us previously? Should the duration of stay exceed one week in any year, please provide full details of destinations and duration of stay that have arisen over the last 12 months and your intended travelling over the coming 12 months. | Yes                | No         |
|     |   |                    |            |

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| Space for any additional information. Information provided shall form an integral part of your answer to any question. If not enough space, please continue on a separate sheet with a date and signature.   |  |  |  |  |
|--|--|--|--|--|
| (Please indicate to which question/section it refers and sign at the bottom.)  |  |  |  |  |
| (Flease indicate to which question   | izvection it refers and sign at the bottom.) |  |  |  |
|  |  |  |  |  |
| I declare all the statements and answers I have given in this form or in any declaration attached are full, complete and true and shall form the basis and become part of any policy issued or reinstatement of a policy on my life.   |  |  |  |  |
| I acknowledge if any of the statements and answers given are inaccurate or any material facts have not been disclosed,<br>Utmost International shall be entitled to cancel the policy or to re-issue the policy with modifications even after the policy<br>has been issued or reinstated. |  |  |  |  |
| SIGNATURE  | Life Assured                                 |  |  |  |
|  |  |  |  |  |

Date

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#### DATA PRIVACY STATEMENT

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;
- omply 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;
- odelete 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/

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

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

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, Portarlington, 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.

# A WEALTH of DIFFERENCE

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.

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