

ESTATE PLANNING BOND

PRE-APPLICATION UNDERWRITING FORM

This form allows you to assess the likely outcome of underwriting where there may be issues in relation to age and state of health. This can help you along with your financial adviser to decide whether or not to apply for an Estate Planning Bond.

This form is designed to start the underwriting process. You will be required to complete the standard **Estate Planning Bond Application Form** should you wish to proceed with your application. The medical section of the standard Estate Planning Bond application must be re-completed in all instances.

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.**

Once complete, return this form and any supporting documents to: **Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.**

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at: newbusiness@utmostwealth.com

	PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
Applicant and Policy details	2	A – Policy details	Mandatory	<input type="checkbox"/>
	2	B – Applicant details	Mandatory	<input type="checkbox"/>
	3	C – Applicant medical details	Mandatory	<input type="checkbox"/>
	11	E – Introducer's details	Mandatory*	<input type="checkbox"/>
Declarations	8	D – Application declaration	Mandatory	<input type="checkbox"/>

***Financial adviser to complete.**

All relevant sections of this application form must be completed prior to submitting.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C. Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles. Tel: +44 (0)1624 643 345. Licensed by the Isle of Man Financial Services Authority.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

IOM PR 0089 | 11/22

A POLICY DETAILS **MANDATORY**

1 Personal Illustration reference number

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2 Welcome team ticket reference

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

3 Indicative premium amount

4 Indicative amount of withdrawals

Annual % of premium % **or** Annual monetary amount £ .

5 Indicative frequency of withdrawals

Monthly Quarterly Half-yearly Yearly

6 Indicative payment start date

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

The percentage/monetary figure provided will be divided by the frequency specified. The minimum withdrawal amount of £200 per payment.

7 Indicative rate of increase in withdrawals (optional)

If increasing in line with RPI, write RPI in the box

B APPLICANT DETAILS **MANDATORY**

	Applicant 1	Applicant 2																
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
2 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female																
3 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
4 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
5 What is the relationship of Applicant 1 to Applicant 2?	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil Partner																	
6 Date of birth	<table border="1" style="width: 100%; height: 25px;"> <tr> <td style="width: 15px;">d</td><td style="width: 15px;">d</td><td style="width: 15px;">m</td><td style="width: 15px;">m</td><td style="width: 15px;">y</td><td style="width: 15px;">y</td><td style="width: 15px;">y</td><td style="width: 15px;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; height: 25px;"> <tr> <td style="width: 15px;">d</td><td style="width: 15px;">d</td><td style="width: 15px;">m</td><td style="width: 15px;">m</td><td style="width: 15px;">y</td><td style="width: 15px;">y</td><td style="width: 15px;">y</td><td style="width: 15px;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
7 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
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				-														
				-														
8 Contact telephone number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																
9 Email address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																

C APPLICANT MEDICAL DETAILS

MANDATORY

You must answer each question fully and accurately indicating 'no' where applicable. If you are in any doubt whether 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)	<input type="text"/> ft <input type="text"/> ins <input type="text"/> cm	<input type="text"/> ft <input type="text"/> ins <input type="text"/> cm
2 Weight (in normal indoor clothing)	<input type="text"/> st <input type="text"/> lbs <input type="text"/> kg	<input type="text"/> st <input type="text"/> lbs <input type="text"/> kg
3 Has your weight increased or decreased by more than 1 stone (6kg) in the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Have you smoked OR used tobacco OR nicotine replacement products in the past 12 months? (Provide details of amounts per day)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <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.	
5 Do you drink alcohol? If yes, provide the number of units per week	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Units
Has your consumption been greater than this in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<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"/>
Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
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. **If you answer 'yes' to any of the questions**, provide more details, 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 alcohol or smoking on health grounds? If yes, provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 details	<input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 details	<input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

If you answer 'yes' to any of the questions, provide more details, including the nature and date of illness/injury, the treatment given and the name, address and telephone number of the doctor consulted. 

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 details

Applicant 1

Yes No

Applicant 2

Yes No

b) Kidney disease, bladder disorder or urinary disorder, prostate disorder (males only)?
If yes, provide 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 details

Yes No

Yes No

If you answer 'yes' to any of the questions, provide more details, 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

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

Yes No

Yes No

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

Yes No

Yes No

In this declaration, "I", "me", "my" and "you" means the applicant and "the Company", "our", "us" and "we" means Utmost International Isle of Man Limited.

It is important that you read this section carefully as it affects your rights and any representations or responses made in relation to the questions set out above will form part of your formal application for the bond and upon which the Company may subsequently rely.

If you do not understand any part of this pre-application, speak with your financial adviser for further information.

Before signing, also take the time to read the Product Guide, Key Information Document, Guide to Charges, Key Features Document and your Personal Illustration which explain the key features and specific charges applicable to the Estate 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.

I hereby confirm that all the information provided by me, in this pre-application underwriting form, is complete and accurate to the best of my knowledge and belief. I agree that this information, together with any supporting information completed or given by me in my name, shall form the basis of any future contract with the Company should I decide to go ahead and invest in a bond.

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

HOW THE COMPANY USES YOUR INFORMATION

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy at www.utmostinternational/privacy-statements/ or you can request a copy from our Customer Support team.

I acknowledge that:

The Company will store, process or pass on my data whether or not my application is accepted.

The Company will in the event of my death obtain such medical or other records from medical practitioners and/or other relevant institutions or authorities regarding my medical history or circumstances relating to my death should it wish 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 of 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 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 it may assess my application. The Company 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 the Company to gather medical reports within six months of the start of any prospective policy which I may take out, or after my death, to support any claim made on any prospective policy 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 that a certified discount certificate is issued.

	Applicant 1	Applicant 2
Do you wish to see the medical report before it is sent to us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to be informed if the underwriting results in a variation to the gift or the discount?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Applicant 1	Applicant 2																	
SIGNATURE			SIGNATURE																
Print full name																			
Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												

*If there is a variation to the gift or the discount after the underwriting process, we will require your signed approval.

E INTRODUCER'S DETAILS (to be completed by the financial adviser)

MANDATORY

1 Name of regulatory body	<input type="text"/>
2 Regulatory body membership number e.g. FCA number	<input type="text"/>
3 Print full name	<input type="text"/>
4 Date	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
5 Telephone number	<input type="text"/> - <input type="text"/>
6 Email address	<input type="text"/>
7 Financial adviser company name and address (company stamp if possible)	<input type="text"/>
8 Name of your usual Utmost International Isle of Man Limited sales consultant	<input type="text"/> <input type="text"/> <input type="text"/>