

GENERATION PLANNING BOND

APPLICATION FORM FOR APPLICANTS WHO WISH TO APPOINT UTMOST TRUSTEE SOLUTIONS LIMITED AS TRUSTEE

Refer to our **Guide for Generation Planning Bond Applicants**.

If you are completing a hard copy of this form, please use **blue or black 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**. Throughout this application, 'I', 'me' and 'my' mean the applicant and 'Utmost' or 'we' means Utmost PanEurope dac. Once complete, return this form and any supporting documents to your financial adviser or 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 info@utmostwealthsolutions.ie

IMPORTANT INFORMATION

Only complete this application form if you wish to appoint Utmost Trustee Solutions Limited as trustee.

	PAGE	SECTION	REQUIREMENT	TICK	SECTION COMPLETED
Applicant and Policy details	2	A – Policy details	Mandatory	<input type="checkbox"/>	
	2	B – Politically Exposed Persons details	Mandatory	<input type="checkbox"/>	
	3	C – Applicant details	Mandatory	<input type="checkbox"/>	
	4	D – Applicant medical details	Mandatory	<input type="checkbox"/>	
	9	E – Trust details	Mandatory	<input type="checkbox"/>	
	10	F – Premium details	Mandatory	<input type="checkbox"/>	
	11	G – Source of wealth	Mandatory	<input type="checkbox"/>	
	14	H – Regular withdrawals	Mandatory	<input type="checkbox"/>	
	15	I – Applicant declaration	Mandatory	<input type="checkbox"/>	
	19	J – Appointment of trustee	Mandatory	<input type="checkbox"/>	
	28	K – Identification requirements*	Mandatory	<input type="checkbox"/>	
	29	L – Introducer's details*	Mandatory	<input type="checkbox"/>	
	30	M – Adviser charging	Optional	<input type="checkbox"/>	
	31	N – Investment options	It is mandatory for you to complete at least one of these sections.	<input type="checkbox"/>	
	31	O – Open Architecture		<input type="checkbox"/>	
	33	P – External Management and Custody		<input type="checkbox"/>	

*Financial adviser to complete.

Ensure that all relevant sections of this application are completed before submitting.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost PanEurope dac is regulated by the Central Bank of Ireland (No 311420). Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

UI PR 0079 | 08/22

A POLICY DETAILS MANDATORY

1 Provide a copy of your Personal Illustration and/or enter your Personal Illustration reference number

2 Welcome team ticket reference

If the Welcome team produced a Personal Illustration for you, a Welcome team ticket reference can be found at the top of page one.

3 Utmost PanEurope dac's product management charge

This section is for you to specify how you would like to pay our product management charges.

What is your chosen product management charge (Flex-Charge) option?

Full initial charge

 OR

Full ongoing charge

 OR

Combination of initial and ongoing

If you have ticked combination of initial and ongoing, enter your chosen combination to a maximum of 3 decimal places:

% Initial

% Ongoing (per annum)

4 Number of segments

If you do not specify the number of segments the bond will automatically default to the maximum number of segments available for the investment amount.

The number of segments available is subject to a minimum investment of £500 in each. The maximum number of segments is 9,999.

B 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 as 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:

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

C APPLICANT DETAILS

MANDATORY

	Applicant 1	Applicant 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3 Surname	<input type="text"/>	<input type="text"/>
4 Maiden name, previous name or any aliases	<input type="text"/>	<input type="text"/>
5 Forenames (in full)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
6 What is the relationship of Applicant 1 to Applicant 2?	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil Partner	
7 Nationality	<input type="text"/>	<input type="text"/>
8 Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
9 Country of birth	<input type="text"/>	<input type="text"/>
10 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11 Full correspondence address (Only required if it differs from the permanent residential address)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12 Email address	<input type="text"/>	<input type="text"/>
13 Contact telephone number	<input type="text"/>	<input type="text"/>
14 Country/Countries of tax residency	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
15 National Insurance (NI) 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"/> <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"/>
16 US Tax Identification Number (T.I.N.)	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
17 Other tax reference number(s)	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>

Complete this section for both applicants, if this is a joint case.

ONLY complete this section if you are a UK tax resident.

ONLY complete this section if you are a US tax resident.

MANDATORY

Ensure you answer each question fully and accurately indicating 'no' where applicable. **If the answer to any question numbered 7-14 is 'yes', give full details in the boxes provided.** If you are in any doubt if certain information should be provided you are strongly advised to disclose it. Any missing information may delay an underwriting decision. You have a duty to give clear, frank and honest answers to all questions posed and any misstatements could have a detrimental effect on the future Inheritance Tax benefits available to your estate.

In accordance with the Association of British Insurers policy on genetics and insurance, you do not need to tell us about any genetic test result you have had. However, you must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

	Applicant 1	Applicant 2
1 Height (without shoes)	<div> <input type="text"/> ft <input type="text"/> ins </div> <div> <input type="text"/> cm </div>	<div> <input type="text"/> ft <input type="text"/> ins </div> <div> <input type="text"/> cm </div>
2 Weight (in normal indoor clothing)	<div> <input type="text"/> st <input type="text"/> lbs </div> <div> <input type="text"/> kg </div>	<div> <input type="text"/> st <input type="text"/> lbs </div> <div> <input type="text"/> kg </div>
3 Has your weight increased or decreased by more than 1 stone (6kg) in the last six months?	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
4 Have you smoked OR used tobacco OR nicotine replacement products in the past 12 months? (Provide details of amounts per day)	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="text"/> </div>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="text"/> If yes, provide details of your daily consumption or in the case of nicotine replacement tell us what you are using, at what frequency and strength. </div>
5 Do you drink alcohol? If yes, provide the number of units per week Has your consumption been greater than this in the last five years?	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="text"/> Units </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="text"/> Units </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
6 Provide us with the full name, address and postcode of your doctor. A report is required from your doctor and if the full address is not given it may result in a delay in assessment.	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
Postcode	<div> <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"/> </div>	<div> <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"/> </div>
a) Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
b) Fax number (including international dialling code)	<input type="text"/>	<input type="text"/>

1 measure spirits = 1 unit

Small glass of wine = 1.5 units

Large glass of wine = 2 units

1 pint of lower strength beer = 2 units

You can find more information on www.nhs.uk/livewell

Tick all appropriate boxes to all of the questions 7 to 14 and provide further details in the boxes provided, if needed INCLUDING THE NATURE AND DATE OF ILLNESS/INJURY, THE TREATMENT GIVEN AND THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE DOCTOR CONSULTED.



	Applicant 1	Applicant 2
7 Have you ever been advised to reduce or stop drinking alcohol or smoking on health grounds? If yes, provide further details	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>
8 Do you, or do you intend to, take part in any hazardous sport, activity, pastime or event that involves hazard or risk of injury OR do you intend to travel or reside outside the UK for 12 weeks or more per annum? If yes, provide further details	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>
9 Have you suffered, or are you suffering, from any major illnesses such as cancer (whether benign or malignant), leukaemia, Hodgkin's disease or lymphoma? If yes, provide further details	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>

Tick all appropriate boxes to all of the questions 7 to 14 and provide further details in the boxes provided, if needed.



	Applicant 1	Applicant 2
10 Have you suffered, or are you suffering, from heart disease including high blood pressure, angina, heart attack, heart defects, valve disorders or irregular heart beat? If yes, provide further details	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>
11 Have you suffered, or are you suffering, from a stroke, "mini stroke", transient ischaemic attack (TIA) or brain haemorrhages? If yes, provide further details	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>
12 Have you suffered, or are you suffering, from Alzheimer's disease or other forms of dementia, multiple sclerosis, Parkinson's disease, paralysis or paraplegia? If yes, provide further details	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>

Tick all appropriate boxes to all of the questions 7 to 14 and provide further details in the boxes provided, if needed.



13

In the last five years have you had any of the following?

a) Diabetes, a blood disorder or any hormone disorder

If yes, provide further details

Applicant 1

☐ Yes

☐ No

Applicant 2

☐ Yes

☐ No

b) Kidney disease, bladder disorder or urinary disorder, prostate disorder (males only)

If yes, provide further details

☐ Yes

☐ No

☐ Yes

☐ No

c) Any mental illness including anxiety, depression, stress for which you have sought medical advice, attempted self-harm or overdose?

If yes, provide further details

☐ Yes

☐ No

☐ Yes

☐ No

Tick all appropriate boxes to all of the questions 7 to 14 and provide further details in the boxes provided, if needed.



Applicant 1

Applicant 2

d) Any liver or intestinal disorder including hepatitis, haemachromatosis, Crohn’s disease, ulcerative colitis or diverticulitis
If yes, provide further details

☐ Yes ☐ No

☐ Yes ☐ No

e) Any condition, disease or disorder that you have not mentioned above
If yes, provide further details

☐ Yes ☐ No

☐ Yes ☐ No

14 Current health

a) Do you have any signs or symptoms of ill health, disability or memory loss/ dysfunction for which you have not yet consulted a medical practitioner?
If yes, provide further details

☐ Yes ☐ No

☐ Yes ☐ No

E TRUST DETAILS

MANDATORY

You can apply for a Discretionary and Absolute Generation Planning Bond trust using the same application form only if the two contracts are **identical** in every respect except the investment amount. **If the contract terms differ you will need to complete a separate application form for each one.**

- › If you are applying for two trusts using one application form, we will issue two separate bonds on the same contract terms including adviser charges
- › To appoint Utmost Trustee Solutions Limited to be your trustee, you must complete section K and sign both Power of Attorney there. You do not have to complete a separate trust form as this will be created for you using the information in this application. You are strongly advised to consult your own legal advisers and obtain taxation advice before proceeding. Specimen trust documents are available on request for you to check they meet your needs and do not conflict with any arrangements already made.

- 1a)** Tick the box opposite to let us know which trust you are applying for. If you are applying for both, you must indicate in section F how much of your total investment is to be invested in each.
- | | |
|---|--------------------------|
| Generation Planning Bond Absolute Trust | <input type="checkbox"/> |
| Generation Planning Bond Discretionary Trust | <input type="checkbox"/> |
- 1b)** If you are applying for both trusts, tick the box beside the trust which is to start first. The one you select will start at least one business day before the other.
- | | |
|---|--------------------------|
| Generation Planning Bond Absolute Trust | <input type="checkbox"/> |
| Generation Planning Bond Discretionary Trust | <input type="checkbox"/> |

UTMOST TRUSTEE SOLUTIONS LIMITED APPOINTMENT FEE


How do you want to pay the Trustee's appointment fee?


- i) Enclosed is a cheque for the appointment fee, payable to Utmost Trustee Solutions Limited ☐
- ii) This will be paid separately by direct bank transfer to Utmost Trustee Solutions Limited ☐
- iii) Deduct the Trustee's Appointment Fee from the premium before investment. ☐


***If the deduction of the appointment fee would take the premium below the minimum investment amount, the application will not be processed and we will write to tell you.**

- 2** If you are applying for two separate trusts on this application (see section E), indicate how much of the total premium (after the deduction of any initial adviser charge) is to be put into each trust below. The minimum total premium is £50,000 per trust.

Absolute Trust	<input type="text" value="£"/>
Discretionary Trust	<input type="text" value="£"/>

Tick the appropriate box. 

Your 'income' payments and the level of charges that apply are based on the premium invested in the bond, after the deduction of the appointment fee.* 

See the Utmost Trustee Solutions Limited's current Charges Schedule for the Appointment Fee payable and the Trustee's bank details. 

F PREMIUM DETAILS

MANDATORY

1 Total payment amount

£

We will deduct any initial adviser charges you have specified from the premium amount stated here.

OUR BANK DETAILS

Payment should only be transferred once the application has been received, underwriting complete and we have confirmed that all requirements have been met. No interest is paid on monies held prior to issue of the bond.

All payments
must come from
the Applicant(s).

FOR PAYMENTS SENT IN GBP

Address Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland

Swift code CITIE2X

Sort code 99-00-51

IBAN IE22CITI99005127954790

Account number 27954790

Account name Utmost PanEurope dac Premium GBP

Payment reference [Client name / proposal number]

BANK ACCOUNT DETAILS

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

Name of account holder

Account number

Bank sort code

Name & address of bank

Postcode

G SOURCE OF WEALTH

MANDATORY

CURRENT/PREVIOUS EMPLOYMENT DETAILS

	Applicant 1	Applicant 2
Occupation and name of employer (if retired, previous occupation and name of last employer)	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
Year of retirement (if applicable)	<div>y</div> <div>y</div> <div>y</div> <div>y</div>	<div>y</div> <div>y</div> <div>y</div> <div>y</div>
Total annual income	<div><input type="checkbox"/> up to £20,000</div> <div><input type="checkbox"/> £100,001 to £250,000</div> <div><input type="checkbox"/> £20,001 to £50,000</div> <div><input type="checkbox"/> £250,001 to £500,000</div> <div><input type="checkbox"/> £50,001 to £100,000</div>	<div><input type="checkbox"/> up to £20,000</div> <div><input type="checkbox"/> £100,001 to £250,000</div> <div><input type="checkbox"/> £20,001 to £50,000</div> <div><input type="checkbox"/> £250,001 to £500,000</div> <div><input type="checkbox"/> £50,001 to £100,000</div>
If the total annual income is in excess of £500,000, provide an approximate amount.	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

SOURCE OF WEALTH

Confirm the source of your investment. You should tick all appropriate boxes and enter the percentage from each, then answer the relevant questions on the following pages. If necessary, continue on a separate sheet of paper.

SOURCE(S)	TICK BOX	%
Savings from employment income	<input type="checkbox"/>	<div></div> <div></div> <div></div>
Property sale	<input type="checkbox"/>	<div></div> <div></div> <div></div>
Competition or gambling win	<input type="checkbox"/>	<div></div> <div></div> <div></div>
Gift	<input type="checkbox"/>	<div></div> <div></div> <div></div>
Share sale	<input type="checkbox"/>	<div></div> <div></div> <div></div>
Compensation payment	<input type="checkbox"/>	<div></div> <div></div> <div></div>
Company sale or the sale of your interest in the company	<input type="checkbox"/>	<div></div> <div></div> <div></div>
Inheritance	<input type="checkbox"/>	<div></div> <div></div> <div></div>
Maturing investments or policy claims	<input type="checkbox"/>	<div></div> <div></div> <div></div>
Pension income	<input type="checkbox"/>	<div></div> <div></div> <div></div>
Other sources	<input type="checkbox"/>	<div></div> <div></div> <div></div>

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

Provide as much detail as possible, if it is unclear how the money was accumulated, we will request further information.

SOURCE INFORMATION

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

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Advise where the funds for this investment have been held since receipt. If any investment, property or shares were held for less than five years, advise where the funds were held previously.

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
Savings from 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)
Property sale	<ol style="list-style-type: none"> 1 Address of property sold (including postcode) 2 Amount personally received 3 Date of purchase 4 Date of sale
Competition or gambling win	<ol style="list-style-type: none"> 1 Description of win 2 Total amount won 3 Date of win 4 Name of organisation
Gift	<ol style="list-style-type: none"> 1 Who the gift was from 2 Their address (including postcode) 3 Relationship to the person 4 Reason for gift 5 How the funds were originally accumulated 6 Date gift received 7 Amount of gift

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

SOURCE(S)	INFORMATION TO BE PROVIDED
Share sale	<ol style="list-style-type: none"> 1 What shares were held 2 Amount of proceeds from sale 3 How they were sold (bank, stockbroker etc) 4 Their address inc postcode (bank, stockbroker etc) 5 Date shares were sold 6 How long the shares were held
Compensation payment	<ol style="list-style-type: none"> 1 Name of payer 2 Amount received 3 Date amount received 4 Reason for payment
Company sale or the sale of your interest in the company	<ol style="list-style-type: none"> 1 Name and address of the company (including postcode) 2 Company registration 3 Nature of the company's business 4 Amount of sale proceeds 5 Amount personally received 6 Date amount received
Inheritance	<ol style="list-style-type: none"> 1 Name of the person who left the inheritance 2 Relationship to this person 3 Amount personally received 4 Date inheritance received
Maturing investments or policy claims	<ol style="list-style-type: none"> 1 Name of company the proceeds came from 2 How long the investment/policy was held 3 Amount received 4 Date proceeds were received
Pension income	<ol style="list-style-type: none"> 1 Name of pension organisation 2 Amount of lump sum 3 Date lump sum was received 4 Pension income received last year
Other sources	<ol style="list-style-type: none"> 1 What type of income it was 2 Amount 3 Date received 4 Details of where the income came from 5 Frequency of income

H REGULAR WITHDRAWALS


MANDATORY

Regular withdrawals will be taken equally across all policy segments.

Minimum £200 per payment. Payments will only be made in the currency of the bond.


If you are applying for both an Absolute Trust and a Discretionary Trust using this application, the details in this section will be applied identically to both contracts.

- 1 Amount required as 'income' % of premium per annum
- 2 If you would like your 'income' to increase in line with RPI, tick this box. ☐ Yes

The maximum 'income' level available for this option is 4%. 
- 3 Frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually
- 4 Payment to start

d	d	m	m	y	y	y	y
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☐ As soon as possible (30 days after inception)

 Speak to the Trustee (Utmost Trustee Solutions Limited) if you wish to wish to take withdrawals which exceed 5% p.a. (or 4% increasing with RPI) as the Trustee will not generally accept trusteeship of a bond with such terms without prior consultation.

Payment method will be BACS transfer for sterling payments to UK clearing banks only or Telegraphic Transfer (international payment) for banks outside the UK. A charge will be levied by our bankers for each Telegraphic Transfer payment which will be deducted from the value of the bond. If you have opted for an end date on your client personal Illustration, note that this is for illustrative purposes only. When you wish for withdrawals to stop, we will require an instruction at that point to us.

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

BANK/BUILDING SOCIETY DETAILS

- 1 Account name
- 2 Account number (for BACS payments this must be 8 digits)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 3 Bank sort code

--	--

 -

--	--

 -

--	--

 (must be 6 digits)
- 4 Building Society roll number (if applicable)

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 6 IBAN (required for all bank accounts to the EU)
- 7 Bank/Building Society name
- 8 Address

Postcode

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 9 Telephone number (including international dialling code)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 10 How long has the account been held?

--

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 Years

I APPLICANT DECLARATION

It is important that you read this section carefully. This application forms the basis of our agreement with you, along with the policy terms and conditions.

If you do not understand any part of this application, ask your financial adviser for further information.

Before signing, take the time to read the Product Guide, Key Information Document, Guide to Charges, Key Features Document, Utmost Trustee Solutions - A Guide to our Services and your Personal Illustration which explains the key features of and the specific charges applicable to the Generation Planning Bond. They will assist you to be sure you have not relied upon any statement made by your financial adviser which is not supported in the literature. Your financial adviser will provide these documents and copies are also available from us.

In this declaration, "I", "me", "my" and "you" mean the applicant and "the Company", "our", "us" and "we" means Utmost PanEurope dac.

The Company proposes that the laws of England and Wales shall apply to any contract relating to this application 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. Any decision to alter the Courts of England and Wales jurisdiction shall be at the discretion of the Company.

The Generation Planning Bond will be issued in accordance with the Policy Conditions and Policy Schedule which will be issued by the Company upon acceptance of this application.

The charges laid out in this document should match those shown in your Personal Illustration provided to you by your financial adviser. Should there be any inconsistencies please ask your financial adviser for an updated illustration.

The Company will only issue your bond once we have received all the information and documentation required to satisfy regulatory requirements relating to anti-money laundering and the prevention of tax evasion.

ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS**Source of funds – statement of truth****I 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 my tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations.
- 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

I fully acknowledge and agree that if the Company discovers that I misled the Company in respect of any part of the statements confirmed above, 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 the bond termination, impose the maximum encashment and any other relevant charges which may be imposed on me 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 me in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at the Company's discretion concerning me and/or the bond.
- 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 my 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 disclosure of information to tax and other government authorities

I have been advised that Utmost Group plc 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.

I 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 my home country tax and/or other government authorities, my identity and any relevant information considered necessary or appropriate, in the Company's discretion, concerning the bond.

I 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.

Confirmations and acknowledgements

I understand and agree that this contract is of the utmost good faith and that the information I supply in this application form, together with any supporting information completed or given by me in my name, shall form the basis of the contract with the Company.

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

I agree to inform the Company immediately should any information within this application change, and understand that I am obliged to do so.

I 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 this application.

I accept that:

- › The selection of investments is my responsibility, or where appropriate, that of my investment adviser or any nominated EMC
- › The Company has no legal responsibility in respect of future performance of such linked assets.

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

I confirm and declare that I am habitually tax resident in the jurisdiction entered in section C, on page 4 of this application form.

Privacy Notice

Our Privacy Notice 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 customers have about how we use that information. You can find a copy on our website www.utmostinternational.com/privacy-statements or you can call our Customer Service Team on **0845 602 9281** and request a copy.

I agree to inform the company immediately should any information within this application change, and understand that I am obliged to do so.

Access to Medical Records

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 and equivalent legislation. Your rights under the legislation are as follows:

- › You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance
- › You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

› Your current health

- Any care, medication or treatment you are currently receiving
- The result of referrals or tests you are waiting for.

› Any time off work in the last three years

› Your past health.

Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your doctor or any other medical adviser, therapist or counsellor, in particular whether you have a history of:

- malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) disease;
- musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
- anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
- suicidal thoughts or attempts at suicide; or
- conditions related to drug or alcohol misuse or smoking or chewing tobacco
- details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in last two years, urinalyses (tests on urine), x-rays or other investigations;
- any blood pressure readings in the last three years;
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be a long-term effects on your health; or
- predictive genetic test results unless there is a favourable test results which show that you have not inherited a condition your family suffers from.

The Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Acts 1993 will be relevant to the Company getting a medical report from any medical practitioner who has attended to you (the client) in England, Scotland, Wales, Northern Ireland or the Isle of Man but not, at present (although this may change in the future), the Channel Islands or elsewhere.

For the purposes of the Medical Reports Act 1988 and equivalent legislation:

I consent to the Company, its employees or agents asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my application, you may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.

I understand that I should notify the Company if my health or circumstances change between the date of signing this application form and the date a certified discount certificate is issued.

Do you wish to see the medical report before it is sent to us?

Applicant 1

☐ Yes ☐ No

Applicant 2

☐ Yes ☐ No

Do you wish to be informed if the underwriting results in a variation to the gift or the discount?

Applicant 1

☐ Yes ☐ No

Applicant 2

☐ Yes ☐ No

(If yes, a Rated Agreement form, if given a rated age after underwriting, must be signed by the settlor(s))

Requesting to see the medical report before it is sent to us will cause a delay in the underwriting process.

SIGNATURE

Applicant 1

Applicant 2

Print full name

Date

d d m m y y y y

d d m m y y y y

SIGNATURE

18 | 39

UI PR 0079 | 08/22

This section of the application is divided into three parts and enables you to appoint Utmost Trustee Solutions Limited (the Trustee) to act as Trustee of your Generation Planning Bond.

The Trustee is not obliged to accept a request to be appointed and may decline without giving reasons.

IN THIS SECTION

- › **'The Trustee', 'we', 'us' or 'our'** refers to **Utmost Trustee Solutions Limited**
- › **'I', 'me' or 'you'** refers to you **the applicant or both applicants** if there are two of you
- › **'The policy provider'** refers to **Utmost PanEurope dac** which offers the Generation Planning Bond and is a separate legal entity from the Trustee.

Part 1 deals with the type of trust you wish us to create, your beneficiaries, your Letter of Wishes (if applicable) and your signed authority to enable us to establish the Trust on your behalf. It also asks you to provide brief details of any previous gifts you've made which might affect the inheritance tax position of the trust.

Part 2 contains the Trustee's Investment Statement for a Generation Planning Bond and the terms of the Trustee's delegation of its investment powers to you for your lifetime which you are also required to sign.

Part 3 summarises the terms of the Trustee's appointment and asks you to declare that you have understood these and other key points before confirming your agreement.

Take time to read **Utmost Trustee Solutions - A Guide to our Services**, the Trustee's current Charges Schedule and the relevant Trust Deed alongside the Generation Planning Bond literature, all of which are available from your financial adviser on request.



Whilst we have taken every care in preparing the documents in this application the Trustee cannot take responsibility for the legal or taxation consequences of using this trust arrangement. You are strongly advised to consult with your own legal advisers and seek taxation advice before proceeding.

PART 1 - TRUST DETAILS







A) ABSOLUTE TRUST

BENEFICIARIES

As the applicant, you must not be included here. Once an **Absolute Trust** is established it is not possible to change the beneficiaries or their appointed shares.

	Absolute Beneficiary 1	Absolute Beneficiary 2
1 Name	<input type="text"/>	<input type="text"/>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
3 Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
4 Email address	<input type="text"/>	<input type="text"/>
5 Date of birth	<input type="text"/>	<input type="text"/>
6 Nationality	<input type="text"/>	<input type="text"/>
7 Relationship to the Donor	<input type="text"/>	<input type="text"/>
8 Specified share	<input type="text"/> %	<input type="text"/> %
9 Country/Countries of tax residency	<input type="text"/>	<input type="text"/>

We do not require tax information for absolute beneficiaries under the age of 16.

	Absolute Beneficiary 1	Absolute Beneficiary 2	
10 National Insurance (NI) number	<input type="text"/>	<input type="text"/>	ONLY complete this section if you are a UK tax resident. 
11 US Tax Identification Number (T.I.N.)	<input type="text"/>	<input type="text"/>	ONLY complete this section if you are a US tax resident. 
12 Other tax reference number(s)	<input type="text"/>	<input type="text"/>	
	Absolute Beneficiary 3	Absolute Beneficiary 4	
1 Name	<input type="text"/>	<input type="text"/>	If there are more than four Absolute Beneficiaries, photocopy this page, complete their details and attach securely to this form. 
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>	
Postcode	<input type="text"/>	<input type="text"/>	
3 Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>	
4 Email address	<input type="text"/>	<input type="text"/>	
5 Date of birth	<input type="text"/>	<input type="text"/>	
6 Nationality	<input type="text"/>	<input type="text"/>	
7 Relationship to the Donor	<input type="text"/>	<input type="text"/>	
8 Specified share	<input type="text"/>	<input type="text"/>	
9 Country/Countries of tax residency	<input type="text"/>	<input type="text"/>	We do not require tax information for absolute beneficiaries under the age of 16. 
10 National Insurance (NI) number	<input type="text"/>	<input type="text"/>	ONLY complete this section if you are a UK tax resident. 
11 US Tax Identification Number (T.I.N.)	<input type="text"/>	<input type="text"/>	ONLY complete this section if you are a US tax resident. 
12 Other tax reference number(s)	<input type="text"/>	<input type="text"/>	

B) DISCRETIONARY TRUST

POTENTIAL BENEFICIARIES

A Discretionary Trust does not define the interests of individual beneficiaries. The Trustee will have the discretion to decide, from among the categories of potential beneficiaries described below, who will benefit. If you do not wish to include a particular category of beneficiary please delete it and initial your amendment. You may not delete all of them.

- 1) Any child or descendant of the Settlor whenever born.
- 2) Any spouse/civil partner or former spouse/former civil partner or widow/widower/surviving civil partner of the Settlor (except where such person is also a Settlor).
- 3) Any spouse/civil partner or former spouse/former civil partner or widow/widower/surviving civil partner of any child or descendant of the Settlor whenever born.
- 4) Any children of any spouse of the Settlor whenever born.
- 5) Any brother or sister of the Settlor and their children.
- 6) Any one or more of the persons entitled under the Will of the Settlor (except where that person is also a Settlor).
- 7) Any one or more of the persons entitled under the rules relating to intestacy to any interest in the estate of the Settlor (except where that person is also a Settlor).
- 8) Any person or a charity, **not already included in the categories above**, and other than the Settlor, whose name has been notified to the Trustees in writing by the Settlor during the Settlor's lifetime as being a person the Settlor wishes the Trustees to consider as a Potential Beneficiary.

C) LETTER OF WISHES

In this letter provide the names of any potential beneficiaries whose circumstances you would like the Trustee to consider as priority when distributing the Trust Fund. You should include any contingencies (such as a child reaching a certain age for example) or any other circumstances you would like the Trustee to take into account before making distributions. We will need the name and address of each person as well as their date of birth and their relationship to you in the boxes provided. Additional space is provided for you to continue your letter on the next page where you also sign it.

Utmost Trustee Solutions Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles

Dear Sirs

Ref. Utmost Generation Planning Bond

This letter of wishes is effective immediately following the start date of my Generation Planning Bond Discretionary Trust and should not be construed as forming part of the terms of the trust. The information I provide is intended to provide insight into my wishes as Settlor when the Trustee is considering distributions from the Trust Fund.

I confirm that I understand that this letter of wishes is not legally binding on the Trustee and that the Trustee should at all times exercise its discretion as it thinks fit given the circumstances of the beneficiaries.

In the future I may want to change these wishes, but I will notify you in writing of any changes. For the time being I should like the Trustee to consider the interests of the following individuals as priority when distributing benefits from the fund.

	Potential Beneficiary 1	Potential Beneficiary 2
1 Name	<div></div> <div></div>	<div></div> <div></div>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
Postcode	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
3 Telephone number (including international dialling code)	<div></div> <div></div>	<div></div> <div></div>
4 Email address	<div></div> <div></div>	<div></div> <div></div>
5 Date of birth	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
6 Nationality	<div></div> <div></div>	<div></div> <div></div>
7 Relationship to the Settlor	<div></div> <div></div>	<div></div> <div></div>
8 Potential share	<div></div> <div></div> <div>%</div>	<div></div> <div></div> <div>%</div>

	Potential Beneficiary 3	Potential Beneficiary 4
1 Name	<div></div> <div></div>	<div></div> <div></div>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
Postcode	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
3 Telephone number (including international dialling code)	<div></div> <div></div>	<div></div> <div></div>
4 Email address	<div></div> <div></div>	<div></div> <div></div>
5 Date of birth	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
6 Nationality	<div></div> <div></div>	<div></div> <div></div>
7 Relationship to the Settlor	<div></div> <div></div>	<div></div> <div></div>
8 Potential share	<div></div> <div></div> <div>%</div>	<div></div> <div></div> <div>%</div>

LETTER OF WISHES CONTINUATION SHEET

Use this sheet if you need more space to complete your Letter of Wishes to Utmost Trustee Solutions Limited.

Yours faithfully

SIGNATURE of Settlers

D) PREVIOUS TRANSFERS

As we assume you are UK domiciled for Inheritance Tax purposes, provide us with brief details of any lifetime transfers (excluding exempt transfers) which you have made in the last 7 years in the boxes below. For example, gifts to individuals or absolute trusts (potentially exempt transfers) or gifts to discretionary trusts (chargeable lifetime transfers).

We need to know about these to understand any potential impact on this trust should your gift become chargeable to Inheritance Tax. If you haven't made any gifts in the last 7 years, state NONE in the box below.

You should also be aware that we are required under Inheritance Tax Act 1984 s218(1) to notify HM Revenue & Customs (HMRC) of the creation of any discretionary trusts where the Settlor is UK domiciled.

Type of Gift (e.g. to an individual or type of trust)	Amount Transferred (£)	Date of Transfer							
		d	d	m	m	y	y	y	y
		d	d	m	m	y	y	y	y
		d	d	m	m	y	y	y	y
		d	d	m	m	y	y	y	y

FOR SETTLORS OF DISCRETIONARY TRUSTS ONLY

I confirm that any amount I will transfer to create a Discretionary Trust is net of any Inheritance Tax due. ☐ Yes

I understand that the Trustee is required to complete and deliver notice of the creation of a Discretionary Trust to HMRC. ☐ Yes

E) POWER OF ATTORNEY AUTHORISING THE TRUSTEE TO CREATE THE TRUST

By signing this Power of Attorney I authorise the Trustee to create the Generation Planning Bond trust, using the appropriate specimen Trust Deed ('the Trust Deed') and based on the information I have provided in this application pack.

I hereby appoint the Trustee and/or any of its directors as my Attorney to complete and execute (i) the Trust Deed which I have read and understood and (ii) any other document the Attorney considers necessary or incidental to give full effect to my intention to create the Generation Planning Bond trust.

I agree to ratify each and every act or thing which may be done by the Trustee and/or any of its directors in the exercise of this power to create the trust on my behalf and I agree to reimburse the Trustee and any of its directors for all liabilities, costs and expenses of whatsoever nature which each may incur in accepting this appointment.

	Applicant 1	Applicant 2	
1 Applicant's SIGNATURE			SIGNATURE
2 Executed as a deed by (full name of the applicant)			Each signature should be witnessed by an independent person who is aged 18 or over, and is not a party to this trust or a Beneficiary.
3 Date signed	d d m m y y y y	d d m m y y y y	
4 In the presence of (full name of witness)			
5 Witness SIGNATURE			SIGNATURE
6 Witness address			
Postcode			
7 Date signed	d d m m y y y y	d d m m y y y y	

PART 2 - INVESTMENT ARRANGEMENTS

This section contains the form by which the Trustee will delegate its investment powers under the trust to you for your lifetime which includes reference to the Trustee's Investment Statement for a Generation Planning Bond trust which is set out below.

THE TRUSTEE'S INVESTMENT STATEMENT

The Trustee is of the view that the investment objective of a Generation Planning Bond is to seek investment returns sufficient to meet the Settlor's fixed withdrawals from the bond during the Settlor's lifetime, net of charges and without undue erosion of capital. At the same time it seeks to preserve and grow capital value for the beneficiaries as far as is reasonably possible, given varying market conditions over time and with regard to the risk characteristics of the underlying investments selected for the bond.

INVESTMENT MANAGEMENT DELEGATION BY POWER OF ATTORNEY

This Power of Attorney appoints you, the Settlor(s), as the Attorney(s) of the Trustee to conduct the investment management powers and duties of the Trust during your lifetime.

By signing this Power of Attorney you accept and acknowledge that:

- a) the Trustee delegates to you certain duties and powers of investment management of the Trust Fund and for which purpose you will act on the Trustee's behalf
- b) you have read and understood the Trustee's non-binding Investment Statement

The Trustee does not have any responsibility for supervising or monitoring your actions or for monitoring whether the delegation of these powers to you is appropriate. Investment management will be your responsibility under the terms of this delegation.

Subject to the conditions of any policy held as part of the Trust Fund, the duties and powers in question are limited to the following:

- a) instructing the policy provider to **appoint or remove** an investment manager, investment adviser, or custodian subject to: the terms of investment parameters or other restrictions published or required by the policy provider from time to time and including the ability to agree the relevant charges for the provision of such services, and
- b) giving the policy provider **fund purchase, sale or switch instructions**
- c) in relation to **agreeing costs for investment advice** to be met from the Trust Fund, or any policy comprising the Trust Fund, these will be subject to an upper limit of 0.5% of the fund value in any policy year, or in the case of fixed monetary value agreements up to a maximum of £500 per policy year, or such other upper limits as the Trustee may agree in writing from time to time.

You will have sole responsibility for these functions while this Power of Attorney lasts and the Trustee is not liable for any of the consequences of your doing so or failing to do so in relation to those functions.

You undertake to provide to the Trustee on request copies of any correspondence or other records in your possession, custody or control relating to your exercise of these powers and duties.

This delegation has the effect of appointing you (and, if there is more than one of you, both of you or the survivor) for the time being as the Attorney of the Trustee to manage the investment of the Trust Fund in accordance with the terms of this deed as its delegate.

The Trustee will ratify each and every act or thing which may be done by you in the exercise of any power or authority conferred by this deed (except any act which may be construed as fraud or wilful default) and you agree to accept the appointment and delegation and to reimburse and meet the Trustee and any of its directors against all liabilities, costs and expenses of whatever nature which it or they may incur in connection with this appointment and delegation.

The Trustee reserves the right to bring this appointment and delegation to an end for any reason (and without being required to give reasons) at any time in its absolute discretion. If it decides to end the delegation it will give you written notice of its decision where practicable. Once the delegation ends you will have no further power or duty to manage the investment of the Trust Fund on behalf of the Trustee.

INVESTMENT MANAGEMENT DELEGATION BY POWER OF ATTORNEY (continued)

	Applicant 1	Applicant 2	
1 SIGNATURE			Each signature should be witnessed by an independent person who is aged 18 or over, and is not a party to this trust or a Beneficiary.
2 Print full name			
3 Date signed	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>	
4 In the presence of (full name of witness)			
5 Witness SIGNATURE			SIGNATURE
6 Witness address			
Postcode	<div> <div></div> <div></div> <div></div> <div></div> <div>-</div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div>-</div> <div></div> <div></div> <div></div> </div>	
7 Date signed	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>	
	Authorised Signatory For and on behalf of The Trustee	Authorised Signatory For and on behalf of The Trustee	
Date signed	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>	

PART 3 - LETTER OF ENGAGEMENT

This section summarises the terms of our appointment as Trustee. If you are unclear about any aspect of our appointment as Trustee please consult with your professional adviser(s).

The Trustee will provide the following services:

- › To establish the Generation Planning Bond trust in accordance with the information you provide in this application
- › To act as sole Trustee and hold any policies comprising the Trust Fund
- › To administer the trust in accordance with its terms
- › To undertake annual reviews of the trust, to forward policy valuations and to confirm that the trust information we hold from you remains correct
- › To consider any letter of wishes submitted by you but this will not be binding on the Trustee
- › To obtain, consider and verify relevant information to ensure distributions are made appropriately and correctly
- › To undertake any reporting obligations to the relevant taxation and regulatory authorities in accordance with applicable legislation.

INVESTMENT MANAGEMENT

- › During your lifetime you will be responsible for the way in which the Trust Fund (the bond) is invested and you acknowledge the delegation of the Trustee's investment powers to you. The Trustee can end this arrangement if it decides to do so, for example if it appears that you have lost capacity. Once the delegation is brought to an end, either by your death or earlier, the Trustee will have responsibility for investment management
- › The Trustee does not guarantee any underlying investment. Unit prices can fall as well as rise. The effect of high capital withdrawals and charges and/or poor investment performance or stock market fluctuations is to increase the risk of capital erosion and beneficiaries may receive less than was originally invested
- › Your attention is drawn to clauses 4 and 10 of the Trust Deed which limit both the Trustee's duty of care and liability for breaches of trust and loss to the Trust Fund, respectively.

FEES AND CHARGES

- › The Trustee will charge for its services in accordance with its published Charges Schedule, reviewable on an annual basis. Charges will be increased in line with the change in the UK Retail Prices Index on 1 January each year
- › The Trustee does not receive remuneration from third parties in connection with any transaction effected by the Trustee on behalf of the Trust.

Termination of our appointment as Trustee will be considered subject to the appointment of suitable replacements. We also reserve the right to retire as Trustee where circumstances in our opinion require us to do so.

CLIENT MONIES

- › Prior to investment and/or distribution we may keep client money in a general transaction account. A general client bank account usually holds money of several clients. The money may be held at one bank or the money may be in multiple bank accounts spread across several banks. In the event of a default of a bank where we have a general client bank account, client monies held in all of our general client bank accounts will be pooled (even if money is held in more than one general client bank account and the accounts are held in more than one bank). In this situation, each client who has money in the general client bank account will lose an equal proportion of their money, whether or not the bank your client money is held with is in default. This loss will be adjusted by any compensation arrangements in place
- › A client bank account is a bank account held by, and in the name of Utmost Trustee Solutions Limited ('the Trustee') in which we will hold your money on trust for you while it remains in the account. All money held in a client bank account is referred to as client money. A client bank account is specially created by us for the purpose of holding your money and the money of other clients
- › The client bank account is segregated from any other bank account in our name holding money which is our money. All client bank accounts are held at recognised banks. A recognised bank is a bank which holds a licence issued by the Isle of Man Financial Services Authority or is authorised under the law of another acceptable country or territory to carry on activities corresponding to deposit taking (see rule 3.2 of the Financial Services Rule Book 2016 for the full definition)
- › The Trustee may earn interest on money held in the general client bank account and such interest is retained by us
- › In relation to fiduciary services, an account held in the name of your company, or as trustee of your trust, is not a client bank account. It is mandated to your company or to the trustee of your trust and the company or the trustee is the legal owner of the money held in that account. As the money in these accounts is not classed as client money the details relating to pooling of money in client bank accounts do not apply.

SETTLOR DECLARATIONS

Advice: I confirm that I have taken independent professional advice and understand that the Trustee does not offer such advice and has not provided me with advice before entering this arrangement.

The Trust: I have read the Trust Deed and understand its terms and in particular the effect of clauses 4 and 10 in respect of the Trustee’s duty of care and liability.

The Trustee: I understand the terms the appointment of the Trustee, including the delegation of the Trustee’s investment management powers to me for the time being.

Fees and Charges: I have received a copy of the Trustee’s current Charges Schedule and understand that when the payment of any fee, whether to the Trustee or any other third party, is taken as a withdrawal from the policy this may have UK tax consequences for me and that I have taken taxation advice in this regard.

	Applicant 1	Applicant 2	
SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print full name	<div></div>	<div></div>	
	<div></div>	<div></div>	
Date	<div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div>	<div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div>	

K IDENTIFICATION REQUIREMENTS**MANDATORY**

Under anti-money laundering regulations we are required to verify the identity and address of all applicant(s) related to a contract.

Below you will find the standard minimum requirements. In some circumstances we may request additional information.

We require **one suitably certified document** from **Part 1** together with **one suitably certified document** from **Part 2**.

PART 1 - PERSONAL IDENTITY

	Applicant 1	Applicant 2
1 Valid passport	<input type="checkbox"/>	<input type="checkbox"/>
2 National ID card (with photograph)	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence (with photograph)	<input type="checkbox"/>	<input type="checkbox"/>

In exceptional circumstances, where you cannot supply an item from Part 1, tell us why in the box below.

For details on what you need to do next, refer to the **Guide for Generation Planning Bond Applicants**.

PART 2 - VERIFICATION OF ADDRESS

	Applicant 1	Applicant 2
1 A recent utility bill dated and certified within the last six months	<input type="checkbox"/>	<input type="checkbox"/>
2 Rates or council tax bill dated and certified within the last year	<input type="checkbox"/>	<input type="checkbox"/>
3 An account statement from a bank or bank credit card dated and certified within the last six months	<input type="checkbox"/>	<input type="checkbox"/>
4 A recent mortgage statement, giving the residential address	<input type="checkbox"/>	<input type="checkbox"/>
5 A current driving licence	<input type="checkbox"/>	<input type="checkbox"/>

If a driving licence is being used in Part 1, it cannot be used in Part 2, and vice versa.

I, the financial adviser, confirm that:

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

The financial adviser must confirm and agree to the following clauses.

L INTRODUCER'S DETAILS

MANDATORY

- | | | | | | | | | | | | | | | | | | | | |
|----|---|--------------------------------------|-------------------------------------|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 1 | How and when were you introduced to the applicants? | | | | | | | | | | | | | | | | | | |
| 2 | Are the applicants acting as a nominee for someone else?
(If yes, provide further details) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | |
| 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 advisers only) | <input type="checkbox"/> Independent | <input type="checkbox"/> Restricted | | | | | | | | | | | | | | | | |
| 6 | Name of regulatory body | | | | | | | | | | | | | | | | | | |
| 7 | Regulatory body membership number | | | | | | | | | | | | | | | | | | |
| 8 | Certifier and authorised signatory | | | | | | | | | | | | | | | | | | |
| 9 | Financial adviser email address | | | | | | | | | | | | | | | | | | |
| 10 | Print full name | | | | | | | | | | | | | | | | | | |
| 11 | Date | d | d | m | m | y | y | y | y | | | | | | | | | | |
| 12 | Financial adviser company name and address
(company stamp if possible) | | | | | | | | | | | | | | | | | | |
| 13 | Name of your usual Utmost sales consultant (if known) | | | | | | | | | | | | | | | | | | |

Give full details of your authorisation and FCA number.

SIGNATURE

M ADVISER CHARGING**OPTIONAL**

Initial payment only. Ongoing adviser charges are not available for the Generation Planning Bond where Utmost Trustee Solutions Limited are appointed. If you wish to set up an investment adviser charge, complete a **Nomination of Investment Adviser Form** and an **Adviser Charges Pack**.

INITIAL ADVISER CHARGE

Complete this section if you would like us to facilitate the initial adviser charge payment to your financial adviser outside of the bond, before your premium is invested.

1 Specify the amount below:

Monetary amount

£		.		
---	--	---	--	--

This amount should be specified **excluding VAT**.

2 Does the initial adviser charge attract VAT? ☐ Yes ☐ No

(If yes, this will be applied in addition to the amount stated in **question 1** of this section)

Tax rules may change in the future and are subject to individual circumstance.

For detailed information about initial adviser charges and how these may be applicable to you, or where applicable the trustees, see our **Guide to Charges** available on our website www.utmostinternational.com or from your financial adviser on request. Your financial adviser will also be able to answer any questions you may have.

**IMPORTANT NOTE**

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

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

- › The facilitation is in consideration of my application for a bond;
- › The payment is subject to my application being accepted;
- › Should my application not proceed then I will be refunded my premium together with the adviser charge and it will be my responsibility to settle any outstanding adviser charges, if any, with my adviser;
- › No interest is payable or owed in respect of adviser charge money held by Utmost PanEurope dac to either me or my adviser;
- › The adviser charge relates to advice received in connection with the bond;
- › I cannot cancel an adviser charge after it has been paid, even if I decide to cancel the bond during the cancellation period, and acknowledge I will need to contact my adviser to discuss whether a refund is payable to me directly from my adviser in full or in part, outside of the bond.

By signing this form below I confirm that:

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

SIGNATURE**Applicant 1**

--	--	--	--	--	--	--	--	--	--

Applicant 2

--	--	--	--	--	--	--	--	--	--

SIGNATURE

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

d	d	m	m	y	y	y	y
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MANDATORY

You may only choose one investment option for your bond. Therefore ensure you only complete those sections applicable to your investment selection.

	O1	O2	P, P1, P2 & P3	P, P1, P2, P3 & P4
Open Architecture	✓	✓		
External Manager		✓	✓	✓
Platform/Platform Adviser		✓		✓

The letters referenced correspond to relevant sections of this form you will need to complete in the noted circumstance.

Utmost PanEurope dac is not responsible for any reduction in the value of investments arising directly or indirectly from the Policyholders' investment decisions or those of a properly nominated third party (such as, but not limited to, an External Manager or Platform Adviser).

FUND SELECTION, CASH DEPOSITS AND DEALING ACCOUNT

O1 FUND SELECTION

If you are applying for both an Absolute Trust and a Discretionary Trust using this application form, your chosen funds and the percentage of the premium to be invested must be identical for each trust. The information below will be used for both contracts.

[illegible]

Certain funds require completion of the **Investor Declaration Form** which is available from your financial adviser on request.

Total 100%

Refer to our website www.utmostinternational.com for details of the funds available and the relevant SEDOL or ISIN codes. Please ensure that the full fund name, and fund references are provided.

O2 CASH DEPOSITS

Bank/Building Society	Full name of deposit account	%		

If you choose to invest in cash deposits and funds the combined total should equal 100%. For example, 30% cash deposits & 70% funds. Note rates are not guaranteed.

DEALING ACCOUNT

Specify the amount of cash to be retained in the Dealing Account to cover charges and withdrawals

This amount will cover charges and withdrawals, and will be retained net of any initial policy charges.

IMPORTANT INFORMATION

If you do not specify an amount to be left in the Dealing Account the investment amount calculated will be net of any initial charges.

NOMINATION OF FUNDS TO COVER OVERDRAWN DEALING ACCOUNT

All transactions (including charges and withdrawals) will go through the Dealing Account and it may become overdrawn. In these circumstances, we will sell sufficient funds to clear the negative debit balance.

Indicate in the box below which funds you would like us to sell in these circumstances.

Full fund name	%		

If no funds are selected, then from within the portfolio, we will automatically sell units from the highest value fund that is liquid at the time of sale. You can not specify a deposit account.

P

Provide full details of the nominated external service in sections P1 and P2. The nominated firm(s) must sign section P3 where applicable.

WHAT BASIS WILL THE NOMINATION BE MADE ON?

1. A Discretionary basis	2. An Advisory basis
--------------------------	----------------------

For an explanation of each basis, see section N in the **Guide for Generation Planning Bond Applicants** which your financial adviser has provided to you.

This basis cannot be changed with prior written authority from Utmot.

P1 EXTERNAL MANAGER DETAILS

1 Name of the nominated firm	

2 Address	

Postcode					—			
----------	--	--	--	--	---	--	--	--

3	Contact name	
---	--------------	--

4 Telephone number
(including international
dialling code)

5 Facsimile number
(including international
dialling code)

6	Email address	
---	---------------	--

This nomination is subject to any terms agreed between Utmost and the EMC from time to time.

ATTITUDE TO RISK AND INVESTMENT OBJECTIVES

Provide a summary of your attitude to risk and your overall investment objective for your bond in the boxes provided below. The below summary must be a reflection of your chosen options you have agreed with your financial adviser and EMC.

1 I confirm that my attitude to risk is:	

2 I also confirm that my investment objective is:	

If you are nominating an External Manager, complete section P1 only.

If you are nominating a Platform and Platform Adviser, complete section P2 only.

P2 PLATFORM AND PLATFORM ADVISER DETAILS


If you will be appointing a Platform Discretionary Fund Manager (Platform DFM) you must appoint them via the Platform and not on this form.

1	Name of the nominated Platform	<div><div></div><div></div></div>
2	Name of the nominated Platform Adviser firm	<div><div></div><div></div><div></div></div>
3	Platform Adviser address	<div><div></div><div></div><div></div></div>
	Postcode	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
4	Platform Adviser contact name	<div><div></div></div>
5	Platform Adviser telephone number (include international dialling code)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
6	Platform Adviser facsimile number (include international dialling code)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
7	Platform Adviser email address	<div><div></div></div>

 Platform DFM refers to a Discretionary Fund Manager that holds an agreement with your nominated Platform.

The nominated Platform Adviser must now sign section P3.

P3 PLATFORM ADVISER DECLARATION

 This declaration should be signed by the Platform Adviser nominated within this document, to confirm acceptance of the appointment and to confirm understanding and agreement to the terms and responsibilities set out below.

Indicate which of the following regulatory authorisations are currently held by the Platform Adviser:

1. FCA permission Managing Investments (article 37)		<input type="checkbox"/>
2. FCA permission Advising on Investments (article 53)		<input type="checkbox"/>
3. FCA permission Arranging safeguarding and administration of assets (article 40)		<input type="checkbox"/>
4. Isle of Man FSA regulated	Class 2	<input type="checkbox"/> Class 3 <input type="checkbox"/>
5. Jersey FSC regulated	Class B <input type="checkbox"/> Class C	<input type="checkbox"/> Class D <input type="checkbox"/>
6. Guernsey FSC regulated Category 1 and 2 Restricted Activities held to	Advise on investments	<input type="checkbox"/> Act as discretionary manager <input type="checkbox"/>

DECLARATION

1. I, the undersigned, being an authorised signatory of the Platform Adviser, **agree on behalf of the Platform Adviser** to manage and/or advise on (as applicable) Utmost's Account with the Platform named at section **P2** on the basis stated in section **P**.
2. **I agree and understand** that this appointment will be on terms agreed between the Platform and Utmost, and that my/our operation of the Account is subject to these terms, and to the terms specified in this document which, among other things, shall include the following terms to which I undertake to fully adhere to through the signing of this document:
 - › By way of this appointment, the Platform Adviser is being authorised to buy and sell assets within the Platform Account on behalf of Utmost. Unless written authorisation stating otherwise is provided by Utmost, all investments must be in accordance with the Utmost PanEurope dac's Investment Parameters provided to the Platform Adviser by Utmost. Utmost is not responsible for monitoring the assets held within the Account, or for any costs resulting from a breach of these restrictions. Utmost reserves the right to update the Utmost PanEurope dac Investment Parameters from time to time.
 - › Utmost at all times reserves the right to refuse individual assets for investment and to override instructions given by the Platform Adviser in relation to investment or any other function of the Account. Utmost may at any time at its sole discretion give instructions directly to the Platform without notice and without requiring the Platform Adviser's approval. In the event that instructions given by Utmost conflict with instructions given by the Platform Adviser, Utmost's instructions shall have priority.
 - › The Account is legally owned by Utmost, and Utmost is the sole beneficial owner of all assets within the Account. Neither the Platform Adviser nor the Policyholder have any claim or ownership over the Account or the assets within. The Platform Adviser is being appointed by Utmost upon the Account to instruct trades directly with the Platform on a restricted basis.
 - › Changes to the basis of this appointment, between discretionary, advisory or otherwise, may only be made with Utmost's prior written authority.
 - › The Platform Adviser may accept instructions from the Policyholder to appoint one of a restricted list of Discretionary Fund Managers who have a direct agreement with the Platform (Platform DFM). Written evidence of the instruction and/or agreement must be retained and made available to Utmost on request. The Platform Adviser will retain its responsibility for adherence to the Utmost PanEurope dac Investment Parameters even where an additional Platform DFM is selected.
 - › The Account will not be more than 100% invested (i.e. no overdrawn positions shall be created), nor any other commitments made beyond the amount of the cash available in the Account without Utmost's prior written authority.
 - › Where charges for general advice or investment advice are agreed the Platform Adviser **is not permitted to take such charges from the Account** unless Utmost has given prior written consent.
 - › The Platform Adviser is not permitted to arrange any transfers of cash or investments into or out of the Account, except where cash is to be returned to the Utmost bond via a bank account designated in writing by Utmost, or as a part of supporting regular trading or settlement activity.
 - › Manufacturing costs relating to trading transactions, custody fees and discretionary fund management costs can be charged to the Account as a fund expense.
 - › Where the conditions of this appointment conflict with the Platform Adviser's standard terms and conditions applicable to its operation of the Account, these conditions will prevail.

3. I agree and understand that by accepting this appointment, the Platform Adviser will be appointed as an Investment Adviser to manage the Utmost bond's linked assets which include the management of the Policyholder's Utmost Dealing Account. It is the Platform Adviser's responsibility to ensure that there is sufficient cash in the Dealing Account to cover the cost of any charges or withdrawals. Debit interest will be charged on any negative balance.

4. I agree and understand that the Platform Adviser is solely responsible for ensuring that it acts within the limits of the authority set out in this appointment and the terms agreed with the Platform.

By signing below the Platform Adviser confirms that:

- › It has the necessary authorities under the legislation and regulations in its regulatory jurisdiction to act in the capacity of this nomination and will remain authorised and comply with the rules of the appropriate regulatory bodies whilst acting in this capacity. The Platform Adviser shall notify Utmost of any changes to its regulatory authorisation, including any disciplinary action taken against it, relevant to this nomination. The Platform Adviser confirms it is willing and able to select and/or hold assets in the Account in accordance with the investment strategy and/or objectives agreed with the Policyholder where applicable
- › It accepts full responsibility and legal liability for loss, damages or expenses which it or any other party may suffer or incur, directly or indirectly, as a result of acting outside the limits of this authority and promised to reimburse Utmost for any costs, claims, damages or liabilities incurred by Utmost as a result of acting in its appointed capacity
- › It promises not to make or bring any formal or informal legal claims, complaints or proceedings against Utmost in respect of its activities under this limited investment authority.

Signature on behalf of the nominated Platform Adviser

<p>SIGNATURE</p> <p>Authorised signature on behalf of the nominated firm</p> <p>Print full name</p> <p>Date</p>	<p>Platform Adviser</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>SIGNATURE</p>								
	<table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <tr> <td style="padding: 2px 10px;">d</td> <td style="padding: 2px 10px;">d</td> <td style="padding: 2px 10px;">m</td> <td style="padding: 2px 10px;">m</td> <td style="padding: 2px 10px;">y</td> <td style="padding: 2px 10px;">y</td> <td style="padding: 2px 10px;">y</td> <td style="padding: 2px 10px;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	
d	d	m	m	y	y	y	y			

P4 POLICYHOLDER DECLARATION

I request and agree the EMC I have specified in Section P1 is appointed in accordance with my wishes set out in that section, to advise and/or manage the External Account (the Account) to which the performance of my bond is linked. The EMC, Utmost or I may terminate this appointment at any time by giving written notice to all other parties.

I am aware this appointment will be based on terms agreed between the EMC and Utmost. Some of the most important terms have been set out below.

I confirm my understanding and agree that where applicable:

- › My adviser has explained Utmost's charges associated with this nomination
- › Utmost will recover any necessary money from the Account to cover Utmost's fees and expenses, as detailed in the Policy Schedule, Provisions and fund rules
- › Utmost shall not be responsible for any loss or liability to the Account (a) resulting from this appointment, or (b) from services rendered or procured by the EMC to Utmost
- › There are risks associated with the appointment of an EMC, where the EMC is responsible for the selection and/or safe keeping of the assets linked to the bond
- › Utmost is, and must remain, the beneficial owner of all assets linked to the bond. Further to this, Utmost has the right to place trading instructions directly with the EMC at any time without requiring my approval. This may affect the value of the bond. Where there are conflicting instructions, Utmost's instructions override my or the EMC's instructions
- › I have no legal right to the investments held by the EMC. Apart from agreeing or rejecting recommendations given to me where an advisory basis has been selected, I may not give any direct instructions to the EMC regarding the investments, including instructions relating to the selection of assets, or with respect to withdrawals or surrenders. Further I may not give any legal charge, pledge or lien over the Account, nor may I instruct the EMC to give any guarantee, indemnity or counter-indemnity in favour of any person or company
- › Utmost extends a Limited Power of Authority (LPOA) on my behalf which enables me to agree certain charges (not linked to advice), investment strategy and risk profile. My financial adviser and I can also obtain valuation statements directly from the EMC. If I am nominating a Platform and Platform Adviser, I am also given limited powers to agree the appointment of a Platform DFM who hold agreements with the Platform and Platform Adviser. Utmost retains the right to decline any such appointment
- › The investment objectives and attitude to risk information set out in section P is held by Utmost for its information only. The EMC will be responsible for ensuring compliance with the objectives and risk information
- › The range of assets available is restricted in line with Utmost PanEurope dac's Investment Parameters. If assets other than the restricted range are linked to the bond, it could be deemed highly personalised and may be subject to penal taxation. Further to this, Utmost is not responsible for monitoring the bond's assets or for any cost resulting from a breach of these restrictions
- › Utmost's ability to sell, reinvest or pay cash in a timely manner can be restricted by certain types of assets your EMC can hold. Utmost reserves the right to delay settlement or reinvest at its discretion.


I agree and understand that the EMC:

- › May take charges for services other than advice, including those for transaction and/or custody services provided, as detailed under the standard charges section of their terms and conditions or as agreed separately with me. The EMC will deduct such charges for transactions and/or custody services directly from the Account
- › Is authorised by Utmost to take the agreed fees from the Account and make any separate investment management service payments on its behalf.

I promise that I will be responsible for reimbursing Utmost for any costs, losses and/or expenses incurred by Utmost as a result of any legal claims, complaints or proceedings brought by any party in respect of loss arising from the services and performance of the EMC, including those described above.

I confirm that the above statements have been explained to me by my adviser and that I understand and agree to them.

Policyholder(s) signature(s)

	Applicant 1	Applicant 2	
SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print full name	<div></div>	<div></div>	<div>All policyholders must sign here. </div>
	<div></div>	<div></div>	
Date	<div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div>	<div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div>	

Q NOTES