

# SELECTION

## APPLICATION FORM FOR TRUSTEE AND CORPORATE TRUSTEE APPLICANTS

### IMPORTANT NOTES

This form is for trustee and corporate trustee applicants. Individual applicants should use the appropriate application form.

Ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

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

#### BEFORE YOU BEGIN

Before completing this application form, ensure you have read the current **Selection Product Guide**, your **Personal Illustration**, **Key Features Document**, any applicable disclosure documents and our **Guide to Charges**. Your financial adviser will also be able to provide you with any relevant supporting literature in relation to your individual circumstances. The Policy Conditions and Policy Schedule detail the terms and conditions of the contract. Copies are available from us on request.

#### HOW TO COMPLETE THIS FORM

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**.

This form has been split into 4 sections for ease of completion. A summary of who must complete each section is outlined below:

- › **Section 1:** Selection application - **Applicants** must complete in all cases
- › **Section 2:** Identification requirements & financial adviser details - **financial adviser** must complete in all cases
- › **Section 3:** Adviser charges - **Applicants** should complete this section if they would like Utmost PanEurope dac to facilitate any adviser charge payments to the financial adviser
- › **Section 4:** Nomination of external manager and/or custodian (EMC) - optional; see subsection S for more details.

**SIGNATURE** This symbol highlights the signature sections within this form which need to be signed (where applicable) by the applicants, financial adviser and, if applicable, the authorised signatories.

- › **Applicants** will need to sign subsection O in all cases
- › **Financial adviser** will need to sign subsection R in all cases
- › If a nomination of an EMC is made, ensure the **applicants** sign subsection S3, and the **authorised signatory** on behalf of the Platform Adviser signs subsection S4.

#### REQUIREMENTS TO COMPLETE AN INTERNAL TRUST REGISTER FORM AND REGISTER ON IRISH CENTRAL REGISTER OF BENEFICIAL OWNERSHIP OF TRUSTS "CRBOT"

Unless your trust is administered in an EU state other than Ireland (the trust is administered in an EU state if the trustees are resident in the EU and the trust is managed there) you will need to complete the separate **Internal Trust Register Form** and send this in with this application form.

Further, unless your trust is administered in another EU state<sup>1</sup> (outside of Ireland), or has been registered in another EU state<sup>1</sup> (outside of Ireland) due to having a separate business relationship there, you will also need to register the trust on the Irish central register the CRBOT.

<sup>1</sup> Please note that administration of the trust in the UK and/or registration on the UK's central register (or exemption from registration under the UK's central register) is irrelevant for these purposes following the UK's departure from the EU.

#### PAYING FOR YOUR ADVICE

If you would like us to facilitate any adviser charge payments to your financial adviser, read the separate notes on adviser charges under subsection **R** before signing the request for us to facilitate this payment.

#### OVERDRAWN DEALING ACCOUNT

In order to avoid an overdrawn balance occurring within the bond's Dealing Account, you should consider whether you wish to leave a cash balance within the Dealing Account to cover the bond charges and regular withdrawals. You should also consider what amount of cash will be required, e.g. for a period of 6 or 12 months (after the deduction of any initial bond and/or charges for advice) to cover future bond charges, adviser charges and any regular withdrawals of capital that you receive.

#### IDENTIFICATION REQUIREMENTS

Under anti-money laundering regulations, we are required to verify the identity and address of all trustees. We also need the full name, date of birth and address of all other parties to the trust (for example, Settlers and Beneficiaries).

#### IMPORTANT INFORMATION ABOUT THIS CONTRACT

You need to satisfy yourself that, under any taxation, exchange control or insurance legislation to which you may be subject, you can take out this bond.

The contract could be invalidated by any failure to disclose facts which might influence our assessment of this application. If you have any doubt as to whether a fact is relevant then you should disclose it. Any additional information should be detailed in the notes section at the back of this form, dated and signed by the appropriate number of authorised signatories.

#### WHAT TO DO NEXT

Using the checklist on the final page ensure you have completed all of the relevant sections and that you have attached any supporting documents to submit.

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

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned can be emailed to us at [info@utmostwealthsolutions.ie](mailto:info@utmostwealthsolutions.ie)

SECTION 1 – TO BE COMPLETED BY ALL APPLICANTS IN ALL CASES

**A CONTRACT DETAILS** **MANDATORY**

**1 Which contract type would you like?**

Life assured       Capital redemption

**2 Provide a copy of the Personal Illustration that you have been given or enter your Personal Illustration reference number here**

**3 Welcome team ticket reference**

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

**4 Utmost PanEurope dac's product management charge**

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

Full initial charge       Full ongoing charge

Combination of initial and ongoing

This is not the adviser charge (see page 38 for more details of adviser charges).

Your chosen product management charge split can be found in the Personal Illustration your financial adviser has given you. For example, a product management charge could be split as follows: Initial 1.00%, ongoing 0.10%.

If you choose a **combination of initial and ongoing** product management charge, enter your chosen combination to a maximum of 3 decimal places:

% Initial       % Ongoing (per annum)

**5 Currency of bond**

Sterling       US Dollar       Euro

Once your bond is established you cannot change the bond currency.

**The Personal Illustration provided to you should match the investment details mentioned in this application. If there have been any changes in the investment details between the date of that illustration and the submission of this application, ask your financial adviser for an updated illustration.**

**B POLITICALLY EXPOSED PERSONS** **MANDATORY**

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

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |














**D** SETTLOR(S) DETAILS


**MANDATORY**

Details of the Settlor(s) of the Trust and any other persons who have provided money to the Trust must be supplied.

If the Settlor(s) is deceased only questions marked with a  require completion.

|   | Settlor 1   | Settlor 2   |
|---|---|---|
|  1 Title (Mr, Mrs, Miss or Other)  | <input type="text"/>  | <input type="text"/>  |
|  2 Surname   | <input type="text"/>  | <input type="text"/>  |
|  3 Does the Settlor have a maiden name, a previous name or alias?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If "Yes", provide the other name(s)   | <input type="text"/>  | <input type="text"/>  |
|  4 Forenames (in full)   | <input type="text"/>  | <input type="text"/>  |
|  5 Date of birth (must be 18 years or over)  | <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"/> |
|  6 If deceased, date of death  | <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"/> |
|  7 Place of birth  | <input type="text"/>  | <input type="text"/>  |
|  8 Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female   | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
|  9 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) | <input type="text"/>  | <input type="text"/>  |
| Postcode  | <input type="text"/>  | <input type="text"/>  |
|  10 Please list all nationalities/citizenships held                                  | <input type="text"/>  | <input type="text"/>  |

Provide in all cases, even if deceased. 

This question must be completed. 

**E** BENEFICIARY AND PROTECTOR DETAILS

OPTIONAL

If there are any named Beneficiaries set out in the Trust Deed, complete this section. Ensure you supply details of all named Beneficiaries.

If a protector has been appointed, also provide details.

If there are no named Beneficiaries tick this box to confirm there are none and proceed to subsection F.

|  | Beneficiary 1  | Beneficiary 2  |
|--|--|--|
| <b>1</b> Title (Mr, Mrs, Miss or Other)  | <input type="text"/>                                     | <input type="text"/>                                     |
| <b>2</b> Surname   | <input type="text"/>                                     | <input type="text"/>                                     |
| <b>3</b> Does the Beneficiary have a maiden name, a previous name or alias?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", provide the other name(s)  | <input type="text"/>                                     | <input type="text"/>                                     |
| <b>4</b> Forenames (in full)   | <input type="text"/>                                     | <input type="text"/>                                     |
| <b>5</b> Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) | <input type="text"/>                                     | <input type="text"/>                                     |
| Postcode   | <input type="text"/>                                     | <input type="text"/>                                     |
| <b>6</b> Please list all nationalities/citizenships held                                     | <input type="text"/>                                     | <input type="text"/>                                     |
| <b>7</b> Date of birth   | <input type="text"/>                                     | <input type="text"/>                                     |
| <b>8</b> Place of birth  | <input type="text"/>                                     | <input type="text"/>                                     |

|  | <b>Beneficiary 3</b>  | <b>Beneficiary 4</b>                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>1</b> Title (Mr, Mrs, Miss or Other)  | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>2</b> Surname   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>3</b> Does the Beneficiary have a maiden name, a previous name or alias?<br>If "Yes", provide the other name(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>4</b> Forenames (in full)   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>5</b> Permanent residential address<br>(PO Boxes and 'care of' addresses are not acceptable)                    | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Postcode   | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">-</td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table> |  |   |   |   | - |   |   |   | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">-</td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table> |   |   |   |   | - |   |   |   |
|  |   |  |   | - |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |  |   | - |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>6</b> Please list all nationalities/citizenships held   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>7</b> Date of birth   | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px;">d</td><td style="width: 25px;">d</td><td style="width: 25px;">m</td><td style="width: 25px;">m</td><td style="width: 25px;">y</td><td style="width: 25px;">y</td><td style="width: 25px;">y</td><td style="width: 25px;">y</td> </tr> </table> | d  | d | m | m | y | y | y | y | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px;">d</td><td style="width: 25px;">d</td><td style="width: 25px;">m</td><td style="width: 25px;">m</td><td style="width: 25px;">y</td><td style="width: 25px;">y</td><td style="width: 25px;">y</td><td style="width: 25px;">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 |   |   |   |   |   |   |   |   |   |   |   |
| <b>8</b> Place of birth  | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|   | Beneficiary 5   | Beneficiary 6   |
|---|---|---|
| <b>1</b> Title (Mr, Mrs, Miss or Other)   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>2</b> Surname  | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>3</b> Does the Beneficiary have a maiden name, a previous name or alias?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If "Yes", provide the other name(s)   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>4</b> Forenames (in full)  | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>5</b> Permanent residential address<br>(PO Boxes and 'care of' addresses are not acceptable) | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| Postcode  | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <span style="margin: 0 5px;">-</span> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <span style="margin: 0 5px;">-</span> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
| <b>6</b> Please list all nationalities/ citizenships held                                       | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>7</b> Date of birth  | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <span style="margin: 0 5px;">/</span> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <span style="margin: 0 5px;">/</span> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
| <b>8</b> Place of birth   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |

|   | <b>Beneficiary 7</b>                                     | <b>Protector</b>   |
|---|--|--|
| <b>1</b> Title (Mr, Mrs, Miss or Other)   | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| <b>2</b> Surname  | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| <b>3</b> Does the Beneficiary/<br>Protector have a maiden<br>name, a previous name or<br>alias?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", provide the other<br>name(s)  | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| <b>4</b> Forenames (in full)  | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| <b>5</b> Permanent<br>residential address<br>(PO Boxes and 'care of' addresses<br>are not acceptable) | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| Postcode  | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| <b>6</b> Please list all nationalities/<br>citizenships held  | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| <b>7</b> Date of birth  | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| <b>8</b> Place of birth   | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |

**F** INDIVIDUAL TRUSTEE DETAILS

**MANDATORY**

|  | Trustee 1   | Trustee 2   |
|--|---|---|
| 1 Title (Mr, Mrs, Miss or Other)   | <input type="text"/>  | <input type="text"/>  |
| 2 Surname  | <input type="text"/>  | <input type="text"/>  |
| 3 Does the Trustee have a maiden name, a previous name or alias?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If "Yes", provide the other name(s)  | <input type="text"/>  | <input type="text"/>  |
| 4 Forenames (in full)  | <input type="text"/>  | <input type="text"/>  |
| 5 Permanent residential address<br>(PO Boxes and 'care of' addresses are not acceptable. If you are an individual acting on behalf of a company (e.g. a law firm), enter your own residential address here and provide your company address in the Notes section of this application form) | <input type="text"/>  | <input type="text"/>  |
|  | <input type="text"/>  | <input type="text"/>  |
|  | <input type="text"/>  | <input type="text"/>  |
|  | <input type="text"/>  | <input type="text"/>  |
|  | <input type="text"/>  | <input type="text"/>  |
| Postcode   | <input type="text"/> - <input type="text"/>   | <input type="text"/> - <input type="text"/>   |
| 6 Please list all nationalities/citizenships held  | <input type="text"/>  | <input type="text"/>  |
| 7 Date of birth  | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y |
| 8 Place of birth   | <input type="text"/>  | <input type="text"/>  |
| 9 Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female   | <input type="checkbox"/> Male <input type="checkbox"/> Female   |

If there are more than four trustees, photocopy this page and after completing the additional details, attach it securely to this form.

|   | Trustee 3   | Trustee 4   |
|---|---|---|
| <b>1</b> Title (Mr, Mrs, Miss or Other)   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>2</b> Surname  | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>3</b> Does the Trustee have a maiden name, a previous name or alias?<br>If "Yes", provide the other name(s)  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>4</b> Forenames (in full)  | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>5</b> Permanent residential address<br>(PO Boxes and 'care of' addresses are not acceptable. If you are an individual acting on behalf of a company (e.g. a law firm), enter your own residential address here and provide your company address in the Notes section of this application form) | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| Postcode  | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>   | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>   |
| <b>6</b> Please list all nationalities/citizenships held  | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>7</b> Date of birth  | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
| <b>8</b> Place of birth   | <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>   |
| <b>9</b> Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female   | <input type="checkbox"/> Male <input type="checkbox"/> Female   |

The required number of signatories will need to sign the Declaration in subsection O. If there is also a Corporate Trustee go to subsection G.

**G CORPORATE TRUSTEE DETAILS** **MANDATORY**

**CORPORATE TRUSTEE**

**Only to be completed if there is a Corporate Trustee.**

1 Corporate Trustee name

2 Company registration number

3 Registered address (PO Boxes and 'care of' addresses are not acceptable)

Postcode  -

4 Is the company in the process of being dissolved, struck off, wound up or terminated?  Yes  No

5 Is the company quoted on a recognised stock exchange?  Yes  No

6 If "Yes", which one?

**COMPANY DIRECTORS**

List all the current directors of the company (continue as necessary on a separate sheet attaching it securely to this form).

| Full name | Date of birth (dd/mm/yyyy) | Home postcode   |
|-----------|----------------------------|---|
| 1         | d d m m y y y y            | <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| 2         | d d m m y y y y            | <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| 3         | d d m m y y y y            | <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| 4         | d d m m y y y y            | <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| 5         | d d m m y y y y            | <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| 6         | d d m m y y y y            | <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

From the list on the previous page, supply the details of two directors, including at least one executive director, and provide suitable verification of identity and residential address.

|  | Executive Director  | Director  |
|--|---|---|
| <b>1</b> Title (Mr, Mrs, Miss or Other)  | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| <b>2</b> Surname   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| <b>3</b> Does the Executive Director/<br>Director have a maiden<br>name, a previous name or<br>alias?  | <input type="checkbox"/> Yes <input type="checkbox"/> No      | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| If "Yes", provide the other<br>name(s)   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| <b>4</b> Forenames (in full)   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| <b>5</b> Permanent<br>residential address<br>(PO Boxes and 'care of' addresses<br>are not acceptable. If you are an<br>individual acting on behalf of a<br>company (e.g. a law firm), enter<br>your own residential address<br>here and provide your company<br>address in the Notes section of<br>this application form.) | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| Postcode   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| <b>6</b> Position/Job title  | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| <b>7</b> Please list all nationalities/<br>citizenships held   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| <b>8</b> Date of birth   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| <b>9</b> Place of birth  | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| <b>10</b> Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |

**AUTHORISED SIGNATORIES**

- › Confirm the minimum number of authorised signatories that will be required to sign the contract and provide instructions   
(number)
- › Confirm the minimum number of authorised signatories that will be required to sign the Declaration in subsection O.   
(number)

SHAREHOLDERS

If there is a corporate shareholder or any of the shares are held within a Trust, contact our Customer Service team on **+44 (0) 203 038 3941**.

For private companies, provide details of all shareholders **holding 25% or more** of the issued share capital at the date of the application.

|  | Shareholder 1   | Shareholder 2   |
|--|---|---|
| <b>1</b> Percentage share  | %   | %   |
| <b>2</b> Title (Mr, Mrs, Miss or Other)  |   |   |
| <b>3</b> Surname   |   |   |
| <b>4</b> Does the Shareholder have a maiden name, a previous name or alias?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No      | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| If "Yes", provide the other name(s)  |   |   |
| <b>5</b> Forenames (in full)   |   |   |
| <b>6</b> Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>7</b> Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
| Postcode   | -   | -   |
| <b>8</b> Please list all nationalities/citizenships held                                     |   |   |
| <b>9</b> Date of birth   | d d m m y y y y   | d d m m y y y y   |
| <b>10</b> Place of birth   |   |   |

|   | Shareholder 3   | Shareholder 4   |
|---|---|---|
| 1 Percentage share  | % <input style="width: 80%;" type="text"/>                    | % <input style="width: 80%;" type="text"/>                    |
| 2 Title (Mr, Mrs, Miss or Other)  | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| 3 Surname   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| 4 Does the Shareholder have a maiden name, a previous name or alias?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No      | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| If "Yes", provide the other name(s)   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| 5 Forenames (in full)   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| 6 Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 7 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| Postcode  | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| 8 Please list all nationalities/citizenships held                                     | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| 9 Date of birth   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |
| 10 Place of birth   | <input style="width: 100%;" type="text"/>                     | <input style="width: 100%;" type="text"/>                     |

Proof of identity and verification of address will be required for the above named shareholders. The required documents are outlined on page 32 of this application. Further details of these requirements are available from us or on our website [www.utmostinternational.com](http://www.utmostinternational.com).

|          |                             |                 |
|----------|-----------------------------|-----------------|
| <b>H</b> | <b>LIFE ASSURED DETAILS</b> | <b>OPTIONAL</b> |
|----------|-----------------------------|-----------------|

**Not required if you are applying on a capital redemption basis.**

If there are more than four lives assured (up to a maximum of six), photocopy this section, complete all the details for the life/lives assured and attach the additional pages securely to the form.

|   | Life Assured 1   | Life Assured 2   |
|---|--|--|
| 1 Title (Mr, Mrs, Miss or Other)  | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| 2 Surname   | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| 3 Does the Life Assured have a maiden name, a previous name or alias?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", provide the other name(s)   | <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 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |
| Postcode  | <input style="width: 100%;" type="text"/>                | <input style="width: 100%;" type="text"/>                |

|  |   |   |  |
|--|---|---|--|
| <b>6</b> Please list all nationalities/<br>citizenships held                                       |   |   |  |
|  |   |   |  |
| <b>7</b> Date of birth   | d d m m y y y y   | d d m m y y y y   |  |
| <b>8</b> Place of birth  |   |   |  |
| <b>9</b> Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| <b>10</b> What is the life assured's<br>relationship to the parties<br>signing this application?   |   |   |  |
|  |   |   |  |
|  | <b>Life Assured 3</b>   | <b>Life Assured 4</b>   |  |
| <b>1</b> Title (Mr, Mrs, Miss or Other)  |   |   |  |
| <b>2</b> Surname   |   |   |  |
| <b>3</b> Does the Life Assured have<br>a maiden name, a previous<br>name or alias?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No      | <input type="checkbox"/> Yes <input type="checkbox"/> No      |  |
| If "Yes", provide the other<br>name(s)   |   |   |  |
| <b>4</b> Forenames (in full)   |   |   |  |
|  |   |   |  |
| <b>5</b> Permanent residential<br>address (PO Boxes and 'care of'<br>addresses are not acceptable) |   |   |  |
|  |   |   |  |
| Postcode   | - - - - -   | - - - - -   |  |
| <b>6</b> Please list all nationalities/<br>citizenships held                                       |   |   |  |
|  |   |   |  |
| <b>7</b> Date of birth   | d d m m y y y y   | d d m m y y y y   |  |
| <b>8</b> Place of birth  |   |   |  |
| <b>9</b> Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| <b>10</b> What is the life assured's<br>relationship to the parties<br>signing this application?   |   |   |  |
|  |   |   |  |

I INVESTMENT AMOUNT MANDATORY

1. NUMBER OF SEGMENTS

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

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

2. TOTAL INVESTMENT

Currency of the Premium

Pound Sterling

US Dollar

Euro

Amount

The minimum investment is currently £50,000, US\$100,000 or €75,000.

**If you ask us to pay an initial adviser charge to your financial adviser before the premium is invested, the amount you send to us must total at least the minimum investment amount as stated in the Product Guide, plus the agreed initial adviser charge.**

**If the payer of the premium is not the applicant then we will need to know why a third party is making the payment, and will normally require verification of the identity of the payer. Third party premium payments are subject to our approval.**

Premiums must be paid to Utmost PanEurope dac by Telegraphic Transfer (international payment) in the same currency that you wish to establish the bond. Our bank details are below, please ensure that the payment is sent DIRECT to Utmost PanEurope dac's bank account. Once your premium has been received in our bank account, if any interest is earned on your premium before the bond is issued, an extra allocation of units may be added to your investment at the start of the contract.

**Important note: your bond will not start until we have received all outstanding requirements, including cleared funds.**

We do not pay credit interest on premiums received prior to bond issue.

Please note that bank charges may apply.

3. OUR BANK DETAILS

FOR PAYMENTS SENT IN GBP

**Address** Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland  
**Swift code** CITIIE2X  
**Sort code** 99-00-51  
**IBAN** IE22CITI99005127954790  
**Account number** 27954790  
**Account name** Utmost PanEurope dac Premium GBP

FOR PAYMENTS SENT IN EUR

**Address** Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland  
**Swift code** CITIIE2X  
**IBAN** IE44CITI99005127954782  
**Account number** 27954782  
**Account name** Utmost PanEurope dac Premium EUR

FOR PAYMENTS SENT IN USD

**Address** Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland  
**Swift code** CITIIE2X  
**IBAN** IE32CITI99005127954804  
**Account number** 27954804  
**Account name** Utmost PanEurope dac Premium USD

**Ensure you clearly reference the policy number or client's name on the bank payment.**

4. YOUR BANK DETAILS

We need to know which bank account the premium has come from.

Is the payment being made from the trustees account quoted in subsection C?  Yes  No

**If no**, we require confirmation of the bank details of where the money has come from for regulatory purposes and this does not instruct your bank to pay the money to us:

Account name

Account number

Bank sort code  -  -

Building Society roll number  
(if applicable)

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

IBAN  
(required for all bank accounts in the EU)

Bank/Building Society name

Address

Postcode

Telephone number  
(including international dialling code)

How long has the account been held?   Years

**If you decide not to proceed with the investment and have sent a payment to us, then you will only receive back the payment without any interest being added. For information regarding what happens if you decide to cancel the bond during the 30 day cancellation period, see the Key Features Document for this product.**

J1 EMPLOYMENT DETAILS

|   | Applicant 1   | Applicant 2 (if any)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Employment status   | Employed<br>Self-employed<br>Retired<br>Unemployed<br>Homemaker   | Employed<br>Self-employed<br>Retired<br>Unemployed<br>Homemaker |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Date of retirement, unemployment, or becoming a homemaker | <table border="1"> <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"> <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 |   |   |   |   |   |   |   |   |   |   |   |
| Occupation  | <input type="text"/>  | <input type="text"/>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Last year's annual income/salary                          | Currency <input type="text"/><br>Amount <input type="text"/>  | Currency <input type="text"/><br>Amount <input type="text"/>    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Do you receive income other than from your occupation     | Yes      No   | Yes      No   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| If "Yes", provide details including the amount and source | <input type="text"/>  | <input type="text"/>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Employer/Business name                                    | <input type="text"/>  | <input type="text"/>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Employer's/Business address                               | <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"/> Postcode                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**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.

J2 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: 90%;" type="text"/>  | Amount  | <input style="width: 90%;" 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%;" type="text"/>   |   |   |   |
| Name of account where earned income accumulated                 | <input style="width: 100%;" type="text"/>   |   |   |   |
| Account number  | <input style="width: 100%;" 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"/> | -   |
| 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). | <input style="width: 100%; height: 100%;" type="text"/>   |   |   |   |
| Industry or business sector                                     | <input style="width: 100%;" type="text"/>   |   |   |   |
| Main employer's name  | <input style="width: 100%;" type="text"/>   |   |   |   |
| Employer's address  | <input style="width: 100%;" type="text"/>   |   |   |   |
|   | <input style="width: 100%;" type="text"/>   |   |   |   |
|   | Postcode  |   | Country   |   |
| Date of commencement of this employment                         | <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"/> |
| Average annual salary over the accumulation period              | Currency  | <input style="width: 90%;" type="text"/>  | Amount  | <input style="width: 90%;" type="text"/>  |
| Average annual bonus over the accumulation period               | Currency  | <input style="width: 90%;" type="text"/>  | Amount  | <input style="width: 90%;" type="text"/>  |

**2. Compensation payment**

|   |   |   |   |   |
|---|---|---|---|---|
| Name of organisation or individual that paid compensation | <input style="width: 100%;" type="text"/> |   |   |   |
| Reason for compensation                                   | <input style="width: 100%;" type="text"/> |   |   |   |
| Country where compensation was awarded                    | <input style="width: 100%;" type="text"/> |   |   |   |
| Total amount received                                     | Currency                                  | <input style="width: 90%;" type="text"/>  | Amount                                    | <input style="width: 90%;" type="text"/>  |
| Date received   | <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. Competition win

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

### 4. Gift

|  |                      |                      |                      |                      |
|--|----------------------|----------------------|----------------------|----------------------|
| Full name of person who gave the gift                      | <input type="text"/> |                      |                      |                      |
| Date of birth  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Nationality  | <input type="text"/> |                      |                      |                      |
| Address  | <input type="text"/> |                      |                      |                      |
|  | <input type="text"/> |                      |                      |                      |
|  | Postcode             | <input type="text"/> | Country              | <input type="text"/> |
| Relationship to Policyholder                               | <input type="text"/> |                      |                      |                      |
| Reason for gift  | <input type="text"/> |                      |                      |                      |
| Description of gift  | <input type="text"/> |                      |                      |                      |
| Total amount received                                      | Currency             | <input type="text"/> | Amount               | <input type="text"/> |
| Date received  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Details of the activity that generated the amount received | <input type="text"/> |                      |                      |                      |
| Country gift was accumulated in                            | <input type="text"/> |                      |                      |                      |

### 5. Inheritance

Deceased's full name

Relationship to Policyholder

Date of death

Details of the inheritance, tell us about the assets forming the inheritance (e.g. cash, property, shares etc.)

Amount received  Currency  Amount

Date received

Details of the activity that generated the amount received

Country inheritance was accumulated in

Solicitor/lawyer's (who dealt with the estate) name

Solicitor/lawyer's firm name

Solicitor/ lawyer's firm address

Postcode  Country

### 6. Loan

Name of loan provider

Address of loan provider

Postcode  Country

Total amount borrowed  Currency  Amount

Date of loan

Purpose of loan

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

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

|  |   |  |
|--|---|--|
| Name of policy provider  | <input type="text"/>                            |  |
| Address of policy provider                                     | <input type="text"/>                            |  |
|  | <input type="text"/>                            |  |
|  | <input type="text" value="Postcode"/>           | <input type="text" value="Country"/>             |
| Policyholder's full name                                       | <input type="text"/>                            |  |
| Length of time policy held                                     | <input type="text"/> <input type="text"/> years | <input type="text"/> <input type="text"/> months |
| Amount of the original investment                              | <input type="text"/>                            |  |
| Details of the activity that generated the original investment | <input type="text"/>                            |  |
| Reason for policy claim or replacement policy (if applicable)  | <input type="text"/>                            |  |
| Total amount received  | Currency <input type="text"/>                   | Amount <input type="text"/>                      |
| Surrender penalty (if applicable)                              | <input type="text"/>                            |  |
| Date received  | <input type="text" value="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.) | <input type="text"/>                            |  |
| Name of the company that held it  | <input type="text"/>                            |  |
| Registered address of company   | <input type="text"/>                            |  |
|   | <input type="text"/>                            |  |
|   | <input type="text" value="Postcode"/>           | <input type="text" value="Country"/>             |
| Account name  | <input type="text"/>                            |  |
| Length of time asset portfolio or investment held                                   | <input type="text"/> <input type="text"/> years | <input type="text"/> <input type="text"/> months |
| Amount of the original investment   | <input type="text"/>                            |  |
| Details of the activity that generated the original investment                      | <input type="text"/>                            |  |
| Date of sale  | <input type="text" value="d d m m y y y y"/>    |  |
| Net amount received   | Currency <input type="text"/>                   | Amount <input type="text"/>                      |

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

|  |  |  |   |   |   |   |   |   |   |   |   |
|--|--|--|---|---|---|---|---|---|---|---|---|
| Company name   | <input style="width: 100%;" type="text"/>  |  |   |   |   |   |   |   |   |   |   |
| Industry/business sector   | <input style="width: 100%;" type="text"/>  |  |   |   |   |   |   |   |   |   |   |
| Address of company   | <input style="width: 100%;" type="text"/>  |  |   |   |   |   |   |   |   |   |   |
|  | <input style="width: 100%;" type="text"/>  |  |   |   |   |   |   |   |   |   |   |
|  | <input style="width: 98%;" type="text"/>   |  | <input style="width: 98%;" type="text"/>          |   |   |   |   |   |   |   |   |
| Your connection with the company, for example: owner, partner or shareholder                               | <input style="width: 100%; height: 40px;" type="text"/>  |  |   |   |   |   |   |   |   |   |   |
| Date connection with the company began   | <table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <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 |   |   |   |   |
| Average yearly dividend/<br>income from the company<br>over previous three years                           | Currency   | <input style="width: 100px;" type="text"/> | Amount <input style="width: 150px;" type="text"/> |   |   |   |   |   |   |   |   |
| Date of sale   | <table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <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 |   |   |   |   |
| Sale amount  | Currency   | <input style="width: 100px;" type="text"/> | Amount <input style="width: 150px;" type="text"/> |   |   |   |   |   |   |   |   |
| Net amount received i.e. the<br>amount you have received after<br>any deductions such as fees and<br>taxes | Currency   | <input style="width: 100px;" type="text"/> | Amount <input style="width: 150px;" type="text"/> |   |   |   |   |   |   |   |   |

**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<br>(including post code if<br>applicable) | <input style="width: 100%;" type="text"/>   |  |  |
|  | <input style="width: 100%;" type="text"/>   |  |  |
|  | <input style="width: 98%;" type="text"/>  |  | <input style="width: 98%;" type="text"/>   |
| Length of time property owned                                      | <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 |
| Source of funds for the original<br>property purchase              | <input style="width: 100%; height: 40px;" type="text"/>                             |  |  |
| Was the property your main<br>residence?                           | Yes   | No   |  |
| If "Yes", was an alternative main<br>residence purchased?          | Yes   | No   |  |
| If "Yes", please confirm:  |   |  |  |
| Purchase price   | Currency  | <input style="width: 100px;" type="text"/> | Amount <input style="width: 150px;" type="text"/>  |
| Address of new residence   | <input style="width: 100%;" type="text"/>   |  |  |
|  | <input style="width: 100%;" type="text"/>   |  |  |
|  | <input style="width: 98%;" type="text"/>  |  | <input style="width: 98%;" type="text"/>   |

Date of sale

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

Proceeds received from the activity Currency  Amount

**12. Company profits (trading companies only)**

Company profits most recent trading year Currency  Amount

Company profits prior trading year Currency  Amount



NOMINATION OF FUNDS TO COVER  
OVERDRAWN DEALING ACCOUNT

OPEN ARCHITECTURE

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

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

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

| Full fund name | % |  |  |
|----------------|---|--|--|
|                |   |  |  |
|                |   |  |  |
|                |   |  |  |
|                |   |  |  |

L2 CASH DEPOSITS

OPEN ARCHITECTURE AND  
EXTERNAL INVESTMENT SERVICES

| Bank/Building Society | Full name of deposit account | % |  |  |
|-----------------------|------------------------------|---|--|--|
|                       |                              |   |  |  |
|                       |                              |   |  |  |

If you choose to invest in cash deposits and funds the combined total should equal 100%. For example, 30% cash deposits & 70% funds.

L3 OPEN ARCHITECTURE DEALING ACCOUNT

OPEN ARCHITECTURE AND  
EXTERNAL INVESTMENT SERVICES

Cash to be retained in Dealing Account to cover charges and withdrawals

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

**Important note**

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

**M** REGULAR WITHDRAWALS

OPTIONAL

Complete this section if you want to set up regular withdrawals from the start of your bond.

It is important to consider how you will choose to pay adviser charges for advice provided by your financial adviser, when setting up any regular withdrawals. This is because any adviser charges agreed to be paid to your financial adviser, from the bond, will be treated as a withdrawal and will form part of the 5% annual tax-deferred entitlement. This means any adviser charges taken in any policy year will be added to withdrawals requested in order to calculate whether the 5% entitlement has been exceeded. Refer to the relevant product literature for the level of charges, tax implications, maximum withdrawals and minimum bond values for taking regular withdrawals.

Regular withdrawals will be taken equally across all policy segments.

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

If you have opted for an end date on your client personal Illustration, note that this is for illustrative purposes only. When you wish for withdrawals to stop, we will require an instruction at that point to be sent to the Claims Department [info@utmostwealthsolutions.ie](mailto:info@utmostwealthsolutions.ie)

1 Amount of withdrawal per payment  or per annum of premium  %

2 Frequency of payments  Monthly  Quarterly  Half-yearly  Yearly

3 Payment to start

The earliest the first withdrawal can be taken is 30 days after the bond has been issued.

Payment method will be BACS transfer for sterling payments to UK clearing banks only or Telegraphic Transfer (international payment) for other currencies or banks outside the UK. A charge will be levied by our bankers for Telegraphic Transfer payments which will be deducted from the value of the bond.

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

1 Account name

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

3 Bank sort code  -  -

4 Building Society roll number (if applicable)

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

6 IBAN (required for all payments to the EU)

7 Bank/Building Society name

8 Address

Postcode  -

9 Telephone number (including international dialling code)

10 How long has the account been held?   Years

**Payments to third parties are not normally allowed. However, in exceptional circumstances, they may be considered. We will need to know why the payments are required, details of the relationship between the policyholder and account holder, plus certified identification for the account holder, which is listed in subsection P.**

**N** PRIVACY NOTICE

Our Privacy Notice explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy on our website [www.utmostinternational.com/privacy-statements](http://www.utmostinternational.com/privacy-statements) or you can contact our Customer Service team on +44 (0) 203 038 3941 and request a copy.

**O** DECLARATION

MANDATORY

**This is our standard client declaration upon which we intend to rely. For your own benefit and protection you should read these terms and the Data Protection notes section of this form carefully before signing below.**

**Please read carefully the Selection Product Guide, Guide to Charges, your Personal Illustration, any applicable disclosure documents and Key Features Document, all of which should have been provided to you, as they contain important information about the bond.**

**If you do not understand any part of these terms, the Data Protection notes or the product literature listed above, please ask your adviser to explain it to you before signing below.**

**In this declaration, "we", "us" and "our" mean the applicant or applicants and "the Company" means Utmost PanEurope dac.**

**We apply** for Selection to be issued to us in accordance with the Policy Conditions and Policy Schedule.

**We hereby confirm** that we have not relied upon any statement made by our financial adviser which is not supported in the literature.

**We confirm and declare** that we have been advised to obtain appropriate professional advice in respect of the applicable taxation requirements, effects and legislation.

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ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

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Source of Funds - Policyholder Statement of Truth

**We truthfully confirm** that:

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

**Potential Consequences of Misleading the Company - We fully acknowledge and agree** that if the Company discovers that we misled the Company in respect of any part of the statements confirmed above, that the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the contractual ability to:

- i) terminate the bond immediately and, regardless of the actual date of bond termination, impose the maximum encashment and any other relevant charges which may be imposed on us under the bond as if the bond had been encashed immediately after issue. Such charges shall be applied to the extent that they cover any costs, expenses or losses caused by the Company being misled, without limiting the Company's ability to seek additional recompense from us in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at the Company's discretion concerning us and/or the bond; and
- iii) if considered appropriate after consultation with government authorities and/or legal counsel, either
  - a) subject to satisfying the Company's further reasonable requirements, refund our premium(s) and other amounts paid to the Company to the date of such termination less applicable encashment and other charges in accordance with clause (i) above (the 'Refund Amount'), or
  - b) if legally required to do so by competent government authorities, freeze or pay over to relevant government authorities all or a portion of the Refund Amount or take such other actions as competent government authorities may legally require.

## Consent to disclose information to Tax and other Government Authorities

**We have been advised** that Utmost Group plc and the Company have a longstanding policy of co-operating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities.

**We consent and agree** that in cases where the Company suspects that the funds invested in the bond are wholly or partly derived from illegal activities/sources and/or tax evasion, then the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the ability to disclose to our home country tax and/or other government authorities our identity and any relevant information considered necessary or appropriate, at the Company's discretion, concerning the bond.

**We understand and agree** that the company's obligations under the policy, including the payment of benefits, will be suspended either in whole or in part, to the extent that performance of any policy obligation may expose the company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

## Further consents and confirmations

**We hereby confirm** that all the information provided by us, whether handwritten or otherwise, in this application form is complete and accurate to the best of our knowledge and belief. We agree that this information, together with all other questionnaires, statements, reports or other information completed or given by us in our name, shall form the basis of the contract with the Company.

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

**We understand** that no contract shall be issued in respect of this application and the Company shall be under no obligation in respect of this application until the first premium has been received by the Company and the Company has expressly confirmed in writing that it accepts the application.

**We accept** that selection of investments is our responsibility (or, where appropriate, that of our Investment Adviser or any appointed EMC) and the Company makes no representations or guarantees in relation to the future performance of any assets linked to the bond and accordingly has no legal responsibility in respect of future performance of such linked assets.

**We understand** that both we and the Company have a free choice about the law that can apply to any contract relating to this application. The Company proposes to choose the laws of England and Wales and by completing this application form we agree that the laws of England and Wales shall apply and that the Courts of England and Wales shall be the sole forum to consider disputes in relation to any contract arising from this application.

**We agree** that any decision to alter the Courts of England and Wales jurisdiction shall be at the discretion of the Company such discretion being exercised reasonably.


**We confirm** that the firm named in subsection Q will be acting as our financial adviser on an ongoing basis and we agree that the Company is able to disclose all information relating to our bond to this financial adviser. We understand that if we decide to change our financial adviser it is our responsibility to tell the Company in writing of this change.

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


**We confirm** that we are not ordinarily resident in Ireland and we are habitually resident (that is we normally live) in the UK and confirm that, to the best of our knowledge and belief, we are not subject to any legislation which would make such an investment unlawful. We hereby undertake to inform the Company of any change in my country of residence during the lifetime of the bond.

**We confirm** that the Trust has the power to enter into the contract applied for.

**We further confirm and declare** that the information given regarding the Settlor, including where they were tax resident when the trust was established, entered in subsection D of this application is correct.

Please confirm  what role you are completing this application in i.e. Trustee or Authorised Signatory.

**SIGNATURE**

If there are more than  four applicants photocopy this page and after signing the additional copies attach it securely to the form.

|                  |   |   |
|------------------|---|---|
| Role             | <input type="text"/>  | <input type="text"/>  |
| <b>SIGNATURE</b> | <input type="text"/>  | <input type="text"/>  |
| Print full name  | <input type="text"/>  | <input type="text"/>  |
| 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"/> | <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"/> |

|                  |   |   |
|------------------|---|---|
| Role             | <input type="text"/>  | <input type="text"/>  |
| <b>SIGNATURE</b> | <input type="text"/>  | <input type="text"/>  |
| Print full name  | <input type="text"/>  | <input type="text"/>  |
| 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"/> | <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"/> |

**SIGNATURE**

**Once you have signed and dated the above boxes, go to section 3 if you would like us to facilitate any adviser charges to your financial adviser.**

## SECTION 2 – FINANCIAL ADVISER MUST COMPLETE IN ALL CASES

|   |                             |           |
|---|-----------------------------|-----------|
| P | IDENTIFICATION REQUIREMENTS | MANDATORY |
|---|-----------------------------|-----------|

Under anti-money laundering regulations we are required to verify the identity and address for all Trustees together with satisfactory evidence of proper appointment of the Trustees.

Outlined below are the standard minimum requirements, however we may, in some circumstances, require additional information.

**Any surviving Settlor of the Trust, individual Trustee(s) and Director(s)** - we require **one document** from **Part 1** together with **one document** from **Part 2**. If an individual does not hold either of the documents listed in **Part 1** then, under certain circumstances, we **may** be able to accept **two documents** from **Part 2**, showing verifiable reference numbers. Note that if no documentation is supplied from **Part 1**, we need a reason why this is not available. If the Settlor is other than an individual(s), the Trustees should provide sufficient information to enable us to identify the Settlor(s).

**Trust** - for identification of the Trust see **Part 3**. All documentation in this section must be supplied.

**Corporate Trustee** - for verification of the corporate trustee see **Part 4**. All documentation in this section must be supplied.

**Tick in the boxes below to indicate the identification you have supplied for each party to the policy.**

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

Use one document from Part 1 PLUS one document from Part 2. Alternatively, use two documents from Part 2 and confirm why ID from Part 1 cannot be provided. Always provide originals or originally certified copies.

### PART 1 - PERSONAL IDENTITY

|   | Executive Director       | Director                 | Settlor                  | Trustee 1                | Trustee 2                | *                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 Valid passport                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 National ID card (with photograph)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 A current driving licence (with photograph) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you cannot supply an item from **Part 1**, explain why in the box below.

|  |
|--|
|  |
|  |
|  |
|  |
|  |

\*Complete for any other party to the application form e.g. shareholders who are individuals and hold 25% or more of the issued share capital. Continue on a separate sheet of paper should there be more individuals to be identified than the space provided.

**PART 2 - VERIFICATION OF ADDRESS**

|  | Executive Director       | Director                 | Settlor                  | Trustee 1                | Trustee 2                | *                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 A recent utility bill, rates or council tax bill The document must be the most recent available and dated no more than six months old, and must also be certified. (Mobile phone bills are not acceptable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 A recent mortgage statement, giving the residential address  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 A current driving licence (with photograph. If the driving licence is being used in part 1 it cannot be used in part 2 and vice versa).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 A state pension, benefit or other government produced document showing benefit entitlement.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 A recent tax assessment document   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 An account statement from the bank or bank credit card which is dated no more than six months old and certified (Store cards are not acceptable)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Proof of ownership or rental of the residential address  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\*Complete for any other party to the application form e.g. shareholders who are individuals and hold 25% or more of the issued share capital. Continue on a separate sheet of paper should there be more individuals to be identified than the space provides for.

**PART 3 - TRUSTEE VERIFICATION**

**SUPPLY ALL OF THE FOLLOWING DOCUMENTS**

The Trust Deed and any Supplementary Deeds showing the proper appointment of the trustees and classes of beneficiaries

**PART 4 - CORPORATE TRUSTEE VERIFICATION**

**SUPPLY ALL OF THE FOLLOWING DOCUMENTS**

A Certificate of Incorporation  A set of the latest annual reports & accounts

Evidence of the registered office  An authorised signatory list

A certified copy of the Board Resolution appointing the authorised signatories (for public registered companies only)

**If there are other parties to the application not quoted on the form, have you enclosed a list of copy evidence submitted and can you confirm that you have seen the originals of such evidence?**  Yes

Where relevant, tick this box.

(Ensure that any separate list quotes the name of the applicants and is signed by the certifier.)

---

The following declaration must be fully completed in all cases, this method of certification is required for Utmost PanEurope dac regulatory purposes.

**I confirm that:**

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

**Q** INTRODUCER'S DETAILS **MANDATORY**

**1** How and when were you introduced to the company/ trustees?

**2** Are the applicants acting as a nominee for someone else?  Yes  No

(If yes, give details)

**3** Which country was the advice leading to this application given in?

**4** Which country was this application signed in?

**5** The basis on which the advice was offered is (UK advisers only)  
 Independent  Restricted

**6** Name of regulatory body

**7** Regulatory body membership number

**8** Certifier and authorised signatory

**9** Print full name

**10** Date  
  /

**11** Financial adviser company name and address (company stamp if possible)

**12** Utmost PanEurope dac terms of business number (if known)

**13** Provide the name of your usual Utmost sales consultant

Give full details.

Give full details of your authorisation and FCA number.

**SIGNATURE**

**We will not be able to start the policy until subsections P and Q have been completed and identification provided.**

## SECTION 3 – APPLICANTS MUST COMPLETE IF THEY WOULD LIKE UTMOST PANEUROPE TO FACILITATE ANY ADVISER CHARGE PAYMENTS TO THEIR FINANCIAL ADVISER

### R ADVISER CHARGES

### OPTIONAL

This section should only be completed if you would like Utmost PanEurope dac to facilitate the payment of agreed adviser charges to your financial adviser. Such charges should match the information shown in your Personal Illustration that will have been provided to you.

You can choose to pay adviser charges in one of the following ways:

› **Direct adviser charge** – The adviser charges are paid by you directly to your financial adviser.

Or facilitated by us:

› **Outside of the bond** – The initial adviser charge is paid as a flat amount through Utmost PanEurope dac before the premium is invested into the bond. The premium must meet the minimum investment requirements after adviser charges have been deducted.

› **Inside the bond** – The adviser charges are paid to your financial adviser through Utmost PanEurope dac either on initial, ongoing or ad hoc basis from the bond, after the full premium has been invested.



Any adviser charges that are facilitated by completing the following pages will be paid from your bond. As these relate to advice to you they will form part of the 5% annual tax-deferred entitlement. This could have potential tax consequences and you should discuss this with your financial adviser before agreeing such payment or making subsequent surrender or withdrawal requests from your bond. Tax rules may change in the future and are subject to individual circumstances. You should take professional advice before choosing any adviser charging option below as there may be income tax and/or inheritance tax implications. You must also ensure that the options you choose are compatible with the terms of the trust.

If applicable, VAT can be added to adviser charges for advice to your financial adviser or Investment Adviser. If the VAT rate changes in the future, we will automatically adjust the level of VAT without requesting a new agreement from you. Importantly, if the VAT rate should change, we will use the rate at the date we make the payment. VAT added to an adviser charge that is paid from the bond to your financial adviser will be treated as a withdrawal from the bond and will form part of your 5% annual tax-deferred entitlement.

Adviser charges which you have agreed to pay from your bond can only be made through a partial surrender (withdrawal across all segments).

For detailed information about adviser charges and how these may be applicable to you, see our **Guide to Charges** available on our website [www.utmostinternational.com](http://www.utmostinternational.com) or from your financial adviser on request. Your financial adviser will also be able to answer any questions you may have.

### AGREEMENT TO PAY ADVISER CHARGES

Ensure you fully complete this section, as any omissions may delay our ability to carry out your instructions. Once we have received the application form with this section fully completed, we will, depending on the options you select, make adviser charge payments on your behalf to your financial adviser for the services they provide to you. We will continue to do this until this instruction ends or you tell us to cancel it. Once your bond is in force we require a month's notice of any changes to adviser charge payments that we facilitate.

Payments must not be taken from your bond in advance of the service being received by you from your financial adviser, and you should remember this when choosing the start date for any ongoing payments.

### CANCELLATION OF ADVISER CHARGES

**If you want to stop paying adviser charges from your bond you can cancel this Agreement by writing to us.** We will cancel any future adviser charges that would be due. We will confirm any instructions to cancel an adviser charge to you and your financial adviser. You will need to make other arrangements with your financial adviser to pay any outstanding charges, or to discuss the refund of any payments made whilst we process your request.

If you decide to cancel your bond during the cancellation period (see the **Key Features Document** for details) any refund to you will be less any adviser charges paid on your behalf. If you believe you are due a refund of such payments from your adviser, you will need to contact them direct to discuss the exact terms of the adviser charging arrangement you have with them.

INITIAL ADVISER CHARGE

Select one of the following payment options

| Transaction type   | Monetary amount (£/US\$/€*)                                      | % of premium              |
|--|--|---------------------------|
| 1 Adviser charge to be paid outside of the bond by taking it from the initial payment, with the remaining balance being invested as a premium into the bond. | <input type="text"/> . <input type="text"/> <input type="text"/> | N/A                       |
| 2 Adviser charge to be taken from the value of the bond after inception.   | <input type="text"/> . <input type="text"/> <input type="text"/> | or <input type="text"/> % |

The amount should be specified excluding VAT.

\* You must enter your chosen monetary amount in the currency you have chosen for your bond.

3 Does the initial adviser charge attract VAT?  
(If yes, this will be applied in addition to that stated in **question 1 or 2** of this section)  Yes  No

ONGOING ADVISER CHARGE

Complete this section if you would like to make regular payments to your financial adviser for ongoing advice.

1 Frequency of payments  Monthly  Quarterly  Half-yearly  Yearly

2 Specify the total **annual** amount as either a monetary figure or a percentage of the bond value

**Annual** monetary amount (£/US\$/€)  .  or **Annual** % of bond value  %

3 Ongoing adviser charge start date          As soon as possible (30 days after inception)

4 Does the ongoing adviser charge attract VAT?  
(if yes, this will be applied in addition to that stated in **question 2** of this section)  Yes  No

State the total percentage of bond value or monetary amount you wish to pay per year. For example, if you wish to pay 0.1% payable on a half-yearly basis, the annual amount you should state here is 0.2%. Alternatively, if you wish to pay £500 on a half-yearly basis, the annual amount you should state is £1,000.

**R** ADVISER CHARGING DECLARATION

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

**Throughout this declaration, 'we' 'us' and 'our' mean the applicant and 'the Company' means Utmost PanEurope dac.**

**We authorise** the Company to pay the adviser charges as set out in this Agreement. Where we have indicated that the ongoing adviser charge attracts VAT, we also authorise you to automatically adjust future payments if the rate of VAT changes without any further authority from us.

**We understand and accept that where the adviser charge is being facilitated through the bond:**

- › The adviser charge will only be paid when there is sufficient value, and cleared funds, in the bond to cover the payment in full
- › If the total withdrawals taken from the bond, including any adviser charge payments, exceeds 5% per year of the premium(s) paid, then a chargeable event may arise and we (the UK resident trustees if applicable) or the UK resident Settlor may be subject to UK income tax on any excess over the 5% annual tax-deferred entitlement
- › The adviser charges apply to the bond as a whole and will not be reduced if we surrender one or more policy segments, unless we specifically request this to happen at the time of the segment surrender
- › We can cancel the instruction to pay any future adviser charges due from the bond at any time by writing to the address shown on the back of this form
- › Until you receive written notification to cancel this instruction, you will continue to make payments to our adviser
- › If we change the adviser shown in subsection Q, cancel payment of any adviser charges from our bond, cancel our application for the bond within the cancellation period, assign the bond or any other situation where it is not reasonably possible for you to facilitate a payment it will be our responsibility to settle any outstanding adviser charges directly with our adviser
- › We should contact our adviser in the first instance to discuss any adviser charges we believe should not have been applied to our bond
- › We cannot cancel an adviser charge after it has been paid, even if we decide to cancel our bond during the cancellation period, and acknowledge we will need to contact our adviser to discuss whether a refund is payable to us directly from our adviser in full or in part.

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


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

**Where the bond is linked to an External Managed Account, we acknowledge and agree that:**

- › Any fund based adviser charge payments will be based on the last available fund value for the External Managed Account held in the Company's records
- › Due to timing differences, there may be significant market movements between the date when the Company's records were last updated with the fund value of the External Managed Account and the date the adviser charge is calculated as a percentage of the whole of the bond value
- › Where we require any adjustment in adviser charges paid by the Company, the Company will not be responsible for making such adjustments and we will liaise directly with our adviser
- › The actual amounts paid by the Company as adviser charges will be treated as withdrawals from the bond and will be used in any chargeable event calculations.

By signing this form below we confirm that:

- › the adviser charges set out in this form match the Personal Illustration we have received from our adviser
- › it will create legally binding obligations on us in connection with our bond
- › this instruction is subject to the terms and conditions of our bond.


Please confirm  what role you are completing this application in i.e. Trustee or Authorised Signatory.

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| Role | <input type="text"/> | <input type="text"/> |
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**SIGNATURE**  
If there are more than  four applicants, photocopy this page and after signing the additional copies attach it securely to the form.

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**SIGNATURE**

SECTION 4 – ONLY COMPLETE IF YOU WISH TO NOMINATE  
AN EXTERNAL MANAGER AND/OR CUSTODIAN (EMC)

**S** NOMINATION OF EXTERNAL MANAGER AND/OR CUSTODIAN **OPTIONAL**

Complete and sign the following pages if you wish to nominate an EMC to manage an investment portfolio to which the performance of your bond will be linked.

PAYING FOR INVESTMENT ADVICE PROVIDED BY AN EMC

- › If you nominate an EMC on a **discretionary basis**, the External Manager/Platform Adviser will make investment decisions on the External Managed Account without any specific consultation with you
- › If you nominate an EMC on an **advisory basis** then the External Manager/Platform Adviser will be providing investment advice to you as part of their service. The charge they make for any investment advice to you, specifically relating to the underlying investments linked to your bond, will be treated as an EMC Investment Adviser Charge.

Any EMC Investment Adviser Charges, agreed by you, to be paid from the External Managed Account or facilitated by us (from the value of your bond) will be classed as non-taxable withdrawals from the bond and will not form part of the 5% annual tax-deferred entitlement.

If you would like any EMC Investment Adviser Charges to be paid from the External Managed Account, then this arrangement will be directly between you and the appointed EMC, we do not need to know details about such arrangements. However, where you request Utmost PanEurope dac ('Utmost') to facilitate the payment of EMC Investment Adviser Charges, you will need to complete and sign the relevant section of the separate **Adviser Charges Pack**, which is available from our website [www.utmostinternational.com](http://www.utmostinternational.com) or from your financial adviser on request.

Which basis is the nomination being made  A **Discretionary basis**  An **Advisory basis**

**The basis cannot be changed without prior written authority from Utmost PanEurope dac.**

ATTITUDE TO RISK AND INVESTMENT OBJECTIVES

Your investment strategy and risk profiling information is included within the Personal Illustration you should have received. If this has changed, provide details of the revised attitude to risk and investment strategy below.

Unless clearly specified to the contrary, we will rely on the investment strategy and risk profiling information provided within the Personal Illustration that accompanies this nomination.

If you are nominating an External Manager, complete subsection S1 only.  
If you are nominating a Platform and Platform Adviser, complete subsection S2 only.

S1 EXTERNAL MANAGER DETAILS

1 Name of the nominated firm

2 Address

Postcode

3 Contact name

4 Telephone number

5 Facsimile number

6 Email address

If you need any assistance contact us on **+44 (0) 203 038 3941.**

Include international dialling code.

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

S2 PLATFORM AND PLATFORM ADVISER DETAILS

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

1 Name of the nominated Platform

2 Name of the nominated Platform Adviser firm

3 Address of the nominated Platform Adviser firm

Postcode

4 Contact name of the nominated Platform Adviser

5 Telephone number of the nominated Platform Adviser

6 Facsimile number of the nominated Platform Adviser

7 Email address of the nominated Platform Adviser

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

If you need any assistance contact us on **+44 (0) 203 038 3941.**

Details only required for Platform Adviser, NOT the Platform.

Include international dialling code.

**The nominated Platform Adviser must now sign subsection S4.**

### S3 POLICYHOLDER DECLARATION

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

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

**I confirm my understanding and agree** that where applicable:

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

**I agree and** understand that the EMC:

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

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

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

If you do not understand any part of this declaration, speak to your financial adviser or your EMC as appropriate.



Policyholder(s) signature(s)


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**SIGNATURE**  
ALL policyholders sign here. Please confirm what role you are completing this application in i.e. Trustee or Authorised Signatory.

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**SIGNATURE**

S4 PLATFORM ADVISER DECLARATION

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

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

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

## DECLARATION

1. I the undersigned, being an authorised signatory of the Platform Adviser, **agree on behalf of the Platform Adviser** to manage and/or advise on (as applicable) Utmost's Account with the Platform named at subsection S on the basis stated in subsection S2.
2. **I agree and understand** that this appointment will be on terms agreed between the Platform and Utmost, and that my/our operation of the Account is subject to these terms, and to the terms specified in this document which, among other things, shall include the following terms to which I undertake to fully adhere to through the signing of this document:
  - › By way of this appointment, the Platform Adviser is being authorised to buy and sell assets within the Platform Account on behalf of Utmost. Unless written authorisation stating otherwise is provided by Utmost, all investments must be in accordance with Utmost PanEurope dac's Investment Parameters provided to the Platform Adviser by Utmost. Utmost is not responsible for monitoring the assets held within the Account, or for any costs resulting from a breach of these restrictions. Utmost reserves the right to update Utmost PanEurope dac's Investment Parameters from time to time
  - › Utmost at all times reserves the right to refuse individual assets for investment and to override instructions given by the Platform Adviser in relation to investment or any other function of the Account. Utmost may at any time at its sole discretion give instructions directly to the Platform without notice and without requiring the Platform Adviser's approval. In the event that instructions given by Utmost conflict with instructions given by the Platform Adviser, Utmost's instructions shall have priority
  - › The Account is legally owned by Utmost, and Utmost is the sole beneficial owner of all assets within the Account. Neither the Platform Adviser nor the Policyholder have any claim or ownership over the Account or the assets within. The Platform Adviser is being appointed by Utmost upon the Account to instruct trades directly with the Platform on a restricted basis
  - › Changes to the basis of this appointment, between discretionary, advisory or otherwise, may only be made with Utmost's prior written authority
  - › The Platform Adviser may accept instructions from the Policyholder to appoint one of a restricted list of Discretionary Fund Managers who have a direct agreement with the Platform (Platform DFM). Written evidence of the instruction and/or agreement must be retained and made available to Utmost on request. The Platform Adviser will retain its responsibility for adherence to Utmost PanEurope dac's Investment Parameters even where an additional Platform DFM is selected
  - › The Account will not be more than 100% invested (i.e. no overdrawn positions shall be created), nor any other commitments made beyond the amount of the cash available in the Account without Utmost's prior written authority
  - › Where charges for general advice or investment advice are agreed the Platform Adviser **is not permitted to take such charges from the Account** unless Utmost has given prior written consent
  - › The Platform Adviser is not permitted to arrange any transfers of cash or investments into or out of the Account, except where cash is to be returned to the Utmost bond to a bank account designated in writing by Utmost, or as a part of supporting regular trading or settlement activity
  - › Manufacturing costs relating to trading transactions, custody fees and discretionary fund management costs can be charged to the Account as a fund expense
  - › Where the conditions of this appointment conflict with the Platform Adviser's standard terms and conditions applicable to its operation of the Account, these conditions will prevail.
3. **I agree and understand** that by accepting this appointment, the Platform Adviser will be appointed as an Investment Adviser to manage the Utmost bond's linked assets which include the management of the Policyholder's Utmost Dealing Account. It is the Platform Adviser's responsibility to ensure that there is sufficient cash in the Dealing Account to cover the cost of any charges or withdrawals. Debit interest will be charged on any negative balance.
4. **I agree and understand** that the Platform Adviser is solely responsible for ensuring that it acts within the limits of the authority set out in this appointment and the terms agreed with the Platform.

By signing below the Platform Adviser confirms that:

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

Signature on behalf of the nominated Platform Adviser

|   |  |                  |   |   |   |   |   |   |   |  |
|---|--|------------------|---|---|---|---|---|---|---|--|
| <b>SIGNATURE</b><br>Authorised<br>signature on behalf<br>of the nominated<br>Platform Adviser | <b>Platform Adviser</b><br><div style="border: 1px solid black; height: 70px; width: 290px;"></div>  | <b>SIGNATURE</b> |   |   |   |   |   |   |   |  |
| Print full name   | <div style="border: 1px solid black; height: 30px; width: 290px;"></div> <div style="border: 1px solid black; height: 30px; width: 290px;"></div>                          |                  |   |   |   |   |   |   |   |  |
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| d   | d  | m                | m | y | y | y | y |   |   |  |

T NOTES

U CHECKLIST

We want to process your application as quickly as possible. To help us do this, remember that on completion of this form we will need the following:

- › Certified copies of the identification and address verification documents for the applicants
- › Certified copy of the Trust Deed and any Supplementary Deed
- › Corporate Trustee verification documents (where applicable)
- › If you would like us to facilitate any adviser charge payments to your financial adviser for the advice in relation to this bond, complete and sign section 3, Adviser Charges
- › If you wish for your policy to be externally managed, ensure you fully complete and sign section 4 of this application form
- › If you would like to set up an adviser charge agreement for an EMC, complete and sign the separate **Adviser Charges Pack** available from our website [www.utmostinternational.com](http://www.utmostinternational.com)
- › If you would like to request the appointment of an Investment Adviser, enclose a fully completed and signed **Nomination of Investment Adviser Form**, which is available from us or your financial adviser on request
- › If you are sending any additional instructions or documentation, attach them securely to the back of this form
- › Ensure that the premium is sent to us by Telegraphic Transfer (international payment); contact your bank separately to send the payment to us.

A WEALTH *of* DIFFERENCE

[www.utmostinternational.com](http://www.utmostinternational.com)

Utmost PanEurope dac is registered in Ireland, registered number 311420. Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEurope dac is regulated by the Central Bank of Ireland as a Life Insurance Undertaking.

Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

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

ALE PR 0012 | 10/25