

DELEGATION ADDITIONAL SINGLE PREMIUM INVESTMENT

APPLICATION FORM FOR TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

IMPORTANT NOTES

Please complete this form if you want to make an additional investment into your existing contract.

This form is split into 5 sections for ease of completion. A summary of who should complete each section is outlined below:

- › **Section 1:** To be completed by the Policyholder if the bond was established before **25th June 2018**
- › **Section 2:** To be completed by the Policyholder if the bond was established after **25th June 2018**
- › **Section 3:** Policyholder details - **Policyholder** must complete in all cases
- › **Section 4:** Identification requirements & financial adviser details - **financial adviser** must complete in all cases
- › **Section 5:** Adviser Charges - **Policyholder** must complete if they would like Utmost Ireland dac to facilitate any adviser charge payments to the financial adviser. For bonds where an agreement to pay Adviser Charges is already in place for your financial adviser, that agreement will continue for your existing investment. If you wish to change any existing agreement, you must complete Section 1 c) in the separate **Adviser Charges Pack** available from your financial adviser or from us on request.

BEFORE YOU BEGIN

Before completing this application please ensure you have read the **Delegation Product Guide**, your **Personal Illustration**, **Key Features Document** and the relevant **Guide to Charges** document. Your financial adviser will also be able to provide you with any relevant supporting literature in relation to your individual circumstances. Copies of all items are available from us on request.

HOW TO COMPLETE THIS FORM

This form has been designed for trustee and corporate trustee policyholders only. Individual policyholders will need to complete the **Additional Single Premium Application Form for Individual Policyholders of Delegation**.

Please complete this form using **black or blue 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. Please ensure that all sections are fully completed. Please note that 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 (where applicable) by the policyholder, or financial adviser and, if applicable, the authorised signatories.

- › **Policyholder** will need to sign page 20 in all cases
- › **Financial adviser** will need to sign page 24 in all cases.

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions is the trading name used by a number of Utmost companies. Utmost Trustee Solutions is the trading name used by Utmost Trustee Solutions Limited. This item has been issued by: Utmost Ireland dac.

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), which are regulated or licenced by the Isle of Man Financial Services Authority. Utmost Services Limited (No 059248C) is not regulated. Each of the above companies has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL British Isles.

The following companies are registered in Ireland: Utmost Ireland dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registered number is 303257 and it has its registered office at: Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland. Utmost PanEurope dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registration number is 311420 and it has its registered office at: Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Its FCA number is 426350. Both companies are authorised by the Financial Conduct Authority in the UK for Conduct of Business Rules.

IMPORTANT NOTES (CONTINUED)

PAYING FOR YOUR ADVICE - ADVISER CHARGING

Where the policyholder is a trustee or corporate trustee, any payments for advice you request to be taken from the bond will need to comply with the terms of the trust, and there may be tax implications. Professional advice should be taken. Your existing investments and any existing adviser charges paid to your financial adviser can continue unaffected.

PRODUCT CHARGES

Your additional single premium will be set up with a Product Management Charge. The charges for your additional premium may be different to those described in your original policy documentation and will be shown on the Additional Single Premium Statement that we will send to you. For more information, please speak to your financial adviser or read the applicable **Guide to Charges** document.

IDENTIFICATION REQUIREMENTS

Under Anti-Money Laundering regulations, we are required to verify the identity and address of all parties associated with the policy. The payment of an additional single premium represents a change to the bond, which requires us to ensure the evidence of address and identity are up-to-date and in line with current standards.

We are required to verify the identity and address of all trustees. We also need the full names, date of birth and address of all other parties to the trust (for example, the Settlor(s) and any absolute beneficiaries). Speak to your financial adviser for further information.

TAX INFORMATION

You need to satisfy yourself that, under any taxation, exchange control or insurance legislation to which you may be subject, you can make this additional investment.

When submitting this application please ensure that you provide us with all residency and citizenship information by completing the separate **Tax Information Exchange Pack for Entities**. It is available from our website www.utmostwealth.com or your financial adviser on request. If you do not provide the information we are obliged to report your investment to the relevant authorities. Please speak to your financial adviser for details.

The contract for the additional investment could be invalidated by any failure to disclose facts which might influence our assessment of this application. If you have any doubt as to whether a fact is relevant then you should disclose it. Any additional information should be detailed in the notes section at the back of this form or on a separate sheet, dated and signed by the authorised signatories.

WHAT TO DO NEXT

Using the checklist on the final page please ensure you have completed all of the relevant sections and that you have attached any supporting documents to submit, including the separate **Tax Information Exchange Pack for Entities**.

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Ireland dac.

Please send the form to: **Utmost Ireland dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.**

SECTION 1 TO BE COMPLETED IF THE CONTRACT WAS ISSUED **PRE-JUNE 2018**

A CONTRACT DETAILS

I apply to increase the existing investment under contract numbered

Please provide a copy of the Personal Illustration that you have been given or enter your Personal Illustration reference number here

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Welcome Team Case ID reference

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Bond charge

What is your chosen **Product Management Charge** option?

<input type="checkbox"/>	Initial charge	<input type="checkbox"/>	Ongoing charge
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Please note that this is not the adviser charge.

The Personal Illustration provided to you should match the investment details mentioned in this application. If there have been any changes in the investment details between the date of that illustration and the submission of this additional single premium investment application form, please ask your financial adviser for an updated illustration.

If the Welcome team produced a Personal Illustration for you, a four digit case ID can be found at the top of page one.

The Product Management Charge for each new premium is based on the total premiums paid, therefore an additional premium may have lower charges than the initial premium.

SECTION 2 TO BE COMPLETED IF THE CONTRACT WAS ISSUED **POST-JUNE 2018**

A1 CONTRACT DETAILS

I apply to increase the existing investment under contract numbered

Please provide a copy of the Personal Illustration that you have been given or enter your Personal Illustration reference number here

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Welcome Team Case ID reference

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Bond charge

What is your chosen **Product Management Charge** option?

<input type="checkbox"/>	Initial charge: You can only select this option if the total premium value, (including this additional single premium), does not exceed £999,999.
<input type="checkbox"/>	Ongoing charge

Please note that this is not the adviser charge.

The Personal Illustration provided to you should match the investment details mentioned in this application. If there have been any changes in the investment details between the date of that illustration and the submission of this additional single premium investment application form, please ask your financial adviser for an updated illustration.

If the Welcome team produced a Personal Illustration for you, a four digit case ID can be found at the top of page one.

The Product Management Charge for each new premium is based on the total premiums paid, therefore an additional premium may have lower charges than the initial premium.

SECTION 3 POLICYHOLDER DETAILS - THIS SECTION IS TO BE COMPLETED
BY ALL POLICYHOLDERS

B ADDITIONAL INVESTMENT AMOUNT

1 - ADDITIONAL SINGLE PREMIUM AMOUNT

£/US\$/€*

(*delete as applicable)

The current minimum additional premium for Delegation is £20,000 (US\$40,000 or €30,000) this is subject to change in the future.

If the additional premium is received in a currency that is different to the bond it will be converted to the currency of your contract at the exchange rate applicable at the time. If you are paying by cheque, please make it payable to Utmost Ireland dac. If it is a non-personalised cheque, your name must be written on the front (e.g. Utmost Ireland dac ref: XYZ Trust). **If the payer of the premium is not the policyholder then we will need to know why a third party is making the payment, and will normally require verification of the identity of the payer. Third party premium payments are subject to our approval.**

If you ask us to facilitate an initial adviser charge to your financial adviser before the additional premium is invested, the amount you send to us must total at least the minimum additional premium amount as stated in the product literature, plus the agreed initial adviser charge for this additional premium. Please speak to your financial adviser for the current minimum amounts.

Once your premium has been received in our bank account, if any interest is earned on your premium before the additional single premium is issued, an extra allocation of units may be added to your investment at the time the additional single premium is issued. Where you exercise your right to cancel the additional investment during the 30 day cancellation period the amount you receive back will be less any adviser charges paid. Please speak to your financial adviser for further details.

Please note that your additional single premium will not be invested until we have received all outstanding requirements, including cleared funds.

If you want to pay by BACS, CHAPS or telegraphic transfer, please contact your bank separately to send the payment to us. Our bank details are below, please ensure that the payment is sent DIRECT to Utmost Ireland's bank account.

We will only make payment of any initial adviser charge to your adviser once the additional application and any additional supporting documentation has been fully accepted by us. No interest will be paid on any adviser charges being facilitated by us outside of the bond.

These are our preferred payment methods but please note that your bank may charge you for some of these services.

2 - OUR BANK DETAILS

Address Royal Bank of Scotland International Limited, 2 Athol Street, Douglas, Isle of Man, IM99 1AN.
Swift Code RBOSIMDX
Sort Code 16-58-80
IBAN Number GB32RBOS16588058705079
Account Number 58705079
Account Name Utmost Ireland dac-Premium

Please reference your policy number or name on the bank payment.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

3 - YOUR BANK DETAILS - PLEASE COMPLETE IF YOU SEND THE MONEY BY BACS, CHAPS OR TELEGRAPHIC TRANSFER

If you ask your bank to send the payment to us by BACS (UK only), CHAPS or telegraphic transfer we need to know which bank account the money has come from. This is for regulatory purposes and this does not instruct your bank to pay the money to us. Please complete the details below.

Account name	<input style="width: 100%;" type="text"/>
Account number	<input style="width: 100%; height: 20px;" type="text"/>
Bank sort code	<input style="width: 30%; height: 20px;" type="text"/> - <input style="width: 30%; height: 20px;" type="text"/> - <input style="width: 30%; height: 20px;" type="text"/>
Building Society roll number (if applicable)	<input style="width: 100%; height: 20px;" type="text"/>
Bank BIC/Swift code (required for all banks outside the UK)	<input style="width: 100%; height: 20px;" type="text"/>
IBAN number (required for all bank accounts in the EU)	<input style="width: 100%; height: 20px;" type="text"/>
Bank/Building Society name	<input style="width: 100%; height: 20px;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 40%; height: 20px;" type="text"/> - <input style="width: 40%; height: 20px;" type="text"/>
Telephone number (including international dialling code)	<input style="width: 100%; height: 20px;" type="text"/>
How long has the account been held?	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Years

4 - POLITICALLY EXPOSED PERSONS

Under our current anti-money laundering obligations we are required to identify persons associated with this application who could be classed as a Politically Exposed Person (PEP). A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities, for example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary of the Military, a senior employee of a State Owned Corporation, or a board member of a Central Bank.

Please provide details in the box below of any persons that could be considered a PEP (as defined above) in relation to this application, non-completion confirms that there are no associated politically exposed persons:

Please see our separate document entitled '**Politically Exposed Persons**' which is available from your financial adviser who can obtain this on our website, www.utmostwealth.com. This includes a list of those parties considered to be close relatives.

C TRUST DETAILS

PART 1 - TRUST DETAILS

- 1 The trust was created on

d	d	m	m	y	y	y	y
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- 2 Name of the trust
- 3 Correspondence address for trustees
- Postcode

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- 4 We confirm the nature and purpose of the trust is:
- 5 Is this investment in respect of employee benefits? (SIPPS etc) Yes No
- 6 If there has been a change of trustee which we have not been advised about, please enclose certified evidence of the proper appointment of the trustees. Attached

PLEASE PROVIDE DETAILS OF THE TRUST'S BANK/BUILDING SOCIETY ACCOUNT

- 7 Account name
- 8 Account number

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- 9 Bank sort code

			-			-		
--	--	--	---	--	--	---	--	--
- 10 Building Society roll number (if applicable)

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- 11 Bank BIC/Swift code (required for all banks outside the UK)

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- 12 IBAN number (required for all bank accounts in the EU)
- 13 Bank/Building Society name
- 14 Address
- Postcode

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- 15 Telephone number (including international dialling code)

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- 16 How long has the account been held?

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 Years

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

PART 2 - SETTLOR DETAILS

Please supply details of the Settlor(s) of the trust and any other persons who have provided money to the trust:

	Settlor 1	Settlor 2	
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
2 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
3 Maiden name or any previous names (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
4 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
5 Date of birth (must be 18 years or over)	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y	Please provide in all cases, even if deceased.
6 If deceased, date of death	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y	
7 Country of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
8 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
9 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Postcode	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	
10 Please state the jurisdiction in which the Settlor was tax resident when the trust was established	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Please note that this question must be completed.
11 Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
12 Occupation and name of employer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
13 If retired, previous occupation and name of last employer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
14 Total annual income (including salary, pension and investment income)	<input type="checkbox"/> up to £50,000 <input type="checkbox"/> £100,001 to £150,000	<input type="checkbox"/> up to £50,000 <input type="checkbox"/> £100,001 to £150,000	
	<input type="checkbox"/> £50,001 to £100,000 <input type="checkbox"/> £150,001+	<input type="checkbox"/> £50,001 to £100,000 <input type="checkbox"/> £150,001+	

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

PART 3 - INDIVIDUAL TRUSTEE DETAILS

If there has been a change of trustee(s) which we have not been advised about, please enclose a suitably certified copy of any Deed of Appointment and/or Retirement of Trustees documents.

If there are more than four trustees please photocopy this page and after completing the additional details, attach it securely to the form. If the trustee is a company please complete part 4, Corporate Trustee details.

	Trustee 1	Trustee 2
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3 Maiden name or any previous names (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If you are an individual acting on behalf of a company (e.g. a law firm), please enter your own residential address here. Please provide your company address in the notes section of this application form)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
6 Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7 Date of birth	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y
8 Country of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Trustee 3	Trustee 4
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3 Maiden name or any previous names (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If you are an individual acting on behalf of a company (e.g. a law firm), please enter your own residential address here. Please provide your company address in the notes section of this application form)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
6 Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7 Date of birth	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y
8 Country of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

The required number of signatories will need to sign the Declaration in section H.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

PART 4 - CORPORATE TRUSTEE

Please ensure that a separate **Tax Information Exchange Pack for Entities** is provided and is completed by all the trustees and named beneficiaries.

To be completed if there is a corporate trustee.

1 Corporate trustee name

2 Company registration number

3 Registered address (PO Boxes and 'care of' addresses are not acceptable)

Postcode -

4 Is the company in the process of being dissolved, struck off, wound up or terminated? Yes No

5 Is the company quoted on a recognised stock exchange? Yes No

6 If yes, which one?

› Please attach a certified copy of the Certificate of Incorporation (unless previously provided)

Attached

These can be certified by the financial adviser

› Please attach a certified copy of the latest annual report and accounts

Attached

COMPANY DIRECTORS

Please list all the current directors of the company (continue as necessary on a separate sheet).

Full name	Date of birth	Home postcode
1	d d m m y y y y	-
2	d d m m y y y y	-
3	d d m m y y y y	-
4	d d m m y y y y	-
5	d d m m y y y y	-
6	d d m m y y y y	-

From the list, please supply the details on the following page of two directors, including at least one executive director and provide suitable verification of identity and residential address.

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	Executive Director	Director
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3 Maiden name or any previous names (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If you are an individual acting on behalf of a company (e.g. a law firm), please enter your own residential address here. Please provide your company address in the notes section of this application form)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6 Position/Job title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7 Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
8 Date of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9 Country of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
10 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

AUTHORISED SIGNATORIES

- › Please attach a certified copy of an authorised signatory list* Attached
- › For public registered companies please attach a certified copy of the Board Resolution appointing the authorised signatories* Attached
- › Please confirm the minimum number of authorised signatories that will be required to sign the declaration in Section H. (number)

*These can be certified by the financial adviser

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

SHAREHOLDERS

For private companies, please list all shareholders holding 25% or more of the issued share capital at the date of the application. The verification of identity of the below shareholders will be required in line with those for individuals, trustees or corporate applicants (as applicable). Full details of these requirements are available from us on request or on our website www.utmostwealth.com.

Name	% share	Date of birth (if individual)	Home postcode (if individual)
1		d d m m y y y y	-
2		d d m m y y y y	-
3		d d m m y y y y	-
4		d d m m y y y y	-
5		d d m m y y y y	-
6		d d m m y y y y	-
7		d d m m y y y y	-
8		d d m m y y y y	-
9		d d m m y y y y	-
10		d d m m y y y y	-

Where there is a corporate shareholder, complete a further corporate application form providing all the relevant details. If any of the shares are held within a trust, please complete a further application in respect of that trust. Please ensure the declaration sections are also completed.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

D SOURCE OF INVESTMENT (Please complete in all cases)

Please confirm the source of the additional investment. Simply tick one box if the investment comes from one source. If it comes from several sources, please tick the appropriate boxes and enter the percentage from each source. Then answer the relevant questions below. If necessary, continue on a separate sheet of paper, sign the sheet and attach it to this form.

Sources	Tick box	%
1 Investment from deceased Settlor's estate	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2 Savings from Settlor's employment income	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3 Maturing investments or policy claims	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4 Share sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5 Property sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6 Company sale or sale of interest in the company	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7 Settlor inheritance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
8 Loan to the Settlor or the trust	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Gift to the Settlor or the trust	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10 Competition or gambling win by the Settlor	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11 Compensation payment	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12 Other income sources	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>

If the payment is from an account outside the UK, we may require independent documentary evidence verifying the answers to the source of investment questions.

All investments are assessed on a case by case basis; depending on the answers provided in this section we may request evidence of source of wealth.

If it is unclear how the money was accumulated, we will request further information.

If you require further information please contact our Customer Support team on **0845 602 9281**.

SOURCE INFORMATION

Please provide details in regard to the source of your investment in accordance with the table below.

- 1
- 2
- 3
- 4
- 5
- 6

Please advise where the funds for this investment have been held since receipt. If any investment, shares or property was held for less than 5 years, please also advise where the funds were held previously.

Source of wealth describes the activities that have generated the applicant(s) funds. All investments are assessed on a case-by-case basis; depending on the answers provided we may request independent evidence of source of wealth. Using the table below will help confirm the necessary details within the application form along with details of where the funds have been held since receipt.

SOURCE(S)	INFORMATION TO BE PROVIDED
Investment from deceased Settlor's estate	<ol style="list-style-type: none"> 1 Name of the person who left the inheritance 2 Relationship to the applicant 3 Date the amount was received 4 Amount personally received
Saving from Settlor's employment income	<ol style="list-style-type: none"> 1 Name of employer 2 Postcode of employer 3 Nature of employer's business 4 Income last year (approximately) 5 Bonus last year (approximately)
Maturing investments or policy claims	<ol style="list-style-type: none"> 1 Name of company the proceeds came from 2 How long you held the investment/policy for 3 Amount received 4 Date proceeds were received
Share sale	<ol style="list-style-type: none"> 1 What shares were held 2 Sale amount 3 How they were sold (bank, stockbroker etc) 4 Please provide their address inc postcode (bank, stockbroker etc) 5 Date shares were sold 6 How long the shares were held

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

SOURCE(S)	INFORMATION TO BE PROVIDED
Property sale	<ol style="list-style-type: none"> 1 Address of property sold (inc postcode) 2 Amount personally received 3 Date of purchase 4 Date of sale
Company sale or the sale of your interest in the company	<ol style="list-style-type: none"> 1 Name and address of the company (inc postcode) 2 Company registration number 3 Nature of the company's business 4 Sale amount 5 Amount personally received 6 Date amount received
Settlor inheritance	<ol style="list-style-type: none"> 1 Name of the person who left the inheritance 2 Settlor's relationship to this person 3 Amount personally received 4 Date inheritance received
Loan to the Settlor or the trust	<ol style="list-style-type: none"> 1 Name of the person or company who made the loan 2 Their address 3 Date the loan was received 4 Amount personally received
Gift to the Settlor or the trust	<ol style="list-style-type: none"> 1 Who the gift was from 2 Their address (inc postcode) 3 Relationship to the applicant 4 Reason for the gift 5 How the funds were originally accumulated 6 Date gift received
Competition or gambling win by the Settlor	<ol style="list-style-type: none"> 1 Description of win 2 Total amount won 3 Date of win 4 Name of organisation
Compensation payment	<ol style="list-style-type: none"> 1 Name of payer 2 Amount received 3 Date amount received 4 Reason for payment
Other income sources	<ol style="list-style-type: none"> 1 What type of income it was 2 Amount received 3 Date amount received 4 Details of where the income came from 5 Frequency of income

The bond will not be issued until the information is received and a satisfactory risk assessment is completed.

E EXTERNAL MANAGER AND/OR CUSTODIAN (EMC) DETAILS

You must complete this section in all cases to provide us with the details of the EMC who will manage your additional investment and in what proportion.

A) EXISTING SINGLE EMC

Please tick this box if you currently have only one EMC linked to the bond and you would like your additional single premium to be managed by them.

If you currently have more than one EMC linked to your bond please complete section B below.

B) MULTIPLE OR NEW EMC

In the case of multiple, complete this section if you:

- 1 Currently have multiple EMCs appointed to your bond** and would like to split the additional premium between them.
- 2 Currently have multiple EMCs appointed to your bond** and would like the entire additional premium to be allocated to just one of them.

In the case of a new EMC;

If you wish to nominate a new EMC to manage part or all of this additional premium please complete the box below as well as a standalone **Delegation Nomination of External Manager and/or Custodian** form.

Name of the External Manager firm			Percentage of premium to be allocated
	Contact name		%
	Contact telephone		
	Contact email		
	Contact name		%
	Contact telephone		
	Contact email		

100% of the additional single premium, less any initial bond charges, must be invested. Please ensure the percentage allocations noted above reflect this i.e. 60% and 40%.

IMPORTANT INFORMATION

- › If you are investing part, or all, of your investment with an existing EMC, your existing investment objective and your EMCs investment strategy will apply to this premium unless you complete the **Delegation Switch of Investment Objective and/or Risk Profile** form.
- › If you are nominating a new EMC to be appointed to manage part, or all, of the additional investment you will need to provide your investment objective and attitude to risk when you complete the standalone **Delegation Nomination of External Manager and/or Custodian** form.
- › The appointment or replacement of an EMC is subject to our agreement.
- › It is important to remember that there is a limit of one EMC appointment or switch in each rolling 12 month period.
- › Each EMC appointment to the bond incurs an additional quarterly administration fee.

F REGULAR WITHDRAWALS

OPTIONAL

Please complete this section if you want to set up regular withdrawals.

It is important to consider how you will choose to pay adviser charges to your financial adviser when setting up any regular withdrawals. This is because any adviser charges agreed to be paid to your financial adviser, from the bond, will be treated as a withdrawal and will form part of your 5% annual tax-deferred entitlement. This means any adviser charges taken in any policy year will be added to any withdrawals requested in order to calculate whether the 5% entitlement has been exceeded. Please refer to the **Product Guide** and the relevant charges guide for tax implications, maximum withdrawals and minimum fund values for taking regular withdrawals.

Regular withdrawals will be taken equally across all policy segments.

Minimum £400 per payment (or currency equivalent). Payments will only be made in the currency of the bond.

If a regular withdrawal would take the bond to a surrender value lower than the minimum value required to be kept in the bond, withdrawals will stop.

PART 1 - SET UP WITHDRAWALS / AMEND EXISTING WITHDRAWALS

I do not currently take withdrawals and I would like to set them up

I currently take withdrawals and I would like to amend this figure

If you have any existing withdrawals, these will cease and be replaced with the new amount/percentage stated below

1	Amount to be withdrawn from the whole bond	per annum of premium <input type="text"/> %	or	per payment <input type="text"/>								
2	Payment frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly								
3	Payment to start	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">d</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">m</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> <td style="width: 20px; text-align: center;">y</td> </tr> </table> <input type="checkbox"/> As soon as possible			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y					

The earliest the first withdrawal can be taken is 30 days after the additional single premium documents have been issued.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

PART 2 - BANK DETAILS

If you want to start withdrawal payments, please complete this section.

Payment method will be BACS transfer for sterling payments to UK clearing banks only or telegraphic transfer for other currencies or banks outside the UK. A charge will be levied by our bankers for telegraphic transfer payments and this will be deducted from the value of the bond.

PLEASE PROVIDE DETAILS BELOW OF THE ACCOUNT THAT YOU WANT PAYMENTS TO BE SENT TO:

1	Account name	<input type="text"/>
2	Account number (for BACS payments this must be 8 digits)	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Bank sort code	<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"/>
4	Building Society roll number (if applicable)	<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"/> <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"/> <input type="text"/> <input type="text"/>
5	Bank BIC/Swift code (required for all payments outside the UK)	<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"/> <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"/> <input type="text"/> <input type="text"/>
6	IBAN number (required for all payments to the EU)	<input type="text"/>
7	Bank/Building Society name	<input type="text"/>
8	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"/> <input type="text"/>
9	Telephone number (including international dialling code)	<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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	How long has the account been held?	<input type="text"/> <input type="text"/> Years

Payments to third parties are not normally allowed. However, in exceptional circumstances, they may be considered. We will need to know why the payments are required, details of the relationship between the policyholder and the account holder, plus certified identification for the account holder, which is listed in Section I.

G PRIVACY STATEMENT

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customer have about how we use that information. You can find a copy on our website www.utmostwealth.com/privacy-statement or you can ring our Customer Service Team on **0845 602 9281** and request a copy.

H DECLARATION

This is our standard client declaration upon which we intend to rely. For your own benefit and protection you should read these terms and the data protection notes section of this form carefully before signing below.

Please read carefully the Delegation Product Guide, the relevant Guide to Charges document, a Personal Illustration and Key Features Document, all of which should have been provided to you, as they contain important information about the bond.

If you do not understand any part of these terms, the Data Protection notes or the product literature listed above, please ask your adviser to explain it to you before signing below.

In this declaration, "we", "us" and "our" mean the trustee policyholder(s), the corporate trustee policyholder(s), its directors, officers and authorised signatories (as appropriate) and "the Company" means Utmost Ireland dac.

We apply for an additional investment into our existing contract in accordance with the Policy Conditions and Policy Schedule.

We hereby confirm that we have not relied upon any statement made by our financial adviser which is not supported in the literature.

We confirm and declare that we have been advised to obtain appropriate professional advice in respect of the applicable taxation requirements, effects and legislation.

ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of Funds - Policyholder Statement of Truth

We truthfully confirm that:

- i) all funds invested in the bond applied for have been or will be properly declared to the relevant tax authorities in the jurisdiction of our tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and
- ii) none of the funds invested derive, directly or indirectly, from illegal activities or sources and/or tax evasion.

Potential Consequences of Misleading the Company - We fully acknowledge and agree that if the Company discovers that we misled the Company in respect of any part of the statements confirmed above, that the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the contractual ability to:

- i) terminate the bond immediately and, regardless of the actual date of bond termination, impose the maximum encashment and any other relevant charges which may be imposed on us under the bond as if the bond had been encashed immediately after issue. Such charges shall be applied to the extent that they cover any costs, expenses or losses caused by the Company being misled, without limiting the Company's ability to seek additional recompense from us in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at the Company's discretion concerning us and/or the bond; and
- iii) if considered appropriate after consultation with government authorities and/or legal counsel, either
 - a) subject to satisfying the Company's further reasonable requirements, refund our premium(s) and other amounts paid to the Company to the date of such termination less applicable encashment and other charges in accordance with clause (i) above (the 'Refund Amount'), or
 - b) if legally required to do so by competent government authorities, freeze or pay over to relevant government authorities all or a portion of the Refund Amount or take such other actions as competent government authorities may legally require.

Consent to disclose information to Tax and other Government Authorities

We have been advised that the Utmost Group and the Company have a longstanding policy of co-operating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities.

We consent and agree that in cases where the Company suspects that the funds invested in the bond are wholly or partly derived from illegal activities/sources and/or tax evasion, then the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the ability to disclose to our home country tax and/or other government authorities our identity and any relevant information considered necessary or appropriate, at the Company's discretion, concerning the bond.

We understand and agree that the company's obligations under the policy, including the payment of benefits, will be suspended either in whole or in part, to the extent that performance of any policy obligation may expose the company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

Further consents and confirmations

We hereby confirm that all the information that we have provided, whether handwritten or otherwise, in this application form is complete and accurate to the best of our knowledge and belief. We agree that this information, together with all other questionnaires, statements, reports or other information completed or given by us in our name, shall form the basis of the contract with the Company.

We understand that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to the Company by us or on our behalf was misleading or incomplete, then this might invalidate our contract and adversely affect our right to the payment of policy benefits. We understand the requirement to provide accurate and relevant information in our dealings with the Company is continuous and binding upon us or any subsequent holder of the policy.

We understand that no contract shall be issued in respect of this application and the Company shall be under no obligation in respect of this application until the first premium has been received by the Company and the Company has expressly confirmed in writing that it accepts the additional investment.

We accept that selection of investments is the responsibility of the appointed EMC to the bond and the Company makes no representations or guarantees in relation to the future performance of any assets linked to the bond and accordingly has no legal responsibility in respect of future performance of such linked assets.

We understand that the Company and we have a free choice about the law that can apply to any contract relating to this application. The Company proposes to choose the laws of England and Wales and by completing this application form we agree that the laws of England and Wales shall apply and that the Courts of England and Wales shall be the sole forum to consider disputes in relation to any contract arising from this application.

We agree that any decision to alter the Courts of England and Wales jurisdiction shall be at the discretion of the Company, such discretion being exercised reasonably.

We agree that a copy of our agreement given in this Declaration will have the validity of the original. We understand that the financial adviser is acting as our agent and not an agent of the Company.

We confirm that we are not ordinarily resident in Ireland and we are habitually resident (that is we normally live) in the UK and confirm that, to the best of our knowledge and belief, we are not subject to any legislation which would make such an investment unlawful. We hereby undertake to inform the Company of any change in our country of residence during the life of the bond.

We confirm that the trust has the power to enter the contract applied for.

We further confirm and declare that the information given regarding the Settlor, including where they were tax resident when the trust was established, entered in section C, part 2 on page 7 of this application form is correct.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

	Trustees/Corporate Trustees/ Authorised signatories*	Trustees/Corporate Trustees/ Authorised signatories*																
SIGNATURE																		
Print full name																		
Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											

SIGNATURE

If there are more than four signatories please photocopy this page and after signing the additional copies attach it securely to the form.



	Trustees/Corporate Trustees/ Authorised signatories*	Trustees/Corporate Trustees/ Authorised signatories*																
SIGNATURE																		
Print full name																		
Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											

SIGNATURE

*Please delete as applicable.

Once you have signed and dated the boxes above please go to page 25 if you would like us to facilitate any adviser charges to your financial adviser.

SECTION 4 IDENTIFICATION REQUIREMENTS & FINANCIAL ADVISER DETAILS
FINANCIAL ADVISER TO COMPLETE IN ALL CASES

I IDENTIFICATION REQUIREMENTS (Please complete in all cases)

Under Anti-Money Laundering regulations we are required to verify the identity and address of all individuals related to a contract (e.g. trustees, directors, power of attorney etc) together with the satisfactory evidence of the proper appointment of the trustees.

This information is required to satisfy Anti-Money Laundering regulations.

Outlined below are the standard minimum requirements, however we may, in some circumstances, require additional information.

Individual Trustee(s) and Directors - We require **one suitably certified document** from **Part 1** together with **one suitably certified document** from **Part 2**. If an individual does not hold either of the documents listed in **Part 1** then, under certain circumstances, we **may** be able to accept **two suitably certified documents** from **Part 2**, showing verifiable reference numbers. Please also note that if no documentation is supplied from **Part 1**, we will ask for an explanation as to why this is not available.

Trust - for identification regarding the trust see **Part 3**. All documentation in this section must be supplied.

Corporate Trustee - for verification of the corporate trustee see **Part 4**. All documentation in this section must be supplied.

Please tick in the boxes below to indicate the identification you have supplied for each party to the policy.

PART 1 - PERSONAL IDENTITY

	Trustee 1	Trustee 2	Director 1	Director 2	*
1 Valid passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 National ID card (with photograph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence (both paper & card parts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide one document from Part 1 PLUS one document from Part 2. Alternatively, provide two documents from Part 2 and confirm why no ID from Part 1 can be provided. Please always provide originals or originally certified copies.

If you cannot supply an item from **Part 1**, please tell us why in the box below.

*Please complete for any other party to the application e.g. shareholders who are individuals and hold 25% or more of the issued share capital. Please continue on a separate sheet of paper should there be more individuals to be identified than the space provided.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

PART 2 - VERIFICATION OF ADDRESS

	Trustee 1	Trustee 2	Director 1	Director 2	*
1 A recent utility bill, rates or council tax bill (Mobile phone bills are not acceptable. Document must be the most recent available and dated within the last 3 months (if produced monthly) or, if produced annually, dated within the last 12 months).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 A recent mortgage statement, giving the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence (With photograph. Please note that if the driving licence is being used in part 1 it cannot be used in part 2 and vice versa).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 A state pension, benefit or other government produced document showing benefit entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 A recent tax assessment document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 An account statement from bank or bank credit card dated and certified within the last 3 months (Store cards are not acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Proof of ownership or rental of the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please complete for any other party to the application e.g. shareholders who are individuals and hold 25% or more of the issued share capital. Please continue on a separate sheet of paper should there be more individuals to be identified than the space provided.

PART 3 - TRUSTEE VERIFICATION

PLEASE SUPPLY ALL OF THE FOLLOWING DOCUMENTS

The Trust Deed and any Supplementary Deeds showing the proper appointment of the trustees and classes of beneficiaries

PART 4 - CORPORATE TRUSTEE VERIFICATION


PLEASE SUPPLY ALL OF THE FOLLOWING DOCUMENTS

A Certificate of Incorporation A set of the latest annual reports & accounts

Evidence of the registered office An authorised signatory list

A certified copy of the Board Resolution appointing the authorised signatories (for public registered companies only)

If there are other parties to the application not quoted on the form, have you enclosed a list of copy evidence submitted and can you confirm that you have seen the originals of such evidence? Yes

Where relevant, please tick this box. 

(Please ensure that any separate list quotes the name of the applicants and is signed by the certifier)

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

The following declaration must be fully completed in all cases, this method of certification is required for Utmost Ireland regulatory purposes.

I confirm that

- a) I have had sight of the original documents and all documents enclosed herewith are true copies of the original and are hereby certified accordingly. Yes
 - b) The information in Section I was obtained by me in relation to the policyholder. Yes
 - c) Where I have an existing relationship, the policyholders' account/relationship has been conducted satisfactorily. Yes
 - d) I am not aware of any reason why this application should be refused. Yes
 - e) I am unaware of any activities undertaken by these policyholders which lead me to suspect that they are involved in any form of criminal activity and/or money laundering. Yes
 - f) I shall inform you immediately if I suspect such activity. Yes
-

J INTRODUCER'S DETAILS (Please complete in all cases)

1 How and when were you introduced to the policyholders?

2 Are the policyholders acting as a nominee for someone else?
 Yes No
 (If yes, please give details)

3 Which country was the advice leading to this application given in?

4 Which country was this application signed in?

5 The basis on which the advice was offered is (UK business only)
 Independent Restricted

6 Name of regulatory body

7 Regulatory body membership number

8 Certifier and authorised signatory

9 Print full name

10 Date

11 Financial adviser company name and address (company stamp)

12 Utmost Ireland Terms of Business number (if known)

13 Please provide the name of your sales consultant.

Please give full details of your authorisation and FCA number.

SIGNATURE

Please note that we will not be able to invest the additional premium until Sections I and J have been completed and identification provided.

SECTION 5 ADVISER CHARGES - POLICYHOLDER MUST COMPLETE IF THEY WOULD LIKE UTMOST IRELAND TO FACILITATE ANY ADVISER CHARGE PAYMENTS TO THE FINANCIAL ADVISER

K ADVISER CHARGING

You should take professional advice before choosing any adviser charging option below as there may be Income Tax and/or Inheritance Tax implications. You must also ensure that the options you choose are compatible with the terms of the trust.

This section should only be completed if you wish to pay adviser charges to your financial adviser for product advice directly from your bond. Such charges should match the information shown in your Personal Illustration that will have been provided to you. Depending on the terms of the trust, you can choose to pay your adviser charges in one of the following ways:

› **Direct adviser charge** – The adviser charges are paid by you directly to your financial adviser, in which case you will not need to complete this section.

Or facilitated by us:

› **Outside of the bond** – The initial adviser charge is paid as a flat amount through Utmost Ireland before the additional premium is invested into the bond. The premium must meet the minimum additional premium requirements after adviser charges have been deducted.

› **Inside the bond** – The adviser charges are paid to your financial adviser through Utmost Ireland either on initial, ongoing or ad hoc basis from the bond, after the additional single premium has been invested.

Please note

Any adviser charges that are facilitated by completing the following pages will be paid from your bond. As these relate to advice to you they will form part of the 5% annual tax-deferred entitlement. This could have potential tax consequences and you should discuss this with your financial adviser before agreeing such payment or making subsequent surrender or withdrawal requests from your bond. Please note tax rules may change in the future and are subject to individual circumstances.

You should take professional advice before choosing any adviser charging option below as there may be income tax and/or Inheritance Tax implications. You must also ensure that the options you choose are compatible with the terms of the trust.

Adviser charges which you have agreed to pay from your bond can only be made through a single withdrawal (across all segments).

For detailed information about adviser charges and how these may be applicable to you please see the relevant **Guide to Charges** document available from your financial adviser on request. Your financial adviser will also be able to answer any questions you may have.

AGREEMENT TO PAY ADVISER CHARGES

Please ensure you fully complete this section, as any omissions may delay our ability to carry out your instructions. Once we have received the application form with this section fully completed, we will, depending on the options you select, make adviser charge payments on your behalf to your financial adviser for the services they provide to you. We will continue to do this until this instruction ends or you tell us to cancel it. Once your additional single premium has been applied, we require a month's notice of any changes to adviser charge payments that we facilitate.

All adviser charge payments must be for advice you have received, and should match the information shown in the Personal Illustration provided to you by your financial adviser.

Payments must not be taken from your bond in advance of the service being received by you from your financial adviser, and you should remember this when choosing the start date for any ongoing payments.

CANCELLATION OF ADVISER CHARGES

If you want to stop paying adviser charges from your bond you can cancel this agreement by writing to us. We will cancel any future adviser charges that would be due. We will confirm any instructions to cancel an adviser charge to you and your financial adviser. You will need to make other arrangements with your financial adviser to pay any outstanding charges, or to discuss the refund of any payments made whilst we process your request.

If you decide to cancel your additional single premium during the cancellation period (please see the **Key Features Document** for details) any refund to you will be less any adviser charges paid on your behalf. If you believe you are due a refund of such payments from your adviser, you will need to contact them direct to discuss the exact terms of the adviser charging arrangement you have with them.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

INITIAL ADVISER CHARGE

Please select one of the following payment options

Transaction type	Monetary amount (£, US\$, €*)	% of premium
1 Adviser charge to be paid outside of the bond by taking it from the payment, with the remaining balance being invested as an additional premium into the bond.	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	N/A
2 Adviser charge to be taken from the value of the additional single premium.	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	or <input style="width: 100%; height: 20px;" type="text"/> %

* The amount you enter will be taken in the currency of your bond.

ONGOING ADVISER CHARGE

Please complete the table below if you have agreed with your financial adviser to make a **regular** payment for ongoing advice or services you receive.

1 Please select the frequency of the payments: Monthly Quarterly Half-Yearly Yearly

2 Enter details of adviser charge amount in either A) Monetary **OR** B) Percentage

A) Total annual monetary amount of adviser charge to be taken from the additional single premium £/US\$/€* .

If you choose this option please state the total monetary amount you wish to pay per year. For example, if you wish to pay £400 on a half year basis, the amount you should state here is £800 as the annual total. You must enter your chosen monetary amount in the currency of your bond.

* amount entered will be deducted in the bond currency

OR

B) Total annual percentage of adviser charge to be taken from the value of additional single premium tranche as a proportion of the total bond value . %

If you choose this option please state the total percentage of additional single premium tranche you wish to pay per year. For example, if you wish to pay 0.1% payable on a half yearly basis, the amount you should state is 0.2% as the annual total. Where a percentage (%) of additional single premium tranche is chosen, the % will be calculated on the frequency of the payment that you've selected and in proportion to the additional single premium amount. For frequencies other than annual, the overall total % for the year may be lower or greater than the % you have chosen because of fluctuations in the bond value.

3 When would you like the adviser charge payments to start?

L ADVISER CHARGING DECLARATION

Please read this section carefully before you sign it as it affects your rights and creates a legally binding agreement with Utmost Ireland dac in connection with your bond. If you do not understand any aspect of this agreement please ask your adviser to explain its effect to you before you sign the form.

Throughout this declaration, 'we', 'us' and 'our' mean the applicant and 'the Company' means Utmost Ireland dac.

We authorise the Company to pay the adviser charges as set out in this agreement.

We understand and accept that where the adviser charge is being facilitated from the bond:

- › The adviser charge will only be paid when there is sufficient value, and assets that can be sold, in the bond to cover the payment in full.
- › If the total withdrawals taken from the bond, including any adviser charge payments, exceeds 5% per annum of the premium(s) paid, then a chargeable event may arise and we or the UK resident Settlor may be subject to UK Income Tax on any excess over the 5% annual tax-deferred entitlement.
- › The adviser charges apply to the additional single premium and will not be reduced if we surrender one or more policy segments, unless we specifically request this to happen at the time of the segment surrender.
- › We can cancel the instruction to pay any future adviser charges due from the bond at any time by writing to the address shown on the back of this form.
- › Until the Company receives written notification to cancel this instruction, it will continue to make payments to our adviser.
- › If we change the adviser shown in Section J, cancel payment of any adviser charges from the bond, cancel our application for the additional single premium within the cancellation period, assign the bond or any other situation where it is not reasonably possible for the Company to facilitate a payment it will be our responsibility to settle any outstanding adviser charges directly with our adviser.
- › We should contact our adviser in the first instance to discuss any adviser charges we believe should not have been applied to our bond.
- › We cannot cancel an adviser charge after it has been paid, even if we decide to cancel our additional single premium during the cancellation period, and acknowledge we will need to contact our adviser to discuss whether a refund is payable in full or in part.

Where we request the Company to facilitate an adviser charge payment outside of the bond, we agree and acknowledge that:

- › The facilitation is in consideration of the application for an additional single premium;
- › The payment is subject to our application being accepted;
- › Should this trustee application not proceed then the trust account will be refunded the premium together with the adviser charge and it will be our responsibility to settle any outstanding adviser charges, if any, with our adviser;
- › No interest is payable or owed in respect of adviser charge money held by the Company to either us or our adviser;
- › The adviser charge relates to advice received in connection with the additional single premium.
- › We cannot cancel an adviser charge after it has been paid, even if we decide to cancel the additional single premium during the cancellation period, and acknowledge we will need to contact our adviser to discuss whether a refund is payable in full or in part.

As the bond is linked to an External Managed Account, we acknowledge and agree that:

- › Any fund based adviser charge payments will be based on the last available fund value for the External Managed Account held in the Company's records.
- › Due to timing differences, there may be significant market movements between the date when the Company's records were last updated with the fund value of the External Managed Account and the date the adviser charge is calculated as a percentage of the additional single premium.
- › Where we require any adjustment in adviser charges paid by the Company, the Company will not be responsible for making such adjustments and we will liaise directly with the adviser.
- › The actual amounts paid by the Company as adviser charges will be treated as withdrawals from the bond and will be used in any chargeable event calculations.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

By signing this form below we confirm that:

- › The adviser charges set out in this form match the Personal Illustration we have received from our adviser.
- › It will create legally binding obligations on us in connection with our bond.
- › This instruction is subject to the terms and conditions of the bond.

	Trustees/Corporate trustees/ Authorised signatories	Trustees/Corporate trustees/ Authorised signatories																
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Print full name																		
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SIGNATURE

If there are more than two signatories please photocopy this page and after signing the additional copies attach it securely to the form.

Please ensure your financial adviser has completed and signed Section J on page 24.

M NOTES

N CHECKLIST

We want to process your application as quickly as possible. To help us do this please remember that on completion of this form we will need the following:

- › Certified copies of the identification and address verification documents for the policyholders (where necessary).
- › Certified copy of the Trust Deed and any Supplementary Deed.
- › Corporate trustee validation documents (where applicable).
- › If you are also nominating an External Manager and/or Custodian, then please enclose a fully completed and signed **Delegation Nomination of External Manager and/or Custodian form**, which is available from us or your financial adviser on request.
- › If you would like us to facilitate any adviser charge payments to your financial adviser for the advice in relation to this bond, please complete and sign Section 5, Adviser Charging, which starts on page 25.
- › A completed separate **Tax Information Exchange Pack for Entities**.
- › If you are sending any additional instructions or documentation, please attach them securely to the back of the form.
- › If you want to pay by BACS, CHAPS or telegraphic transfer, please contact your bank separately to send the payment to us.

WHAT TO DO NEXT

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Ireland dac. Utmost Ireland's address is: **Utmost Ireland dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.**