

EUROPEAN WEALTH BOND

APPLICATION FORM - NEW BUSINESS AND TOP-UP

For UK resident individual, joint, corporate and trustee investors

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

THIS DOCUMENT WAS LAST UPDATED IN JULY 2025.

Please confirm with your financial adviser that this is the most up-to-date document for your product or servicing needs.

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

SECTION	PAGE	COMPLETED
A Type of application	3	<input type="checkbox"/>
B1 Details of the applicant(s)/trustee(s)	4	<input type="checkbox"/>
B2 Corporate/corporate trustee applicant	5	<input type="checkbox"/>
B3 Politically exposed person	6	<input type="checkbox"/>
B4 Existing contracts	7	<input type="checkbox"/>
C Details of the life/lives assured (if different from applicant(s))	7	<input type="checkbox"/>
D Utmost PanEurope charges and adviser fees	8	<input type="checkbox"/>
E Investment details	9	<input type="checkbox"/>
F Employment and source of funds	9	<input type="checkbox"/>
G Request to appoint a discretionary asset manager(s) and authorised custodian	17	<input type="checkbox"/>
H Regular withdrawals	19	<input type="checkbox"/>
I Number of policies	21	<input type="checkbox"/>
J Declaration and application	21	<input type="checkbox"/>
K Identification Requirements	24	<input type="checkbox"/>
L Customer Due Diligence "CDD"	27	<input type="checkbox"/>
M Financial Adviser Declaration	29	<input type="checkbox"/>

CUSTOMER ID NUMBER(S)

If known please enter the Customer ID number(s)

Applicant 1

Applicant 2

FINANCIAL ADVISER DETAILS

Utmost PanEurope account number

Name of financial adviser

Company name

Address

Telephone number

Fax number

E-mail address

Utmost PanEurope only accepts business introduced by companies which have Terms of Business with us.

We only sell our products through financial advisers as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser, you need to bear in mind that they are acting on your behalf and not on behalf of Utmost PanEurope. You are responsible for their actions or omissions.

Please sign and return your completed form to our administration centre at King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU.

All references to Utmost PanEurope, **we**, **us** and **our** in this application form mean Utmost PanEurope dac are the providers of the European Wealth Bond - PRIIPs and the European Wealth Bond - Redemption.

IMPORTANT INFORMATION FOR YOU - THE APPLICANT

Before completing the application form, please make sure you have received and read through the relevant product literature:

- › Details of your Utmost PanEurope European Wealth Bond - PRIIPs (ref EWbv2) Policy Terms or Details of your Utmost PanEurope European Wealth Bond - Redemption (ref EWBRv1) Policy Terms.
- › Key Information Document (KID) for the European Wealth Bond - PRIIPs or Key Information Document (KID) for the European Wealth Bond - Redemption.
- › Key features of your European Wealth Bond and personal illustration
- › European Wealth Bond - product brochure
- › Explaining your Portfolio Bond fees and charges

Your financial adviser will be able to provide you with the relevant European Wealth Bond product literature.

YOUR RIGHT TO CANCEL

You have the right to cancel your European Wealth Bond or additional investment and obtain a refund of the initial or additional premium paid, less any applicable charges* and any fall in the value of the assets linked to your European Wealth Bond. You have 30 days from the date that you receive the Schedule for the initial premium, or letter accepting the additional investment to let us know you want to cancel. Further information on how to cancel can be found in the European Wealth Bond Policy Terms.

**Where relevant, applicable charges include non-refundable fund charges, fees we have paid to your financial adviser on your behalf and bank charges.*

COMPLETING THE FORM

To complete this form:

- › use CAPITAL LETTERS only
- › use blue or black ink
- › specify choices as appropriate
- › complete all relevant sections
- › do not use correction fluid; any amendments should be crossed out and initialled by all applicants.

Please note that we must receive your application form by post or courier. We are unable to accept faxed or e-mailed versions and the applications received in this way will not be processed. Please ensure that you complete all relevant sections. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

A TYPE OF APPLICATION

NEW INVESTMENT

If this is an application for a NEW BOND, please indicate which type of bond you are applying for: (✓)

The type of bond cannot be change after it has been set up.

Life Assurance

This is called the European Wealth Bond - PRIIPs

Capital Redemption

This is called the European Wealth Bond - Redemption

Reason for investment (eg saving for retirement)

TYPE OF APPLICATION

Type of client (✓)	Individual	Joint	Corporate/Corporate trustee	Trustee
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ADDITIONAL INVESTMENT

If this is an application for an ADDITIONAL INVESTMENT, please provide your existing bond number: (you can find this in your policy documentation)

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► **Unless your details have changed, you only need to complete the full name of each policyholder and life assured (if applicable) in section B and C. You must also complete sections D, E, F and J. Your financial adviser will also need to complete K, L and M. (Please note that in Section D, you cannot amend the original charge package for additional investments)**

POLICY CURRENCY

I wish my policy to be valued in (✓)

£

US\$

€

Other (state currency)

Please note if no currency is entered, your policy currency will be pound sterling (£). The policy currency cannot be changed after the policy is set up.

B1 DETAILS OF THE APPLICANT(S)/TRUSTEE(S)

In this section, please give details of all individual applicant(s). Applicants must be at least 18 years old and the maximum age is 90. The maximum age for a life assured is 90.

If there are any further applicants, please photocopy this page, attach the details with this application form and tick here (✓)

► **If additional pages are added, each separate page must be initialled by all applicants.**

	Applicant/Trustee 1	Applicant/Trustee 2 (if any)
Title (✓)	Mr Mrs Miss Other <input style="width: 150px;" type="text"/>	Mr Mrs Miss Other <input style="width: 150px;" type="text"/>
Full forename(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes No <input style="width: 100%;" type="text"/>	Yes No <input style="width: 100%;" type="text"/>
Gender (✓)	Male Female	Male Female
Date of birth	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Please list all nationalities/citizenships held.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Passport number/national identity card number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Residential address (Please note we do not accept c/o and PO Box addresses)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Postcode	Postcode
Tax reference number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Correspondence address	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	
	Postcode	

Utmost PanEurope accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost PanEurope reserves the right to send correspondence to your residential address where regulations prevent it being sent to any other address.

We can only accept one correspondence address for the bond and will default to Applicant/Trustee 1 residential address if this is left blank.

Telephone number including area code (daytime)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Telephone number including area code (evening)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
E-mail address	<input style="width: 95%;" type="text"/>		
Is the applicant(s) also going to be a life assured? (✓)	Yes	No	Yes
			No

INTERNATIONAL TAX COMPLIANCE SELF-CERTIFICATION

You **must** complete the relevant separate Tax Declaration

For individuals: **Tax Declaration and Self Certification for Individual Investors**

For individual trustees: **Tax Declaration and Self Certification for Trusts**

For corporate entities: **Tax Declaration and Self Certification for Entity Investors (Corporate and Trustee Investors)**

DETAILS OF THE TRUST (IF APPLICABLE)

In this section, please give the following details: the name of the trust (for example, 'the Mary Jones Policy Trust dated 1 April 2025', 'the John Brown Will Trust') and the date the trust was created on.

The trust name is

The trust was created on

Trust details
(Please explain the reason for the establishment of the trust, country of establishment of trust, indication of the value of the trust assets what type of trust it is and detail the source of the trust assets.)

B2 CORPORATE/CORPORATE TRUSTEE APPLICANT

In this section, please give details of the corporate applicant.

CORPORATE/CORPORATE TRUSTEE APPLICANT

Please tick (✓) Private company Public company Other

Corporate name

Contact person

Country of registration

Date of incorporation

Registered office address
(This information must be provided in full. We are unable to accept PO Boxes and 'care of' addresses)

Postcode

Correspondence address

Postcode

Utmost PanEurope accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost PanEurope reserves the right to send correspondence to your residential address where regulations prevent it being sent to any other address.

We will default to the registered office address if the correspondence address field is left blank.

Telephone number including area code (daytime)

E-mail address

Corporate website address

Please state the company's main business (for example manufacturing or trading company)

AUTHORISED SIGNATORIES

Please confirm the minimum number of authorised signatories of the company needed to give instructions

The company directors/authorised signatories of the company must complete and sign the declaration in Section J.

- ▶ **Additional documents are needed to evidence the identity of at least two directors, one of whom must be an executive director of the company. Plus, if different to this, we also need to verify the identity of those who have signed the application form.**
- ▶ **If there is only a sole director we will require evidence of identity for this individual and at least one other authorised signatory.**

B3 POLITICALLY EXPOSED PERSON

We are required to identify persons associated with this application who could be classed as a Politically Exposed Person ("PEP"). A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities. For example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary or the Military, a senior employee of a State Owned Corporation, or a board member of a Central Bank. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

Is there anyone associated with this application who could be considered a PEP?

Yes

No

If "Yes", please provide details

B 4 EXISTING CONTRACTS

Please provide details of any existing Utmost PanEurope contracts you have or are making payments to (if applicable)

Type of contract	Type of contract
Policy number	Policy number

C DETAILS OF THE LIFE/LIVES ASSURED (IF DIFFERENT FROM APPLICANT(S))

NOTE

Do not complete this section if you have selected capital redemption in Section A as there are no lives assured on a capital redemption bond and we will not record the details if you fill in this section in error.

Please note you do not need to complete this section if the applicant(s) is going to be the only life/lives assured. If this is the case, please just tick where indicated in section B1.

The maximum age for a life assured is 90.

If there are any further lives assured, please photocopy this page, attach the details with this application form and tick here (✓)

▶ If additional pages are added, each separate page must be initialled by all applicants. If there are two or more lives assured, the policy will end on the death of the last of the lives assured.

	First additional life assured [if any]	Second additional life assured [if any]
Title (✓)	Mr Mrs Miss Other <input style="width: 150px;" type="text"/>	Mr Mrs Miss Other <input style="width: 150px;" type="text"/>
Full forename(s)	<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>
Surname	<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>
Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes No <input style="width: 250px;" type="text"/>	Yes No <input style="width: 250px;" type="text"/>
Gender (✓)	Male Female	Male Female
Date of birth	<input style="width: 100px;" type="text" value="d"/> <input style="width: 100px;" type="text" value="d"/> <input style="width: 100px;" type="text" value="m"/> <input style="width: 100px;" type="text" value="m"/> <input style="width: 100px;" type="text" value="y"/> <input style="width: 100px;" type="text" value="y"/> <input style="width: 100px;" type="text" value="y"/> <input style="width: 100px;" type="text" value="y"/>	<input style="width: 100px;" type="text" value="d"/> <input style="width: 100px;" type="text" value="d"/> <input style="width: 100px;" type="text" value="m"/> <input style="width: 100px;" type="text" value="m"/> <input style="width: 100px;" type="text" value="y"/> <input style="width: 100px;" type="text" value="y"/> <input style="width: 100px;" type="text" value="y"/> <input style="width: 100px;" type="text" value="y"/>
Please list all nationalities/ citizenships held.	<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>
Tax reference number or equivalent	<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>
Residential address (Please note we do not accept c/o and PO Box addresses)	<input style="width: 250px;" type="text"/> <input style="width: 250px;" type="text"/> <input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/> <input style="width: 250px;" type="text"/> <input style="width: 250px;" type="text"/>
	Postcode <input style="width: 150px;" type="text"/>	Postcode <input style="width: 150px;" type="text"/>
Country of residence	<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>
Relationship of life assured to applicant	<input style="width: 250px;" type="text"/>	<input style="width: 250px;" type="text"/>

D UTMOST PANEUROPE CHARGES AND ADVISER FEES

UTMOST PANEUROPE CHARGES

Please enter the code for the Utmost PanEurope Charge package that your financial adviser has explained will apply to your European Wealth Bond.

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Do not use the illustration reference; only the appropriate Utmost PanEurope charging code should be used. Failure to provide the right code could result in the incorrect package being applied and/or delays.

These charges will be taken into account within your personal illustration, which forms part of the bond's key features documentation. Please read through these carefully before completing this application form.

ADVISER FEES

Please enter the details of the fees to be facilitated by Utmost PanEurope, which you have agreed with your financial adviser, or tick the 'No fee payable' box where Utmost PanEurope is not to pay a fee to your financial adviser from your European Wealth Bond.

Initial fee

Monetary amount or % of initial premium

No fee payable from your European Wealth Bond

I wish the initial fee to be paid in the following currency (✓)

£

US\$

€

Other (state currency)

Please note: to pay a fee in a chosen currency, we must receive a premium payment in that currency that at least matches the amount of the fee.

Do you want us to pay this fee (✓)

before investment in your European Wealth Bond meaning we will deduct the fee from your lump sum premium payment before the remainder is invested in your European Wealth Bond?

after investment in your European Wealth Bond meaning we will deduct this fee by making a one-off withdrawal (part surrender) of this amount from your policy after your lump sum premium has been invested?

Ongoing service fee

Monetary amount each year or % of value of the European Wealth Bond each year.

No ongoing service fee payable from your European Wealth Bond

Service fees will be paid in the policy currency - see Section A. Ongoing service fees are paid quarterly by a regular withdrawal from your policy. All amounts should be inclusive of any VAT.

Please note that fees are paid from your European Wealth Bond by Part Surrenders and will count towards the 5% tax deferred allowance. We suggest that you discuss the above with your financial adviser before selecting your option.

The first payment date would be the last working day of the second month following the first calendar quarter occurring after your policy starts. So if your policy starts on 1 November, the first calendar quarter end is 31 December and the first payment would be made on the last working day of February.

Payment amount	<input style="width: 100%;" type="text"/>	Payment currency	<input style="width: 100%;" type="text"/>
Bank account holder (name as stated on bank account)	<input style="width: 100%;" type="text"/>		
Bank account number/IBAN	<input style="width: 100%; height: 20px;" type="text"/>		
Sort code (if applicable)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	SWIFT or BIC code (if applicable)	<input style="width: 100%;" type="text"/>
Bank name	<input style="width: 100%;" type="text"/>		
Bank address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%; border: none; border-bottom: 1px solid black; padding: 2px 0 2px 20px;" type="text" value="Postcode"/>		
	<input style="width: 100%; border: none; border-bottom: 1px solid black; padding: 2px 0 2px 20px;" type="text" value="Country"/>		
How long have you held this account?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> years <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> months		
Additional information that may be required by the bank	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 100%; height: 20px;" type="text"/>		

- › Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.
- › Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN).

F1 EMPLOYMENT DETAILS

	Policyholder 1	Policyholder 2 (if any)
1 Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
2 Date of retirement, unemployment, or becoming a homemaker	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
3 Occupation	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
4 Last year's annual income/salary	Currency <input style="width: 100%;" type="text"/> Amount <input style="width: 100%;" type="text"/>	Currency <input style="width: 100%;" type="text"/> Amount <input style="width: 100%;" type="text"/>
5 Do you receive income other than from your occupation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions 2 and 3, If Retired, Unemployed or a Homemaker please provide your former occupation including role e.g. Director accountancy and include date of retirement, unemployment or becoming a homemaker.

Question 4, Income details are required for Know Your Client and AML requirements and failure to complete will result in a delay in processing the application.

If "Yes", provide details including the amount and source		
6 Employer/Business name		
7 Employer's/Business address		
	Postcode	Postcode

F2 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

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

Documentary evidence requirements:

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

Please provide as much detail as possible. If it is not clear how the money was accumulated we will need to request further information and the Policy will not be issued until the requested information is received and a satisfactory risk assessment is completed.

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

Total amount received	Currency	<input style="width: 80%;" type="text"/>	Amount	<input style="width: 80%;" type="text"/>
Number of years income accumulated	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	years		
Institution holding the funds	<input style="width: 100%; height: 20px;" type="text"/>			
Name of account where earned income accumulated	<input style="width: 100%; height: 20px;" type="text"/>			
Account number	<input style="width: 100%; height: 20px;" type="text"/>			
Bank sort code (if applicable)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	-	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	-
	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
Length of time funds have been in this account	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	years	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	months

Main occupation during the accumulation period (e.g. Director).

Industry or business sector

Main employer's name

Employer's address

Date of commencement of this employment

d	d	m	m	y	y	y	y
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Average annual salary over the accumulation period

	Currency	<input style="width: 95%;" type="text"/>		Amount	<input style="width: 95%;" type="text"/>
--	----------	--	--	--------	--

Average annual bonus over the accumulation period

	Currency	<input style="width: 95%;" type="text"/>		Amount	<input style="width: 95%;" type="text"/>
--	----------	--	--	--------	--

2. Compensation payment

Name of organisation or individual that paid compensation

Reason for compensation

Country where compensation was awarded

Total amount received

	Currency	<input style="width: 95%;" type="text"/>		Amount	<input style="width: 95%;" type="text"/>
--	----------	--	--	--------	--

Date received

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

3. Competition win

Name of competition organiser

Description of competition

Country where competition was held

Total amount won

	Currency	<input style="width: 95%;" type="text"/>		Amount	<input style="width: 95%;" type="text"/>
--	----------	--	--	--------	--

Date of win

d	d	m	m	y	y	y	y
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4. Gift

Full name of person who gave the gift											
Date of birth	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">d</td> <td style="width: 25%;">d</td> <td style="width: 25%;">m</td> <td style="width: 25%;">m</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> </tr> </table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Nationality											
Address											
	Postcode		Country								
Relationship to Policyholder											
Reason for gift											
Description of gift											
Total amount received	Currency		Amount								
Date received	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">d</td> <td style="width: 25%;">d</td> <td style="width: 25%;">m</td> <td style="width: 25%;">m</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> </tr> </table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Details of the activity that generated the amount received											
Country gift was accumulated in											

5. Inheritance

Deceased's full name											
Relationship to Policyholder											
Date of death	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">d</td> <td style="width: 25%;">d</td> <td style="width: 25%;">m</td> <td style="width: 25%;">m</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> </tr> </table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Details of the inheritance, tell us about the assets forming the inheritance (e.g. cash, property, shares etc.)											
Amount received	Currency		Amount								
Date received	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">d</td> <td style="width: 25%;">d</td> <td style="width: 25%;">m</td> <td style="width: 25%;">m</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> <td style="width: 25%;">y</td> </tr> </table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Details of the activity that generated the amount received											
Country inheritance was accumulated in											
Solicitor/lawyer's (who dealt with the estate) name											

Solicitor/lawyer's firm name	<input style="width: 100%;" type="text"/>		
Solicitor/ lawyer's firm address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	Postcode	Country	

6. Loan

Name of loan provider	<input style="width: 100%;" type="text"/>											
Address of loan provider	<input style="width: 100%;" type="text"/>											
	<input style="width: 100%;" type="text"/>											
	Postcode	Country										
Total amount borrowed	Currency	<input style="width: 100px;" type="text"/>	Amount	<input style="width: 100px;" type="text"/>								
Date of loan	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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					
Purpose of loan	<input style="width: 100%;" type="text"/>											

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

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

Name of policy provider	<input style="width: 100%;" type="text"/>											
Address of policy provider	<input style="width: 100%;" type="text"/>											
	<input style="width: 100%;" type="text"/>											
	Postcode	Country										
Policyholder's full name	<input style="width: 100%;" type="text"/>											
Length of time policy held	<input style="width: 20px;" type="text"/>	years	<input style="width: 20px;" type="text"/>	months								
Amount of the original investment	<input style="width: 100%;" type="text"/>											
Details of the activity that generated the original investment	<input style="width: 100%;" type="text"/>											
Reason for policy claim or replacement policy (if applicable)	<input style="width: 100%;" type="text"/>											
Total amount received	Currency	<input style="width: 100px;" type="text"/>	Amount	<input style="width: 100px;" type="text"/>								
Surrender penalty (if applicable)	<input style="width: 100%;" type="text"/>											
Date received	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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					

8. Sale of asset portfolio or investment

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

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

9. Company sale or sale of interest in company

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

10. Property sale

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

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

11. Other income sources

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

12. Company profits (trading companies only)

Company profits most recent trading year	Currency	<input type="text"/>	Amount	<input type="text"/>
Company profits prior trading year	Currency	<input type="text"/>	Amount	<input type="text"/>

G REQUEST TO APPOINT A DISCRETIONARY ASSET MANAGER(S) AND AUTHORISED CUSTODIAN

You can request us to appoint up to three discretionary asset managers and authorised custodians to your policy. Please print this page for each discretionary asset manager you are requesting us to appoint.

DETAILS OF THE DISCRETIONARY ASSET MANAGER(S)

Name of discretionary asset manager	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text" value="Postcode"/>
Discretionary asset manager registered address	<input style="width: 100%; height: 20px;" type="text"/>
Discretionary asset manager FCA licence number	<input style="width: 100%; height: 20px;" type="text"/>

DISCRETIONARY ASSET MANAGER DECLARATIONS

The discretionary asset manager and Investment Mandate declarations are made by each applicant for Individual applicants, each trustee for a trustee applicant, or each authorised signatory on behalf of a corporate applicant.

1. I hereby request that the discretionary asset manager be appointed by Utmost PanEurope as discretionary asset manager(s) to manage the composition of the assets of the portfolio fund in respect of my Policy.
2. I understand that the management of the assets shall be at the discretion of the discretionary asset manager(s) and the discretionary asset manager(s) may have a preferred authorised custodian and Utmost PanEurope may agree to appoint that authorised custodian.
3. I understand that the discretionary asset manager charge detailed below will be paid by Utmost PanEurope. I understand that these charges will be recouped as a portfolio fund charge known as the discretionary asset manager charge and that this charge will be deducted in the policy currency and paid quarterly.
4. I understand that I or any person acting on my behalf can have no influence over the selection of assets chosen by the discretionary asset manager(s).

DISCRETIONARY ASSET MANAGER CHARGE

Please enter the discretionary asset manager charge that your financial adviser has explained will apply to your European Wealth Bond.

The charges for this service (inclusive of VAT or other applicable tax, if any) are as follows:

% each year (to be taken quarterly) of the value of the assets managed by the discretionary asset manager which are held by either the default custodian or the authorised custodian;

OR

monetary amount £ each year to be taken quarterly. The maximum percentage fee is 1.5%. This also applies to the monetary amount option. Please review the amount of the charge regularly to ensure it remains below the maximum allowed.

Please refer to your Policy Terms for further information on the discretionary asset manager charge.

Currently there is no VAT applicable to this charge, however Utmost PanEurope reserves the right to deduct from the Policy any VAT or other tax that may become applicable to Utmost PanEurope in respect of the discretionary asset manager charge in the future.

INVESTMENT MANDATE DECLARATIONS

The Investment Mandate provides details of the aims, objectives and risk tolerance as well as the anticipated time horizon to help the discretionary asset manager provide and implement a suitable long-term investment strategy for the Assets they manage. Whilst an Investment Mandate must be completed for each discretionary asset manager, the aims, objectives and risk tolerance must be the same in each Investment Mandate.

1. I confirm that all the information in the Investment Mandate(s) is/are accurate, complete, can be relied upon, and that my investment objectives are as set out in the Investment Mandate(s).
2. I understand that I must inform Utmost PanEurope if the Investment Mandate(s) changes. I understand that Utmost PanEurope can accept no responsibility for the effects of any delay or failure to inform them of any such change. I also understand that only three changes can be made to the Investment Mandate(s) in any 12 month period.
3. I confirm that I/we have also completed the discretionary asset manager's form which contains details of the Investment Mandate.
4. I request that Utmost PanEurope agree for the authorised custodian to send reports to me which cover the investments that they hold on behalf of Utmost PanEurope. I understand that it will not contain the full value of the European Wealth Bond as this is only provided by Utmost PanEurope.
5. I understand that the discretionary asset manager may use expressions in their Investment Mandate which suggest that they are providing investment management services to me because it is easier to understand. I understand that no provision in the Investment Mandate will operate so as to cause the European Wealth Bond to be regarded as a Personal Portfolio Bond or for me/us to have a legal or beneficial interest in any of the Assets of the European Wealth Bond or for me to have a contractual relationship with the discretionary asset manager.

DETAILS OF THE CUSTODIAN

A custodian will hold the assets linked to your policy.

Default custodian - a professional banker or other organisation, which is authorised by its regulator to provide custodian and depository services that we normally use to hold our Assets.

Authorised custodian - a professional banker or other organisation which is authorised, where appropriate, by its regulator to provide custodian and depository services and which we have appointed at your request.

Please complete the details for the custodian(s) you would like us to consider appointing. You can request the following:

- › up to three authorised custodians
- › our default custodian only
- › a combination of one authorised custodian and our default custodian.

If requesting an authorised custodian please also complete the 'Request for Utmost PanEurope to appoint authorised custodian(s)' form available from your financial adviser.

If the discretionary asset manager has a preferred authorised custodian which they want us to consider appointing then you **may not** need to complete this section'. (Note to financial adviser: *if you are unsure if the custodian details need to be completed please check with your usual sales consultant.*)

Please select the custodian(s) you would like us to consider appointing to hold the assets linked to your policy:

PLEASE SELECT THE CUSTODIAN(S) YOU WOULD LIKE US TO CONSIDER APPOINTING TO HOLD THE ASSETS. (TICK ONE OPTION ONLY)	NAME OF CUSTODIAN(S)	PLEASE ENTER THE NAME OF THE DISCRETIONARY ASSET MANAGER YOU WOULD LIKE US TO CONSIDER APPOINTING TO MANAGE THE ASSETS. ONLY ONE DISCRETIONARY ASSET MANAGER CAN BE APPOINTED TO EACH CUSTODIAN.	MONETARY AMOUNT
Assets held by our default custodian	Default		
Assets held by our default custodian and one other authorised custodian	Default		
Assets held by one authorised custodian			
Assets held by two authorised custodians	Lead custodian *		
Assets held by three authorised custodians.	Lead custodian *		

* Where the assets are held in part by the default custodian, the default custodian will be the lead custodian. Where you request us to appoint more than one authorised custodian you also need to request a lead custodian if we agree to that request we will instruct the lead custodian to sell assets to pay for portfolio fund charges debited to the transaction account held with Utmost PanEurope. Please refer to your Policy Terms for further information on the portfolio fund charges debited to the transaction account held with Utmost PanEurope.

In case we need to clarify the choices above, please provide us with a contact name and telephone number.

Contact name	<input type="text"/>
Daytime telephone number including area code	<input type="text"/>
Evening telephone number including area code	<input type="text"/>
E-mail address	<input type="text"/>

H REGULAR WITHDRAWALS

This section should only be completed if you wish to take regular withdrawals (other than the fees to your financial adviser that you have requested us to pay) from your policy.

► **Please note that the minimum amount for any regular withdrawal payment, regardless of frequency, is £400 (or other currency equivalent).**

Please note that there may be tax implications and the partial surrender will count towards the 5% tax deferred allowance. We suggest that you discuss the above with your financial adviser before selecting your option.

Bank name	<input type="text"/>
Bank address	<input type="text"/>
	Postcode
	Country

I NUMBER OF POLICIES

Please enter the number of policies you would like:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The number of policies cannot be changed after the European Wealth Bond is set up.

► **If you do not specify the number of policies, we will issue 250. If you require more or less than the default, please provide details.**

The number of policies selected can play an important role in the future if the policy is to be assigned. The minimum investment amount for each individual policy is £400 (US\$600, €600 or other currency equivalent).

J DECLARATION AND APPLICATION

If there are more than two applicants, please photocopy all of this section, attach the details with this application form and tick here (✓)

► **If additional pages are added, each separate page must be initialled by all applicants.**

DATA PRIVACY STATEMENT

I understand that Utmost Services Limited, Utmost International Business Services Limited, Utmost Services Ireland Limited, Utmost Administration Limited, Utmost International Isle of Man Limited, Utmost International Trustee Solutions Limited and / or Utmost PanEurope dac (Utmost International) will process personal information about me and any other party whose personal information I have provided.

The type of personal information processed about me will depend on the purpose for which it has been collected and will include:

- › my contact details
- › information to verify my identity
- › information about my family, lifestyle, health and finances
- › my payment details.

The processing of my personal information may take place in a number of jurisdictions and may be shared with other parties within or outside the Utmost group of companies for the general purpose of establishing, maintaining and servicing an insurance policy. The sharing of my personal data may be used for any or all of the following purposes, to:

- › check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;
- › allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- › enable an appointed financial adviser or fund adviser to assist in the provision of services to the policyholder;
- › compile statistical analysis or market research, where information is not specific to the individual;
- › comply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standards;

- › enable an appointed discretionary asset manager or custodian to meet their legal or regulatory requirements, where that discretionary asset manager or custodian providing services in relation to a policy requests the personal data of an individual linked to an application, and where we are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

Where my personal information is shared with a third party for the provision of services relating to my policy, my personal information will only be used for the purposes for which it was collected. In some circumstances this may involve a transfer of my personal information to a third party outside the European Economic Area (EEA). Whenever my personal information is shared it will be subject to the same levels of security and protection that Utmost International would apply.

I may ask Utmost International to:

- › provide a copy of personal information held about me and an explanation of how this data is processed;
- › update or correct my personal information;
- › delete information about me (where it is no longer necessary in relation to the purpose for which it was originally collected);
- › restrict processing of my personal information where appropriate. I may also object to Utmost International processing my data but understand that this may have consequences in Utmost International being able to continue servicing my policy.

I have been made aware that a full explanation of how Utmost International collects, uses and shares my personal information can be found at www.utmostinternational.com/privacy-statements/

If I have any questions about data privacy I can address these to:

For Utmost PanEurope dac: The Data Protection Officer, Utmost PanEurope dac, Navan Business Park, Athlumney, Co Meath, C15 CCW8, Ireland.

Or email: data.protection@utmost.ie

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Data Protection Officer, Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

Or email: iomdpo@utmostgroup.com

If I have a complaint about the processing of my personal information and Utmost International is unable to provide a satisfactory response I may contact the appropriate regulator:

For Utmost PanEurope dac: The Ireland Data Protection Commissioner, Canal House, Station Road, Portllington, R32 AP23 Co. Laois, Ireland.

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, British Isles, IM1 1ET.

As the Isle of Man is not part of the United Kingdom, our Appointed Representative in the United Kingdom is an establishment of Utmost Services Limited based at Saddlers House, 5th Floor, 44 Gutter Lane, London, EC2V 6BR.

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to Utmost International either in this application or within accompanying documentation.

WARNING

Please read the following declaration carefully. Any omission or misstatement of a material fact in this application could affect the payment of benefits under the European Wealth Bond. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that we can assess its possible significance. If you become aware of such a fact while we are considering your application, you should notify us immediately.

You should satisfy yourself that you are able to effect the proposed contract under any taxation, exchange control or insurance law to which you may be subject. You are responsible for any tax reporting and liability in relation to your Policy required by the relevant tax authorities. Your country of residence could vary how your Policy is taxed, and you should seek professional tax advice before moving to a new country

DECLARATION - BY EACH APPLICANT

A copy of this completed application form is available on request. References to the word 'I' in this declaration refer to:

1. each applicant named in this application where they are individuals or individuals acting as trustees in relation to a trust; or
2. each director/authorised signatory on behalf of the Company where the applicant is a company, including where the applicant is a trust company.

Utmost PanEurope dac will be referred to as Utmost PanEurope throughout this declaration.

Declaration applicable to all applicants:

1. I understand and agree that I am applying to enter into a new contract (or a top up to an existing contract) with Utmost PanEurope, it will be subject to the law of England and Wales and the Policy Terms will be in the English language.
2. I request that the Lump Sum referred to as a Premium less any initial fee I have requested Utmost PanEurope to pay to my financial adviser is invested as an initial premium for policies comprising an Utmost PanEurope European Wealth Bond - PRIIPs (ref EWBv2) or Utmost PanEurope European Wealth Bond - Redemption (EWBRv1) and I request Utmost PanEurope to issue the policies in my name, jointly with the other applicants, if any.
3. I authorise and request Utmost PanEurope to effect the facilitation of any initial fee to be taken before my investment is paid into the Policy, if applicable to my application, and I confirm that such payments will discharge Utmost PanEurope from all liabilities and claims arising from the payment of that initial fee. I understand that this authority supersedes any authority previously given.
4. I confirm that Utmost PanEurope has not provided any investment advice and I understand that the discretionary asset manager(s) appointed by Utmost PanEurope is responsible for the selection of assets to be linked to my Portfolio Fund. I acknowledge that Utmost PanEurope and the discretionary asset manager(s) are not responsible for the investment performance of any asset. The provider of the underlying assets is responsible for the management of any assets. Utmost PanEurope are responsible for carrying out a treasury function in respect of the Transaction Account held with Utmost PanEurope and Utmost PanEurope does not recommend any asset as a suitable investment.
5. I understand that the discretionary asset manager(s) may wish to invest into professional/non-retail type investment schemes and, if so, I accept the level of risk associated with these including the risk that the investment into such a scheme could result in a loss of a significant proportion, or all, of the sum invested.
6. I understand that in cases where the asset(s) the discretionary asset manager(s) has selected is/are not redeemable for a certain period of time, you may not be able to return that part of my payment until the end of that period. The description of the funds and/or assets the discretionary asset manager(s) has chosen will give details if this applies. The discretionary asset manager(s) may invest immediately into non daily dealing funds which I understand that in the event of cancellation or requiring early access that:
 - a. I may not get my money back immediately and payment may be delayed for some time;
 - b. the asset provider may impose penalties and therefore I may get back less than I invested, and/or
 - c. the only way in which to receive value may be through a transfer of the ownership of that asset into the name of the Policyholder.
7. I declare to the best of my knowledge and belief that the statements made in this application, and any related documents, are true and complete. I have not concealed a material fact. I agree to provide Utmost PanEurope with any further information in respect of this application on request.
8. I confirm that I have received a copy of the following items and I have had the opportunity to read them before reviewing and signing this application: Key Features Document for the European Wealth Bond and personal illustration, European Wealth Bond - Product Brochure, Explaining your Bond fees and charges and the Policy Terms (ref EWBv2) or (ref EWBRv1), Key Information Document (KID) for the policy.
9. I authorise and request Utmost PanEurope to effect the Regular Withdrawals or Part Surrender transactions on my policy to facilitate advice fees I have agreed to pay to my financial adviser in accordance with the details shown in Section D and/or to effect Regular Withdrawals as detailed in Section H, if applicable to my application, and I confirm that such payments will discharge Utmost PanEurope from all liabilities and claims arising from those payments, Regular Withdrawals or Part Surrenders.
10. For an application for the European Wealth Bond - PRIIPs, I confirm that each life assured (or their parent where parental consent is required) consents to this application and there is insurable interest between the applicant and the life assured, and agrees to my acting as their agent for the purpose of the information provided in this application.
11. I confirm that I am not a resident of the United States of America or any of its territories. If I become resident in the United States of America or any of its territories, Utmost PanEurope may not be able to accept any further premiums until after I cease to be a resident in the United States of America or any of its territories.

12. The premium detailed in this application and any other premium tendered in respect of this application are derived solely from the source of funding provided and have, where required, been declared to the relevant tax authority in my country of residence for taxation.

13. The application for an Utmost PanEurope policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes I am obliged to pay.

Additional declarations applicable to Corporate applicants:

14. I confirm that the Company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.

Additional declarations applicable to trust applicants, including trust companies:

15. I confirm that the Trust Company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.

16. We confirm that investment into the European Wealth Bond - PRIIPs or European Wealth Bond - Redemption is within the investment powers available to the trustees of the trust.

Please enter the country in which this application form was completed.

This application must be completed by the applicant(s) unless you have asked your financial adviser to complete it.

Did you complete this application form yourself? (✓)

If No, did a third party, such as your financial adviser, complete it on your behalf? (✓)

By signing this declaration you confirm that you have read through the above declaration and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

	<p>Applicant 1/Trustee 1/ Corporate Applicant 1</p>	<p>Applicant 2/Trustee 2/ Corporate Applicant 2</p>																
SIGNATURE																		
Date	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; text-align: center;">d</td> <td style="width: 25px; text-align: center;">d</td> <td style="width: 25px; text-align: center;">m</td> <td style="width: 25px; text-align: center;">m</td> <td style="width: 25px; text-align: center;">y</td> <td style="width: 25px; text-align: center;">y</td> <td style="width: 25px; text-align: center;">y</td> <td style="width: 25px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; text-align: center;">d</td> <td style="width: 25px; text-align: center;">d</td> <td style="width: 25px; text-align: center;">m</td> <td style="width: 25px; text-align: center;">m</td> <td style="width: 25px; text-align: center;">y</td> <td style="width: 25px; text-align: center;">y</td> <td style="width: 25px; text-align: center;">y</td> <td style="width: 25px; text-align: center;">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											

Further copies of the Policy Terms and/or this completed application form are available on request.

K IDENTIFICATION REQUIREMENTS

This Section is required to verify the identity of the Policyholders and to be completed by the Intermediary in conjunction with the Policyholder.

How to certify documents is outlined in the document **Anti Money Laundering and Source of Wealth Pack**

All identification papers must be certified by the Intermediary, a lawyer or a notary public and must include a photograph of the Policyholder(s).

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

For individual Policyholders, we require one suitably certified document from Part 1, together with one suitably certified document from Part 2. **Mobile phone bills and store card statements are not acceptable.**


For corporate and trustee Policyholders, we require the documentation listed in Part 3.

For corporate Policyholders and trustee Policyholders (with corporate trustees), we will require identification verification for at least two directors (one of whom is at an executive level) and individual shareholders that hold 25% or more of the issued share capital.

For trustees, the following parties to the trust must be identified and verified - trustees, settlors, protectors and irrevocable beneficiaries.


PART 1 PERSONAL IDENTIFICATION

- | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|
| 1 Who is being identified? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 Valid passport | | | | |
| 3 National ID card (with photograph) | | | | |
| 4 A current driving licence ¹ (with photograph) | | | | |

 Please confirm who is being identified in each section e.g. Policyholder, trustee, executive director, director, beneficial owner, etc. as relevant.

Who is being identified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document reference number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document issuing entity ²	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issue Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Where the Policyholder does not hold an item from Part 1, indicate why in the box below and supply a second document from Part 2.

 Where a driving licence is used to verify identity, it cannot also be used to verify address. The driving licence needs to be current and valid.

¹ Where the driving licence does not confirm nationality this will be requested.

² To include entity name and country where the document was issued.

PART 2 VERIFICATION OF RESIDENTIAL ADDRESS

- 1 Whose address is being verified?

--	--	--	--
- 2 A recent³ utility bill dated and certified within the last six months
- 3 A recent³ mortgage statement, giving the residential address
- 4 A current driving licence
- 5 A state pension benefit book or other government produced document showing benefit entitlement
- 6 A recent³ tax assessment document
- 7 A recent³ rates or council tax bill
- 8 A recent³ account statement from bank or credit card showing at least one transaction

Whose address is being identified				
Reference number				
Issuing entity				

PART 3 CORPORATE AND TRUST IDENTIFICATION

CORPORATES INCLUDING CORPORATE TRUSTEES

- A copy of the Certificate of Incorporation
- Company Memorandum and Articles of Association
- Evidence of the registered office of the company
- Copy of annual reports and accounts (only required where not a public company)

³ Recent generally means not more than six months old, if issued on a monthly basis. If the document is issued less frequently, e.g. annually, recent means the most recently issued document (for example mortgage statements are usually issued annually).

An authorised signatory list

A list of all directors and identification and proof of address for two

Identification and proof of residential address for beneficial owners (a natural person holding more than 25% whether directly or indirectly) and individual shareholders that hold 25% or more of the issued share capital

A certified copy of the Board Resolution authorising the establishment of business relations with Utmost PanEurope and appointment of authorised signatories for this purpose

TRUSTS

The trust deed and letter of wishes, including any supplementary deeds, showing the proper appointment of the trustees and classes of beneficiaries

For will trusts a copy of the will together with grant of probate (if applicable)

L CUSTOMER DUE DILIGENCE "CDD"

This section must be completed in all instances by the Financial Adviser/Suitable Certifier.

SECTION 1(A) - PROVISION OF CUSTOMER DUE DILIGENCE "CDD"

To allow us to understand how the CDD provided has been obtained, please select one of the following options:

- 1. All elements of CDD provided were obtained by me directly from the customer
- 2. Some elements of CDD provided were obtained by me directly from the customer
- 3. None of the CDD provided was obtained by me directly from the customer

If option 2 or option 3 have been selected, please complete Section 1(b)

SECTION 1(B) - THIRD PARTIES PROVIDING CDD

Where some or all elements of CDD have been provided by third parties, please complete the following details explaining what those CDD items are and who provided them.

CDD ITEM PROVIDED (E.G. DETAILS OF PASSPORT, BANK STATEMENT OR UTILITY BILL)	FULL NAME OF THE THIRD PARTY PROVIDING THE CDD	RELATIONSHIP OF THE THIRD PARTY TO THE CUSTOMER (E.G. SOLICITOR, ACCOUNTANT)

Where third parties have been named above, please provide their full details in section 3 below.

SECTION 2(A) - CUSTOMER MEETINGS

To allow us to understand who and by what means the customer has been met, please select one of the following options:

1. I met the customer in person on
2. I met the customer face to face via live video stream on
3. I have not met the customer, but they have been met in person or via live video stream by a third party
4. The customer has not been met by any party

If option 3 or 4 have been selected, please complete Section 2(b)

SECTION 2(B) - THIRD PARTIES WHO HAVE MET CUSTOMERS

Where a third party has met the customer, please provide the details of the third party and the circumstances of the meeting.

FULL NAME OF THE THIRD PARTY WHO MET THE CUSTOMER	HOW THE THIRD PARTY MET THE CUSTOMER (I.E. IN PERSON OR VIA LIVE VIDEO STREAM)	DATE THE THIRD PARTY MET THE CUSTOMER	RELATIONSHIP OF THE THIRD PARTY TO THE CUSTOMER (E.G. SOLICITOR, ACCOUNTANT ETC.)
		<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"/>	
		<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"/>	
		<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"/>	

Where third parties have been named above, please provide their full details in section 3 below.

If option 4 in Section 2(a) has been selected, indicating the customer has not been met by any party, please provide an explanation in the box below why the customer has not been met.

SECTION 3 - DETAILS OF THIRD PARTIES

Where third parties have been named in sections 1(b) and/or 2(b), please provide their full details below so we may determine the individual's regulatory status.

Full Name of Individual

Occupation

Date of Birth

Residential Address		
	Postcode	Country
Registered Company Name		
Registered Company Address		
	Postcode	Country
Associated Professional Body		
Professional Body Membership Reference		

If more than one third party has been named in section 1(b) and/or 2(b), please take a copy of Section 3 and complete the details of the additional third party.

How to certify documents is outlined in the document [Anti Money Laundering and Document Certification Requirements](#).

M FINANCIAL ADVISER DECLARATION

I declare that:

- › I have taken reasonable steps to ensure that the funding is legitimate and in line with the client’s circumstances.
- › To the best of my knowledge, all the information provided with this form and policy is true and complete and that I will provide further information if required.
- › I have not made any changes to the policy form after the client has signed it
- › I have verified the contents of the original documents where copies have been enclosed and that they are true copies of the original.

By providing certification for Customer Due Diligence documents where these have been viewed and verified via secure live video stream, you confirm:

1. That the client held their ID beside their face to confirm the document as a true likeness.
2. The other elements of the Customer Due Diligence (CDD) were held up by the clients so I could verify they were a true likeness to those in my possession.
3. That I obtained evidence by retaining a recording of the video meeting or by taking a picture of my client with their CDD for record keeping purposes and to validate my certification. I will provide this to Utmost International upon request.

I confirm that I gave advice concerning this investment to the policyholder(s) in (name of country) on

d	d	m	m	y	y	y	y
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Regulatory body authorisation number (if applicable)

Regulator name

EUROPEAN WEALTH BOND
APPLICATION FORM - NEW BUSINESS AND TOP-UP

Utmost International financial
adviser account number

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Full name of financial adviser

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SIGNATURE

Financial adviser

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Date

d	d	m	m	y	y	y	y
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Financial adviser stamp

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www.utmostinternational.com

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland.

Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

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

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