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# IMPORTANT FACTS STATEMENT AND APPLICANT'S DECLARATIONS INVESTMENT-LINKED ASSURANCE SCHEME ("ILAS") POLICY

IFS-AD

Utmost International Isle of Man Limited

Name of the ILAS Policy: Collective Investment Bond/Executive Investment Bond (Charging structure: A/B variations)

This form is for <u>top-up</u> use only. Please complete Part I (Important Facts Statement) and Part II (Applicant's Declaration).

#### PART I - IMPORTANT FACTS STATEMENT

You should carefully consider the information in this statement and the product documents (including the Principal Brochure, Product Key Facts Statement, etc. If you do not understand any of the following paragraphs or do not agree to any particular paragraph or what your licensed insurance intermediary has told you is different from what you have read or understood from this statement, please do not sign the confirmation and do not purchase the ILAS policy.

You may request the Chinese version of this statement from your licensed insurance intermediary. 閣下可向銷售的持牌保險中介人索取本文件的中文版本。

	SHOULD KNOW	

(1)	Statement of Purpose: Please set out your reasons/considerations for making the additional investment. The licensed insurance intermediary is required to take due account of the reasons/considerations set out by you, together with other relevant information, in assessing whether a particular ILAS policy is suitable for you. (Customer must set out your own reasons/considerations.)
(2)	<u>Cooling-off period</u> : You have the right to cancel the additional premium and get back your original investment of the additional premium (subject to market value adjustment) within the Isle of Man cooling-off period. For details of how you can exercise this right, please refer to the application form.
(3)	No ownership of assets and no guarantee for investment returns: You do not have any rights to or ownership over any of the funds/assets chosen by you in respect of this ILAS policy. Your recourse is against Utmost International Isle of Man Limited ('Utmost International') only. You are subject to the credit risk of Utmost International. Investment returns are not guaranteed.
(4)	Long-term feature:
	Early withdrawal charge: You will be subject to an early withdrawal charge, if policy termination or surrender occurs within up to 10 years (depending on your specific charging structure chosen) from the payment of the relevant premium. Partial withdrawals or regular withdrawals (partial surrender) can be made with no early withdrawal charge, subject to retaining either 25% of the total premiums paid or the minimum as published by Utmost International, whichever is greater. (Note)
(5)	<u>Fees and charges</u> : Some fees/charges will be deducted from the premiums you pay and/or the value of your ILAS policy, and will reduce the amount available for investment. Accordingly, the return on your ILAS policy as a whole may be considerably lower than the return of the funds/assets you select. For details, please refer to the product documents of this ILAS policy.

Switching of investment: If you switch your investment choices, you may be subject to a charge and your

risks may be increased or decreased. (Note)

Note: Please refer to your signed policy specific Charges Confirmation for full details.

Risk of early termination: Your ILAS policy may be surrendered early automatically, and you could lose all your premiums paid and benefits accrued if any condition of automatic early surrender is triggered. This may happen if your policy has very low or negative value (e.g. poor investment performance), etc. It will also end and lapse without value if the value of the funds/assets chosen by you is not sufficient to meet the deduction of a charge which is due. Utmost International reserves the right to fully surrender your ILAS policy if the remaining value of your ILAS policy after surrender or withdrawal falls below the higher of 5% of the total premium you have paid or £10,000 (or currency equivalent). For details, please refer to the product documents of this ILAS policy. Licensed insurance intermediaries' remuneration: If you take up this ILAS policy, the licensed insurance broker firm will on average receive remuneration of \$7.0 per \$100 of the premium that you pay. The remuneration is an average figure calculated on the assumption that you will pay all the premiums throughout the entire premium payment period. It covers all payments to the licensed insurance broker firm directly attributable to the sale of this policy (including upfront and future commissions, bonuses and other incentives). You are entitled to make inquiry with your licensed insurance broker if you wish to know more about the remuneration that he/she/they may receive in respect of this policy. Choice of funds/assets processed on execution only basis: Please note that Utmost International does not offer any funds/assets under the Collective Investment Bond / Executive Investment Bond. Any choice of funds/assets to be held in your ILAS policy as requested by you and/or your financial adviser will be processed by Utmost International on an execution only basis. I ("customer") confirm that I have read and understood and agree to be bound by paragraphs above. Customer 1's name Customer 1's signature Date Customer 2's name Date (if applicable) Customer 2's signature (if applicable) (if applicable)

Licensed Insurance

Intermediary's signature

Date

Licensed Insurance

Intermediary's name

## PART II - APPLICANT'S DECLARATIONS

Please complete both **sections I and II, and submit together with** the Financial Needs Analysis and Risk Profile Questionnaire.

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However, where a <u>previous</u> Financial Ne 12 months from the date of signing and and the conditions stated below are sat completed.	l provided there are <u>no</u> substantial cha	inges in the customer's circumstances
	ls Analysis and Risk Profile Questionna eclare that there are <u>no material chan</u> g	
		d d m m v v v v
Customer 1's name	Customer 1's signature	Date
		d d m m y y y y
Customer 2's name (if applicable)	Customer 2's signature (if applicable)	Date (if applicable)
Questionnaire were filed wit selected by the customer in	ue copies of the previous Financial New h Utmost International Isle of Man Limi the Applicant's Declarations last subm vetc.) identified in respect of the custo	ited. I further confirm that <u>box A</u> was itted and there are <u>no mismatch</u>
		d d m m y y y y
Licensed Insurance Intermediary's name	Licensed Insurance Intermediary's signature	Date
SECTION I: DISCLOSURE DECLARATION I ("customer") confirm that the licensed in	surance broker intermediary,	ber of the relevant licensed insurance
intermediary), has conducted a Financial		
Customer 1's name	Customer 1's signature	d d m m y y y y  Date
Customer 13 name	Castomer 13 signature	Bute
		d d m m y y y y
Customer 2's name (if applicable)	Customer 2's signature (if applicable)	Date (if applicable)
		d d m m y y y
Licensed Insurance Intermediary's name	Licensed Insurance Intermediary's signature	Date

#### SECTION II: SUITABILITY DECLARATION

I ("customer") understand and agree that (tick one only):

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Δ	the features and risk	level of the	2 II AS noticy	and my se	elected mix at	investment	choices are s	suitable tor r	ne hased

on my disclosed current needs and risk profile, etc. as indicated in the Financial Needs Analysis and Risk Profile Questionnaire. These needs have been assessed by the licensed insurance broker, and not by the Insurance Company.

OR

despite the fact that the features and/or risk level of the ILAS policy and/or my selected mix of investment choices may not be suitable for me based on my disclosed current needs and risk profile ,etc. as indicated in the Financial Needs Analysis and Risk Profile Questionnaire, I confirm that it is my intention and desire to proceed with my application(s) as explained below:

(If Box B is ticked, customer must complete explanation in this box.)

I acknowledge I should not purchase this ILAS policy and/or the selected mix of investment choices unless I understand these and their suitability has been explained to me and that the final decision is mine.

### I understand that the authorised Insurance Company-

- (a) does not provide/accept any responsibility for the financial advice given by my appointed insurance broker who acts on my behalf and independently of the Insurance Company; and
- (b) will retain copy(ies) of the completed Financial Needs Analysis and Risk Profile Questionnaire for verification purpose.

Customer 1's name  Customer 1's signature  Date  d d m m y y y y	
	У
Customer 2's name Customer 2's signature Date (if applicable) (if applicable)	
Declaration by Licensed Insurance Intermediary	
I,	nfirm
that I have fully explained the contents of the Important Facts Statement and Applicant's Declarations to the cust in a language of the customer's choice.	
This box for additional completion by the intermediary if <b>Box B</b> is ticked or any mismatch exists: (the intermediary is required to explain the mismatch to the customer and why the product is still recomment to the customer despite the mismatch)	led
Please sign in all circumstances:	

## Notes:

Licensed Insurance

Intermediary's name

1. In this Statement & Declarations, "I" refers to customer. The singular shall include the plural; the word "I" shall include "we"; and the word "my" shall include "our". For joint customers, all customers must sign all sections.

Licensed Insurance

Intermediary's signature

2. The customer(s) are required to inform the licensed insurance intermediary or us (the authorized insurance company) if there is any material change of information provided in these Declarations before the policy is issued.

Date

Important note: The product(s) named in this document and to which this document relates is accurate as at December 2021 and is subject to change. To ensure applicability with respect to a product and, if applicable, a related policy, before taking any action, please liaise with your adviser and/or contact us directly.
A WEALTH of DIFFERENCE
www.utmostinternational.com

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

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Tel: +852 3552 5888 Fax: +852 3552 5889. Authorised by the Insurance Authority of Hong Kong to carry on long-term business.
Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C.
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