

# ADDITIONAL SINGLE PREMIUM INVESTMENT

## APPLICATION FORM FOR APPLICANTS WHO HAVE AN APEX (FRANCE) POLICY

Please refer to our **Apex (France) Guide for Additional Single Premium for Individual Applicants**.

If completing a hard copy of this form, please use **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. **Do not use correction fluid**.

### WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Once complete return this form to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland**.

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at: **ccsfrontoffice@utmost.ie**

We will act upon on all requests received by email, however, requests will not be finalised until the following (as applicable) have been received by us at the postal address outlined above:

- › Original forms or Written Requests containing a wet ink signature (only required if a valid digital signature has not been used)
- › All necessary supporting documentation (i.e. true certified copies as applicable).

For more information about what we can accept by email submission, please contact us on **+ 353 46 9099 700**.

### BEFORE YOU BEGIN

Only complete this form if you want to make an additional investment into your existing contract. Before completing this Application Form, ensure you have read the **Apex (France) Key Information Document**, **Apex (France) Charge Guide** and the **Apex (France) Guide for Additional Single Premium for Individual Applicants**.

This application has been split into two parts, mandatory and appendices. Ensure you complete all mandatory questions and appendices where necessary.

### PART 1 - TO BE COMPLETED IN ALL CASES

PAGE	SECTION	COMPLETED
2	A – Contract details	<input type="checkbox"/>
2	B – Premium details	<input type="checkbox"/>
4	C – Employment and source of funds	<input type="checkbox"/>
5	D – Investment options	<input type="checkbox"/>
7	E – Identification requirements	<input type="checkbox"/>
7	F – Politically Exposed Persons	<input type="checkbox"/>
7	G – Insurance Intermediary details	<input type="checkbox"/>
8	I – Client declaration	<input type="checkbox"/>

### PART 2 - TO BE COMPLETED ONLY WHERE DETAILS HAVE CHANGED

PAGE	APPENDIX	DESCRIPTION	NO	YES
11	J – Applicant details	Have your personal details changed?	<input type="checkbox"/>	<input type="checkbox"/>
11-12	K – Regular withdrawals	Do you wish to set up or amend withdrawals?	<input type="checkbox"/>	<input type="checkbox"/>
13	L - Management of the Dealing Account	Do you wish to change or select an investment to clear an overdrawn position on the Dealing Account?	<input type="checkbox"/>	<input type="checkbox"/>

A CONTRACT DETAILS

MANDATORY

1 Policy number

2 Charge structure

State the selected charge structure which will be applied to your Additional Single Premium (e.g. A, B or C). Refer to the current **Apex (France) Charge Guide** for more details of the available charge structures.

B PREMIUM DETAILS

MANDATORY

B1 ADDITIONAL SINGLE PREMIUM AMOUNT

The minimum Additional Single Premium permitted is €20,000/£18,000/US\$22,000/CHF22,000.

Specify currency  
€/£/US\$/CHF

Payment Type

Cash only transfer

Premium in kind transfer

If the payment is an Premium in kind transfer of assets complete sections B2 below and if applicable section B4.

If the payment is a cash only transfer complete section B4.

For security and speed please send cash Premium payments by Electronic Bank Transfer (SEPA or Telegraphic Transfer) using the bank details in section B4.

B2 PREMIUM IN KIND TRANSFER

Only investments that have been managed by a Discretionary Fund Manager (DFM) are permitted via a transfer of investments within an Apex (France) Policy and must be invested with an existing or new DFM appointed to the Policy. Before specifying the amount you wish to transfer by way Premium in kind transfer in the boxes below, please ensure you have read carefully the important notes section below.

Approximate amount to be paid by re-registration of investment assets

Specify currency  
€/£/US\$/CHF

Amount to be paid in cash

IMPORTANT NOTES

The DFM will also need to sign an **Apex (France) Portfolio Undertaking Form** to confirm the assets being transferred as Premium payment, align with assets that they would usually independently select in-line with the broad attitude to risk and investment objectives as set out in the investment mandate. As a result you should be aware that some, or all, of the assets may be sold by your existing DFM preceding the transfer.

Premium in kind payments (transfer of assets) will be treated as a disposal of the assets by the Policyholder for tax purposes. Therefore, this may trigger a tax liability for the Policyholder at the point of transfer, if a gain arises on the disposal. It is the Policyholder's sole responsibility to pay any tax liability that occurs in respect of such transfer of assets. Utmost PanEurope accepts no liability for any financial cost or risk associated with the payment in kind.

B3 OUR BANK DETAILS

FOR PAYMENTS SENT IN EUR

**Address** Citibank Europe plc, 1 North Wall Quay, Dublin 1, Ireland  
**Swift Code** CITIIE2X  
**IBAN** IE38CITI99005127954502  
**Account Number** 27954502  
**Account Name** Utmost PanEurope dac APEX Premium EUR

FOR PAYMENTS SENT IN GBP

**Address** Citibank Europe plc, 1 North Wall Quay, Dublin 1, Ireland  
**Swift Code** CITIIE2X  
**Sort Code** 99-00-51  
**IBAN** IE16CITI99005127954510  
**Account Number** 27954510  
**Account Name** Utmost PanEurope dac APEX Premium GBP

FOR PAYMENTS SENT IN USD

**Address** Citibank Europe plc, 1 North Wall Quay, Dublin 1, Ireland  
**Swift Code** CITIIE2X  
**IBAN** IE85CITI99005127954529  
**Account Number** 27954529  
**Account Name** Utmost PanEurope dac APEX Premium USD

FOR PAYMENTS SENT IN CHF

**Address** Citibank Europe plc, 1 North Wall Quay, Dublin 1, Ireland  
**Swift Code** CITIIE2X  
**IBAN** IE22CITI99005127954499  
**Account Number** 27954499  
**Account Name** Utmost PanEurope dac APEX Premium CHF

B4 BANK ACCOUNT DETAILS

Provide the details of the bank account that the Premium is being paid from.

Name of account holder	<input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/>
Building Society roll number (if applicable)	<input type="text"/>
Bank BIC/Swift 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"/>
IBAN	<input type="text"/>
Name & address of bank	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>

**C EMPLOYMENT AND SOURCE OF FUNDS** **MANDATORY**

**C1 EMPLOYMENT DETAILS**

<b>Role</b>	<b>Applicant 1</b>				
Employment status	Employed	Self Employed	Employed	Self Employed	
	Retired	Unemployed	Retired	Unemployed	
	Homemaker		Homemaker		
Date of retirement or unemployment or became homemaker	<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>		
Occupation	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>		
Last year's annual income/salary	Currency	<input style="width: 100%; height: 20px;" type="text"/>	Currency	<input style="width: 100%; height: 20px;" type="text"/>	
	Amount	<input style="width: 100%; height: 20px;" type="text"/>	Amount	<input style="width: 100%; height: 20px;" type="text"/>	
Do you receive income other than from your occupation?	Yes	No	Yes	No	
If "Yes" please provide details including amount and source	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>		
Employer/business name	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>		
Employer/business 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"/>		<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		Postcode	

Include previous occupation where you are retired, unemployed or a homemaker.  
 Income details are required for Know Your Client and AML requirements and failure to complete will result in a delay in processing the application.

**C2 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED**

Utmost PanEurope dac is required to record details of how the funds being invested have been accumulated.  
 Where your funds come from more than one source, you should complete all relevant Sections to give us the full picture of its origin.

Documentary evidence requirements:

**All investments are assessed on a case-by-case basis. Independently certified documentary evidence of source of funds may be required in order to proceed with the application.**

**1. Savings from employment income (including salary, bonus and fees)**

Total amount received      Currency       Amount

Number of years income accumulated       years

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
POLICYHOLDERS WHO HAVE  
AN APEX (FRANCE) POLICY

Institution holding the funds	<input type="text"/>
Name of account where earned income accumulated	<input type="text"/>
Account number	<input type="text"/>
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"/>
Length of time funds have been in this account	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months
Main occupation during the accumulation period (e.g. Director)	<input type="text"/>
Industry/Business sector	<input type="text"/>
Main employer's name	<input type="text"/>
Employer's address	<input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> Postcode <input type="text"/> Country
Date employment commenced	<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"/>
Average annual salary over the accumulation period	Currency <input type="text"/> Amount <input type="text"/>
Average annual bonus over the accumulation period	Currency <input type="text"/> Amount <input type="text"/>

## 2. Compensation payment

Name of organisation or individual that paid compensation	<input type="text"/>
Reason for compensation	<input type="text"/>
Country compensation was awarded	<input type="text"/>
Total amount received	Currency <input type="text"/> Amount <input type="text"/>
Date received	<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. Competition win

Name of competition organiser	<input type="text"/>
Description of competition	<input type="text"/>
Country competition was held in	<input type="text"/>
Total amount won	Currency <input type="text"/> Amount <input type="text"/>
Date of win	<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"/>

**4. Gift**

Full name of person who gave the gift											
Date of birth	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Nationality											
Address											
	Postcode		Country								
Relationship to applicant											
Reason for gift											
Description of gift											
Total amount received	Currency		Amount								
Date received	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Details of the activity that generated the amount received											
Country gift was accumulated in											

**5. Inheritance**

Deceased's full name											
Relationship to applicant											
Date of death	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Details of the inheritance Tell us about the assets forming the inheritance (eg. cash, property, shares etc.)											
Amount received	Currency		Amount								
Date received	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Details of the activity that generated the amount received											
Country inheritance was accumulated in											
Solicitor/lawyer's (who dealt with the estate) name											
Solicitor/lawyer's firm name											
Solicitor/lawyer's firm address											
	Postcode		Country								

### 6. Loan

Name of loan provider

Address of loan provider

Postcode  Country

Total amount borrowed Currency  Amount

Date of loan

Purpose of loan

### 7. Maturing policy/policy claim/replacement policy/pension

If the source of funds is the sale of an investment rather than maturity, please complete 8 instead.

Name of policy provider

Address of policy provider

Postcode  Country

Policyholder's full name

Length of time policy held   years   months

Amount of the original investment

Details of the activity that generated the original investment

Reason for policy claim or replacement policy (if applicable)

Total amount received Currency  Amount

Surrender penalty (if applicable)

Date received

**8. Sale of asset portfolio or investment**

**If the source of funds is a maturing investment rather than one that you are choosing to sell, please complete 7 instead.**

Description of asset portfolio or investment (e.g. government bonds, equities etc.)			
Name of the company that held it			
Registered address of company			
	Postcode	Country	
Account name			
Length of time asset portfolio or investment held			
	years		
		months	
Amount of the original investment			
Details of the activity that generated the original investment			
Date of sale	d	d	m
	m	y	y
	y	y	y
Net amount received	Currency		Amount

**9. Company sale or sale of interest in company**

Company name			
Industry/business sector			
Address of company			
	Postcode	Country	
Your connection with the company For example: owner, partner or shareholder			
Date connection with the company began	d	d	m
	m	y	y
	y	y	y
Average year dividend/income from the company over the previous three years			
Date of sale	d	d	m
	m	y	y
	y	y	y
Sale amount	Currency		Amount
Net amount received i.e. the amount you have received after any deductions such as fees and taxes.	Currency		Amount

**10. Property sale**

**If you are not the beneficial owner of this property, please select a different option for source of funds that is more appropriate.**

Address of property sold (including postcode if applicable)								
	Postcode	Country						
Length of time property owned			years			months		
Source of funds for the original property purchase								
Was the property your main residence?	Yes	No						
If "Yes" was an alternative main residence purchased?	Yes	No						
If "Yes" please confirm Purchase price								
Address of new residence								
	Postcode			Country				
Date of sale	d	d	m	m	y	y	y	y
Total sale amount	Currency			Amount				
Net amount applicant received from sale	Currency			Amount				

**11. Other income sources**

Description of the activity that generated the funds							
Role in relation to above activities							
Period over which the activities occurred							
Country in which the activity occurred							
Date received			years			months	
Proceeds received from the activity	Currency			Amount			

**D INVESTMENT OPTIONS** **MANDATORY**

**D1 – INVESTMENT SPLIT** **MANDATORY**

Is 100% of the Additional Single Premium being assigned to one investment option only?  Yes  No

If 'Yes' proceed to complete the relevant section for your chosen option.

If 'No', and you would like your investment to be split between multiple investment options, please provide the investment split for your chosen investment options below and then proceed to complete the relevant sections for your investment options:

Investment type	% of investment
External Asset	
Custodian / Platform	
Discretionary Fund Manager (Dedicated Internal Fund)	



**IMPORTANT NOTE**

Where the Additional Single Premium is being made by way of Premium in kind (transfer of assets), this can only be transferred to one Discretionary Fund Manager only and cannot be split across investment options.

**D2 – EXTERNAL ASSET SELECTION** **OPTIONAL**

Complete this section if you wish to invest all, or part, of your investment in External Assets.

Full External Asset name	Currency	SEDOL/ISIN	%

The minimum trade amount is EUR 5,000 / GBP 5,000 / USD 7,500 / CHF 7,500 per individual External Asset.

Refer to our website [www.utmostinternational.com](http://www.utmostinternational.com) for details of the assets available and the relevant SEDOL or ISIN codes. Ensure the full External Asset names and references are provided.

**D3 – CUSTODIAN / PLATFORM ARRANGEMENT**

OPTIONAL

Complete this section if you wish to allocate all, or part, of your additional investment to your chosen Custodian / Platform.

If only part of the additional investment is to be managed via a Custodian / Platform arrangement, please ensure **D2** and/or **D4** is also completed to state where the remaining proportion will be invested.



If you would like to nominate a new or replace an existing Custodian or Platform to manage part, or all, of your investment, please ensure you also complete the **Apex (France) Nomination of Discretionary Fund Manager, Custodian or Platform Form**.

Name of Custodian or Platform

How much of this Additional Single Premium would you like to invest with the named Custodian / Platform?

**D4 – DISCRETIONARY FUND MANAGER**

OPTIONAL

Complete this section if you wish to allocate all, or part, of your additional investment to your chosen DFM(s).

If only part of the additional investment is to be managed by a DFM(s) please ensure D2 and/or D3 is also completed to state where the remaining proportion will be invested.

If nominating a new DFM(s) to manage part, or all, of the Additional Single Premium, then as well as providing the name of the firm below, please also ensure you complete the **Apex (France) Nomination of Discretionary Fund Manager, Custodian or Platform Form**.

Name of Discretionary Fund Manager	Amount of Premium in cash to be allocated	Full amount of Premium in kind transfer (if applicable)
.....	%	<input type="checkbox"/> *
.....	%	N/A
.....	%	N/A



**IMPORTANT NOTE**

The appointment of a newly nominated DFM is made at Utmost PanEurope’s discretion.

\*Where the Additional Single Premium is being made by way of Premium in kind (transfer of assets) this can only be transferred to one Discretionary Fund Manager only and cannot be split between two or more DFMs or across investment options.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
POLICYHOLDERS WHO HAVE  
AN APEX (FRANCE) POLICY

**E IDENTIFICATION REQUIREMENTS (To be completed by the Insurance Intermediary) MANDATORY**

Under anti-money laundering regulations we are required to verify the identity and address of all Applicant(s) related to a life insurance agreement.

It is likely that we already hold appropriate documentation on our files, however if this is not the case or your details have changed we will require you to provide the relevant documentation as detailed in our **Anti-money Laundering and Source of Wealth Pack - Utmost PanEurope**, available on our website.

In addition to the above, we may also already hold appropriate tax information on file. If this is not the case, we will require completion of the **Tax Declaration and Self Certification for Individual Investors**

If you are unsure whether we already hold the necessary documents/information contact the Customer Operations team on **00 353 46 9099 700**.

This information is required to satisfy anti-money laundering regulations.

**F POLITICALLY EXPOSED PERSONS MANDATORY**

Under our current anti-money laundering obligations we are required to identify any 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 or the Military, a senior employee of a State Owned Corporation, or a board member of a Central Bank. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

Provide details in the box below of any persons that could be considered to be a PEP (as defined above) in relation to this application. Non-completion confirms that there are no associated PEPs:


**G INSURANCE INTERMEDIARY DETAILS MANDATORY**

1 Insurance Intermediary company name	<input style="width: 100%;" type="text"/>
2 Utmost PanEurope dac broker number	<input style="width: 100%;" type="text"/>
3 Registration number	<input style="width: 100%;" type="text"/>
4 Name of Insurance Intermediary	<input style="width: 100%;" type="text"/>
5 Commission required	Initial <input style="width: 30px;" type="text"/> %      Ongoing <input style="width: 30px;" type="text"/> %

› The Insurance Intermediary confirms the Applicant has received the **Apex (France) Policy Conditions**, the **Apex (France) Key Information Document** the **Key Information Document** for any external fund where applicable, and **Apex (France) Charge Guide**.

Please be aware that if you select a new ongoing commission level this will overwrite any existing level of ongoing commission being taken.

**SIGNATURE**

**Insurance Intermediary**

Print full name

Date

**SIGNATURE**

Refer to the **Apex (France) Additional Single Premium Guide for Individual Applicants** for further information.

## H PRIVACY NOTICE

Utmost PanEurope recognises that protecting your personal information including special categories of data (sometimes referred to as sensitive personal data), is very important to you and that you have an interest in how we collect, use, store and share such information. We have produced a Privacy Notice which clarifies these details and explains your rights in relation to your personal data and how to action those rights with us, including your right to make a complaint.

The Privacy Notice is available on our website [www.utmostinternational.com](http://www.utmostinternational.com) or you can contact the Customer Operations team on **00 353 46 9099 700** to request a copy.

## I CLIENT DECLARATION

MANDATORY

The Applicant(s) should read this section carefully before signing below.

Also it is important that the Applicant(s) read carefully the **Apex (France) Product Guide**, the **Apex (France) Policy Conditions**, relevant **Charge Guide** and **Key Information Document**, all of which should have been provided by the Insurance Intermediary, as they contain important information about the Policy.

If the Applicant(s) do not understand any part of these terms, the Data Protection notes or the product literature listed above, the Applicant(s) should ensure the Insurance Intermediary explains it before signing below.

**The Applicant(s) applies** for an additional investment to the Applicant(s)' existing contract in accordance with the Apex (France) Policy Conditions and Policy Schedule.

**The Applicant(s) hereby confirms** that they have not relied upon any statement made by the Insurance Intermediary which is not supported in the literature.

**The Applicant(s) confirms and declares** that the Applicant(s) 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

**The Applicant(s) truthfully confirms that:**

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

**Potential Consequences of Misleading Utmost PanEurope – The Applicant(s) fully acknowledges and agrees** that if Utmost PanEurope discovers that the Applicant(s) misled Utmost PanEurope in respect of any part of the statements confirmed above, that Utmost PanEurope shall, to the fullest extent permitted by applicable law and regulation, without limiting Utmost PanEurope's legal remedies or options, have the contractual ability to:

- i) terminate the Policy immediately and, regardless of the actual termination date of the Policy, impose the maximum encashment and any other relevant charges which may be imposed on the Applicant(s) under the Policy as if the Policy had been surrendered immediately after the Commencement Date of the Policy. Such charges shall be applied to the extent that they cover any costs, expenses or losses caused by Utmost PanEurope being misled, without limiting Utmost PanEurope's ability to seek additional recompense from the Applicant(s) in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at Utmost PanEurope's discretion concerning the Applicant(s) and/or the Policy; and
- iii) if considered appropriate after consultation with government authorities and/or legal counsel, either
  - a) subject to satisfying the Utmost PanEurope's further reasonable requirements, refund the Surrender Value less 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.

### Disclosure of information to Tax and other Government Authorities

**The Applicant(s):**

- › **have been advised** that Utmost Group plc and Utmost PanEurope have a longstanding policy of cooperating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities.
- › **understand and agree** that Utmost PanEurope may collect information about each investor's tax residency in accordance with regulations created to enable automatic exchange of information, including Foreign Account Tax Compliance Act provisions contained in the US H.I.R.E Act 2010, and various agreements to improve international tax compliance entered into between Ireland, the US and other countries.

- › **understand and agree** that in certain circumstances Utmost PanEurope may be obliged to share this information with the Central Bank of Ireland.
- › **agree** to inform Utmost PanEurope immediately should any information within this application change, and understand that the Applicant(s) are obliged to do so.
- › **consent and agree** that in cases where Utmost PanEurope suspects that the funds invested in the policy are wholly or partly derived from illegal activities/sources and/or tax evasion, then Utmost PanEurope shall, to the fullest extent permitted by applicable law and regulation, without limiting Utmost PanEurope's legal remedies or options, have the ability to disclose to the Applicant(s)' home country tax and/or other government authorities the Applicant(s)' identity and any relevant information considered necessary or appropriate, in Utmost PanEurope's discretion, concerning the Policy.
- › **understand and agree** that Utmost PanEurope'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 Utmost PanEurope 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, United States of America or France.

### Further consents and confirmations

#### The Applicant(s):

- › **hereby confirm** that all the information that the Applicant(s) have provided, whether handwritten or otherwise, in this application form is complete and accurate to the best of the Applicant(s)' knowledge and belief. The Applicant(s) agree that this information, together with all other questionnaires, statements, reports or other information completed or given by the Applicant(s) in the Applicant(s)' name, shall form the basis of the contract with Utmost PanEurope.
- › **understand** that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to Utmost PanEurope by the Applicant(s) or on the Applicant(s)' behalf was misleading or incomplete, then this might invalidate the Applicant(s)' contract and adversely affect the Applicant(s)' right to the payment of Policy benefits.
- › **understand** the requirement to provide accurate and relevant information in the Applicant(s)' dealings with Utmost PanEurope is continuous and binding upon the Applicant(s) or any subsequent holder of the Policy.
- › **understand** that no contract shall be issued in respect of this application and Utmost PanEurope shall be under no obligation in respect of this application until the Additional Single Premium has been received by Utmost PanEurope and Utmost PanEurope has expressly confirmed in writing that it accepts the additional investment.

#### The Applicant(s) accept that:

- › the selection of investments is the Applicant(s)' (even where the Applicant(s) is receiving advice in relation to the selection of the assets from their Insurance Intermediary) or any appointed Discretionary Fund Manager or Investment Adviser.
- › Utmost PanEurope has no legal responsibility in respect of future performance of such linked assets.

#### The Applicant(s) further:

- › **understands** that Utmost PanEurope and the Applicant(s) have a free choice about the law that can apply to any contract relating to this application. Utmost PanEurope proposes to choose the laws of France and by completing this application form, the Applicant(s) agree that the laws of France shall apply and that the French Courts shall be the sole forum to consider disputes in relation to any contract arising from this application. The Applicant(s) agree that any decision to alter the French Courts jurisdiction shall be at the discretion of Utmost PanEurope.
- › **understands** that the Insurance Intermediary is acting as the Applicant(s)' agent and not an agent of Utmost PanEurope.
- › **agree** that a copy of the Applicant(s)' agreement given in this Declaration will have the validity of the original.
- › **confirm** that the Applicant(s) are not ordinarily resident in Ireland and the Applicant(s) are resident (that is normally live) in France and confirm that, to the best of the Applicant(s)' knowledge and belief, the Applicant(s) are not subject to any legislation which would make such an investment unlawful. The Applicant(s) hereby undertake to inform Utmost PanEurope of any change in the Applicant(s)' country of residence during the lifetime of the Policy.
- › **confirm and declare** that the Applicant(s) are tax resident in the jurisdiction(s) entered in section E on page 4 of the Apex France application form, and that if the Applicant(s) are a US tax resident, the Applicant(s) have indicated this in section E and have provided the Applicant(s)' T.I.N.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
POLICYHOLDERS WHO HAVE  
AN APEX (FRANCE) POLICY

	Applicant 1	Applicant 2	
<b>SIGNATURE</b>	<input type="text"/>	<input type="text"/>	<b>SIGNATURE</b>
Print full name	<input type="text"/>	<input type="text"/>	
Date	<input type="text"/>	<input type="text"/>	

The signature of the Applicant's/Policyholders' spouse is required below, if the Applicant and the spouse are subject to the joint marital regime and the spouse is not an Applicant:

	Signature of spouse
<b>SIGNATURE</b>	<input type="text"/>
Print full name	<input type="text"/>
Date	<input type="text"/>

**PART 2 – TO BE COMPLETED ONLY WHERE DETAILS HAVE CHANGED**

**APPENDIX J - APPLICANT DETAILS**

Only complete this page if your details have changed since the time of application.

	Applicant 1	Applicant 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 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<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"/>
5 Correspondence address If your correspondence address is the same as your residential address, tick here. <input style="width: 20px; height: 20px;" type="checkbox"/>	<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 Email address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

If your anti-money laundering documents differ to what we hold on file, ensure you provide us with up to date documentation.

**APPENDIX K - REGULAR WITHDRAWALS**

Complete section K1 if you wish to set up a regular withdrawal or amend an existing withdrawal instruction currently in place. For new instructions you will need to supply bank details within section K2. You can also use this page to change the bank details on an existing instruction. There is a minimum of €300 per payment (or currency equivalent: £270 / US\$ 330 / CHF 330). Payments will only be made in the currency of the Policy and on the selected frequency.

**K1 - 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 and frequency stated below.

1 Amount to be withdrawn from the whole Policy	per annum <input style="width: 100%;" type="text"/> %	or	per payment <input style="width: 100%;" type="text"/>
2 Frequency of payments	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly		
3 Payment to start	<input type="checkbox"/> As soon as possible		

If you are setting up new regular withdrawals, the earliest the first withdrawal can commence is following the first quarterly Policy anniversary has been reached and 30 days after the Additional Single Premium documents have been issued. Withdrawal payments will be processed on the 16th day of the month in which they fall due and paid within five Working Days thereafter. Payments will be made on the 16th day of the month in which the payment falls due.

**K2 - WITHDRAWAL BANK/BUILDING SOCIETY DETAILS**

Tick as appropriate:

- › I am setting up a new withdrawal instruction and my bank details are below
- › I am amending an existing withdrawal instruction and my bank details have changed as below
- › I am amending an existing withdrawal instruction and my bank details remain the same
- › I am providing you with new bank details for my existing withdrawal instruction

<b>1</b> Name of account holder	<input style="width: 100%;" type="text"/>
<b>2</b> Account number	<input style="width: 100%; height: 20px;" type="text"/>
<b>3</b> Bank sort code	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (must be 6 digits)
<b>4</b> Building Society roll number (if applicable)	<input style="width: 100%; height: 20px;" type="text"/>
<b>5</b> Bank BIC/Swift code (required for all banks outside the UK)	<input style="width: 100%; height: 20px;" type="text"/>
<b>6</b> IBAN (required for all bank accounts in the EU)	<input style="width: 100%; height: 20px;" type="text"/>
<b>7</b> Bank/Building Society name	<input style="width: 100%; height: 20px;" type="text"/>
<b>8</b> 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: 200px; height: 20px;" type="text"/>

If an IBAN is not supplied for an EU bank account, due to EU regulations we will be unable to process your payment.

APPENDIX L - MANAGEMENT OF THE DEALING ACCOUNT

Complete this section if you would like to select or alter the investment option that you would like us to use to clear an overdrawn Dealing Account position.



If you have previously selected an investment option for this purpose, any selection made below will override the current instruction.

All transactions, including charges and withdrawals, will go through the Dealing Account and it may become temporarily overdrawn. If the overdrawn position is equal to, or more than, - €2,000 we will take action to clear the position.

In the first instance we will use positive funds from any of the Dealing Accounts linked to the Policy to clear the negative balance of the Dealing Account that is overdrawn. Where Dealing Accounts are held in different currencies, a currency conversion will be based on the exchange rate at the time of the transaction. For example if your EUR Dealing Account is overdrawn and your GBP Dealing Account has positive funds, we will use the money from the GBP Dealing Account to clear the negative balance of the EUR Dealing Account.

If we are unable to clear the balance of the overdrawn Dealing Account (by using another Dealing Account linked to the Policy) and if we have previously transferred any temporary excess balances from the Dealing Account to a Money Market Fund, we will sell that Money Market Fund.

If we have not previously transferred any excess balances from the Dealing Account to a Money Market Fund or if the holdings in that fund are insufficient to fully clear the negative debit balance, you can request we sell an External Asset of your choice, or you can nominate an External Account from which we will request funds be released to clear the overdrawn position. Please note assets held within an External Account will be selected at the discretion of the Investment Adviser or Discretionary Fund Manager (as applicable), you are not able to select, or influence, which underlying Investment Instruments will be sold.

Please tick one box only

External Assets

Custodian / Platform arrangement

Discretionary Fund Manager

Once you have ticked the preferred investment option that you wish to be used in this circumstance, please provide the full name in the box below:

Full name of the: External Asset / Custodian or Platform / Discretionary Fund Manager

A WEALTH *of* DIFFERENCE