

GENERATION PLANNING BOND

APPLICATION FORM

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

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

Not to be used where Utmost International Trustee Solutions is to be appointed as trustee.

This form should be used with the relevant **Generation Planning Bond Trust Deed**.

Complete a separate **Tax Declaration and Self-Certification for individuals** and provide this with the application form. Refer to the **Guide for Generation Planning Bond Applicants** for details of who needs to complete a separate certification.

If you are completing a hard copy of this form, please use **black or blue ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid**.

Throughout this application, 'I', 'me' and 'my' mean the Applicant and 'Utmost' or 'we' means Utmost PanEurope dac.

Once complete, return this form and any supporting documents to your financial adviser or to us at:

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**

	PAGE	SECTION	REQUIREMENT	TICK	SECTION COMPLETED
Applicant and Policy details	2	A – Policy details	Mandatory		
	2	B – Politically Exposed Persons details	Mandatory		
	3	C – Applicant details	Mandatory		
	4	D – Applicant medical details	Mandatory		
	9	E – Premium details	Mandatory		
	10	F – Trust details	Mandatory		
	11	G – Regular withdrawals	Mandatory		
	12	H – Adviser charging	Optional		
	14	I – Employment and source of funds	Mandatory		
	20	J – Identification requirements	Mandatory*		
	21	K – Introducer's details	Mandatory*		
	22	L – Investment options	It is mandatory for you to complete at least one of these sections.		
	22	M – Fund selection			
	24	N – External Management and Custody (EMC)			
Declarations	25	N3 – Applicant declaration	Mandatory if section N is completed		
	27	N4 – Platform Adviser declaration			
	29	O – Applicant declaration	Mandatory		

*Financial adviser to complete.

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

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland. Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

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

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

UI PR 0066 | 05/25

A POLICY DETAILS

MANDATORY

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

2 Welcome team ticket reference

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

3 Utmost's product management charge

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

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

 Full initial charge **OR** Full ongoing charge **OR** Combination of initial and ongoing

If applicable, enter your chosen combination to a maximum of 3 decimal places:

 % Initial % Ongoing (per annum)

4 Number of segments

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

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

B POLITICALLY EXPOSED PERSONS DETAILS

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

C APPLICANT DETAILS

MANDATORY

	Applicant 1	Applicant 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3 Surname	<input type="text"/>	<input type="text"/>
4 Do you 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"/>
5 Forenames (in full)	<input type="text"/>	<input type="text"/>
6 What is the relationship of Applicant 1 to Applicant 2?	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil Partner	
7 Please list all nationalities/citizenships held.	<input type="text"/>	<input type="text"/>
8 Date of birth	<input type="text"/>	<input type="text"/>
9 Place of birth	<input type="text"/>	<input type="text"/>
10 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
11 Full correspondence address (Only required if it differs from the permanent residential address)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
12 Email address	<input type="text"/>	<input type="text"/>
13 Contact telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
14 Would you like to be provided with login credentials to view your policy online at utmostinternational.com ?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

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

We cannot accept applications from individuals who are resident outside of the UK.

Your personal code must be something memorable as it will be required when you first receive your login credentials. A personal code can be made up of a mixture of letters, numbers and symbols with a minimum of 4 characters and a maximum of 13. Personal codes are case sensitive. Login credentials will only be sent (to your email address above) once your policy is in force and policy documentation sent.

15 Country/Countries of tax residency	<input type="text"/>	<input type="text"/>
16 National Insurance (NI) number	<input type="text"/>	<input type="text"/>

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

17 US Tax Identification
Number (T.I.N.)

--	--

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

18 Other tax reference number(s)

--	--

Only complete questions 19 or 20 below if you were either born in the US or you are a US citizen and/or resident in the US for tax purposes.


19 I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number (US TIN) is shown in question 17 above.

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We will presume that you are not resident in the US for tax purposes if question 19 and 20 is left blank unless there is indicia which contradicts this.

20 I confirm that I was Hborn in the US (or a US territory) but I am no longer a US citizen.

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If you have ticked  question 19 you must provide your US loss of nationality certificate.

D APPLICANT MEDICAL DETAILS

MANDATORY

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

In accordance with the Association of British Insurers policy on genetics and insurance and under the provisions of Part 4 of the Disability Act 2005 in Ireland, you do not need to tell us about any genetic test result you have had. However, you must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

1 Height (without shoes)

Applicant 1

	ft		ins
	cm		

Applicant 2

ft

ins

cm

2 Weight (in normal indoor clothing)

st lbs
 kg

_____ st _____ lbs

kg

3 Has your weight increased or decreased by more than 1 stone (6kg) in the last 6 months?

☐ Yes ☐ No

☐ Yes ☐ No

4 Have you smoked OR used tobacco OR nicotine replacement products in the past 12 months?
(Provide details of amounts per day)

☐ Yes ☐ No

☐ Yes ☐ No

If yes, provide details of your daily consumption or in the case of nicotine replacement tell us what you are using, at what frequency and strength.

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5 Do you drink alcohol?

☐ Yes ☐ No

☐ Yes ☐ No

If yes, provide the number of units per week

Units

Units

Has your consumption been greater than this in the last five years?

☐ Yes ☐ No

☐ Yes ☐ No

1 measure spirits = 1 unit
Small glass of wine = 1.5 units
Large glass of wine = 3 units
1 pint of lower strength beer = 2 units


You can find more information on
www.nhs.uk/live-well

- 6** Provide us with the full name, address and postcode of your doctor.
A report is required from your doctor and if the full address is not given it may result in a delay in assessment.

Postcode

- a)** Telephone number
(including international dialling code)
- b)** Fax number
(including international dialling code)

					-														

Tick all appropriate boxes to all of the questions 7 to 14. If you answer 'yes' to any of the questions, provide more details, including the nature and date of illness/injury, the treatment given and the name, address and telephone number of the doctor consulted. 

- 7** Have you ever been advised to reduce or stop alcohol consumption or smoking on health grounds?
If yes, provide details
- 8** Do you, or do you intend to, take part in any hazardous sport, activity, pastime or event that involves hazard or risk of injury OR do you intend to travel or reside outside the UK for 12 weeks or more per annum?
If yes, provide details
- 9** Have you suffered, or are you suffering, from any major illnesses such as cancer (whether benign or malignant), leukaemia, Hodgkin's disease or lymphoma?
If yes, provide details

Applicant 1	Applicant 2
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>

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

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

a) Diabetes, a blood disorder or any hormone disorder
If yes, provide details

Applicant 1

☐ Yes ☐ No

Applicant 2

☐ Yes ☐ No

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

☐ Yes ☐ No

☐ Yes ☐ No

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

☐ Yes ☐ No

☐ Yes ☐ No

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

Applicant 1

☐ Yes ☐ No

Applicant 2

☐ Yes ☐ No

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

☐ Yes ☐ No

☐ Yes ☐ No

14 Current health

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

☐ Yes ☐ No

☐ Yes ☐ No

E PREMIUM DETAILS

MANDATORY

1 Total payment amount

£

This is the amount you send to us, including any initial adviser charge you specify, in section H, to be deducted outside the bond before the remaining premium is invested. See the **Guide for Generation Planning Bond Applicants** or speak to your financial adviser for more details.

We recommend that you do not send the payment until after the underwriting is complete as no interest is paid on monies held prior to issue of the bond.

Payments must be sent to us by Telegraphic Transfer (international payment). Please note that bank charges will apply.

OUR BANK DETAILS

FOR PAYMENTS SENT IN GBP

Address Citibank Europe Plc, 1 North Wall Quay, Dublin 1, Ireland
Swift code CITIE2X
Sort code 99-00-51
IBAN IE22CITI99005127954790
Account number 27954790
Account name Utmost PanEurope dac Premium GBP
Payment reference Client name / proposal number

All payments must come from the Applicant(s).

BANK ACCOUNT DETAILS

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

Name of account holder

Account number

Bank sort code

 - -

Name & address of bank

Postcode

 -

F TRUST DETAILS

MANDATORY

If you are applying for one trust please complete **1a)** only.

If you are applying for both an absolute and a discretionary trust please complete **1a), 1b)** and **1c)**.

You can apply for both an absolute and a discretionary trust using one application form if the two contracts are identical, with the exception of the amounts invested into each. If they are not, then you must complete two application forms, one for each contract.

- › If you are applying for both trusts using one application form, we will issue two separate bonds. Each bond will have its own set of charges, including adviser charges. Note any adviser charges will be the same for each contract. Please contact our Customer Service team if you wish to change this
- › In addition to this form you must complete a separate **Generation Planning Bond Absolute Trust** and/or a separate **Generation Planning Bond Discretionary Trust**.

Please be aware that this trust may be required to be registered on the relevant trust registration portal. Speak to your financial adviser for more information.

1a) Tick the box opposite to let us know which trust you are applying for. If you are applying for both, you should tick both boxes and indicate below how much of your total investment is to be invested in each trust.

Absolute Trust

☐

Discretionary Trust

☐

1b) Indicate how much of the total premium (after the deduction of any initial adviser charge) is to be put into each trust below. The minimum total premium is £50,000 per trust.

Absolute Trust

£

Discretionary Trust

£

1c) If you are applying for both trusts, tick the box beside the trust you want to start first. The one you select will start at least one business day before the other.

Absolute Trust to start first

☐

Discretionary Trust to start first

☐

Tick ONE box to indicate which trust is to start first.

MANDATORY

Regular withdrawals will be taken equally across all policy segments.

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

1

My withdrawals are to be (per annum)

Annual monetary amount

£

.

or

Annual % of premium

%

2

Rate of increase in withdrawals (optional)
If increasing in line with RPI, please write 'RPI' in the box

3

Frequency of withdrawals

☐

Monthly

☐

Quarterly

☐

Half-yearly

☐

Yearly

4

Withdrawals to start

d

d

m

m

y

y

y

y

or

☐

As soon as possible (30 days after inception)

The percentage or monetary figure specified by the frequency you specify.

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

ENTER THE APPLICANT'S BANK ACCOUNT DETAILS THAT WITHDRAWALS WILL BE SENT TO:

1 Name of account holder	<input style="width: 100%;" type="text"/>
2 Account number (for BACS payments this must be 8 digits)	<input style="width: 100%; height: 25px;" type="text"/>
3 Bank sort code	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> – <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> – <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> (must be 6 digits)
4 Building Society roll number (if applicable)	<input style="width: 100%; height: 25px;" type="text"/>
5 Bank BIC/Swift code (required for all banks outside the UK)	<input style="width: 100%; height: 25px;" type="text"/>
6 IBAN (required for all bank accounts in the EU)	<input style="width: 100%; height: 25px;" type="text"/>
7 Bank/Building Society name	<input style="width: 100%; height: 25px;" type="text"/>
8 Address	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>
Postcode	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> – <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
9 Telephone number (including international dialling code)	<input style="width: 100%; height: 25px;" type="text"/>
10 How long has the account been held?	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> Years

H ADVISER CHARGING

OPTIONAL

Complete the relevant section below if you would like us to facilitate an initial adviser charge or ongoing adviser charge payments to your financial adviser.

For detailed information about adviser charges and how these may be applicable to you please see the **Guide to Charges** available on our website www.utmostinternational.com or from your financial adviser on request.

To set up an investment adviser charge, complete a **Nomination of Investment Adviser Form** and an **Adviser Charges Pack**. For more information about adviser charging, refer to the **Guide for Generation Planning Bond Applicants** or refer to the **Guide to Charges**.

Adviser charges paid to the financial adviser from the value of the bond will affect the policyholder's 5% annual tax-deferred entitlement. Note tax rules may change in the future and are subject to individual circumstances.

INITIAL ADVISER CHARGE

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

1 Specify the amount below:

Monetary amount

£		.		
---	--	---	--	--

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

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

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

Ensure that you sign the declaration to agree to pay an initial adviser charge to your financial adviser.

ONGOING ADVISER CHARGES (to be agreed by the trustees)

Your trustees will need to sign the declaration to agree to the ongoing adviser charges.

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 ☐ Yearly2 Specify the total **annual** amount as either a monetary figure or a percentage of the bond value:

Annual monetary amount

	.		
--	---	--	--

or

Annual % of bond value

	%
--	---

3 Ongoing adviser charge start date

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

or

☐ As soon as possible
(30 days after inception)

4 Does the ongoing adviser charge attract VAT? ☐ Yes ☐ No

(If yes, this will be applied in addition to the amount stated in **question 2** of this section)

State the total percentage of the 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.

If applicable, VAT can be added to ongoing or ad hoc 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.

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

I understand and accept that where the adviser charge is being facilitated from my bond:

- › any adviser charges combined with the compulsory regular withdrawals that exceeds the 5% annual tax-deferred entitlement will cause a chargeable event, which may be liable to UK income tax
- › when paid to a financial adviser this will be treated, for tax purposes, as a withdrawal from the bond
- › I should contact my financial adviser in the first instance to discuss payment of initial or ongoing adviser charges and the tax treatment
- › neither my trustees nor I can cancel an adviser charge after it has been paid, even if I decide to cancel my bond during the cancellation period
- › if the application is not proceeded with, I will be refunded my premium in full, less any adviser charges that have been paid out. It will be my responsibility to reclaim any adviser charges from my appointed adviser
- › where an Externally Managed Account is linked to the bond, any fund based adviser charge payments will be based on the last available fund value for the Externally Managed Account held in Utmost's records.

INITIAL ADVISER CHARGE

Applicants should sign here if Utmost is to facilitate the initial adviser payment outside of the bond.

	Applicant 1	Applicant 2
SIGNATURE		
Print full name		
Date	d d m m y y y y	d d m m y y y y

ONGOING ADVISER CHARGE

Trustees should sign here if an ongoing adviser payment is to be paid from within the bond. If the Applicant is also a trustee they must sign here also.

	Trustee 1	Trustee 2
SIGNATURE		
Print full name		
Date	d d m m y y y y	d d m m y y y y

	Trustee 3	Trustee 4
SIGNATURE		
Print full name		
Date	d d m m y y y y	d d m m y y y y

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

I EMPLOYMENT AND SOURCE OF FUNDS

OPTIONAL

I1 EMPLOYMENT DETAILS

Role	Applicant 1			
Employment status	Employed	Self Employed	Employed	Self Employed
	Retired	Unemployed	Retired	Unemployed
	Homemaker		Homemaker	
Date of retirement or unemployment or became homemaker	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>		<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>	
Occupation				
Last year's annual income/salary	Currency		Currency	
	Amount		Amount	
Do you receive income other than from your occupation?	Yes	No	Yes	No
If "Yes" please provide details including amount and source				
Employer/business name				
Employer/business Address				
	Postcode		Postcode	



Include previous occupation where you are retired, unemployed or a homemaker.

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

I2 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost PanEurope dac 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.

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

Total amount received	Currency		Amount	
Number of years income accumulated	<div> <div></div> <div></div> </div>	years		

Institution holding the funds	<input type="text"/>		
Name of account where earned income accumulated	<input type="text"/>		
Account number	<input type="text"/>		
Sort code	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
Length of time funds have been in this account	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>
Main occupation during the accumulation period (e.g. Director)	<input type="text"/>		
Industry/Business sector	<input type="text"/>		
Main employer's name	<input type="text"/>		
Employer's address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
	<input type="text"/>		
Date employment commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average annual salary over the accumulation period	Currency	<input type="text"/>	Amount <input type="text"/>
Average annual bonus over the accumulation period	Currency	<input type="text"/>	Amount <input type="text"/>

2. Compensation payment

Name of organisation or individual that paid compensation	<input type="text"/>		
Reason for compensation	<input type="text"/>		
Country compensation was awarded	<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"/>	<input type="text"/>	<input type="text"/>

3. Competition win

Name of competition organiser	<input type="text"/>		
Description of competition	<input type="text"/>		
Country competition was held in	<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"/>	<input type="text"/>	<input type="text"/>

4. Gift

Full name of person who gave the gift	<input type="text"/>									
Date of birth	<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			
Nationality	<input type="text"/>									
Address	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>	<input type="text"/>								
Relationship to applicant	<input type="text"/>									
Reason for gift	<input type="text"/>									
Description of gift	<input type="text"/>									
	<input type="text"/>									
Total amount received	Currency <input type="text"/>	Amount <input type="text"/>								
Date received	<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			
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	<input type="text"/>									
Relationship to applicant	<input type="text"/>									
Date of death	<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			
Details of the inheritance Tell us about the assets forming the inheritance (eg. cash, property, shares etc.)	<input type="text"/>									
Amount received	Currency <input type="text"/>	Amount <input type="text"/>								
Date received	<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			
Details of the activity that generated the amount received	<input type="text"/>									
Country inheritance was accumulated in	<input type="text"/>									
Solicitor/lawyer's (who dealt with the estate) name	<input type="text"/>									
Solicitor/lawyer's firm name	<input type="text"/>									
Solicitor/lawyer's firm address	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>	<input type="text"/>								

6. Loan

Name of loan provider	<input type="text"/>	
Address of loan provider	<input type="text"/>	
	<input type="text"/>	
	Postcode <input type="text"/>	Country <input type="text"/>
Total amount borrowed	Currency <input type="text"/>	Amount <input type="text"/>
Date of loan	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Purpose of loan	<input type="text"/>	

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

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

Name of policy provider	<input type="text"/>	
Address of policy provider	<input type="text"/>	
	<input type="text"/>	
	Postcode <input type="text"/>	Country <input type="text"/>
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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 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"/> <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"/>	
Net amount received	Currency <input type="text"/>	Amount <input type="text"/>

9. Company sale or sale of interest in company

Company name	<input type="text"/>	
Industry/business sector	<input type="text"/>	
Address of company	<input type="text"/>	
	<input type="text"/>	
	<input type="text" value="Postcode"/>	<input type="text" value="Country"/>
Your connection with the company For example: owner, partner or shareholder	<input type="text"/>	
Date connection with the company began	<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"/>	
Average year dividend/income from the company over the previous three years	<input type="text"/>	
Date of sale	<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"/>	
Sale amount	Currency <input type="text"/>	Amount <input type="text"/>
Net amount received i.e. the amount you have received after any deductions such as fees and taxes.	Currency <input type="text"/>	Amount <input 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 (including postcode if applicable)	<input type="text"/>	
	<input type="text"/>	
	<input type="text" value="Postcode"/>	<input type="text" value="Country"/>

Length of time property owned	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>	months
Source of funds for the original property purchase	<input type="text"/>			
Was the property your main residence?	Yes	No		
If "Yes" was an alternative main residence purchased?	Yes	No		
If "Yes" please confirm Purchase price	<input type="text"/>			
Address of new residence	<input type="text"/>			
	<input type="text"/>			
	Postcode		Country	
Date of sale	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	d	d	m	m
	y	y	y	y
Total sale amount	Currency	<input type="text"/>	Amount	<input type="text"/>
Net amount applicant received from sale	Currency	<input type="text"/>	Amount	<input type="text"/>

11. Other income sources

Description of the activity that generated the funds	<input type="text"/>			
Role in relation to above activities	<input type="text"/>			
Period over which the activities occurred	<input type="text"/>			
Country in which the activity occurred	<input type="text"/>			
Date received	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>	months
Proceeds received from the activity	Currency	<input type="text"/>	Amount	<input type="text"/>

J IDENTIFICATION REQUIREMENTS**MANDATORY**

Under anti-money laundering regulations we are required to verify the identity and address of all Applicant(s) related to a contract. Below you will find the standard minimum requirements. In some circumstances we may request additional information. We require **one suitably certified document** from **Part 1** together with **one suitably certified document** from **Part 2**.

PART 1 - PERSONAL IDENTITY

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

In exceptional circumstances, where you cannot supply an item from Part 1, tell us why in the box below and supply a second document from Part 2.

PART 2 - VERIFICATION OF ADDRESS

	Applicant 1	Applicant 2	Trustee 1	Trustee 2*
4 A recent utility bill dated and certified within the last six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Rates or council tax bill dated and certified within the last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 An account statement from bank or credit card company dated and certified within the last six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 A recent mortgage statement, giving the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 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"/>

*Continue on a separate sheet of paper should there be more trustees to be identified.

(Mobile phone bills and store cards are not acceptable. Documents must be the most recent available.)


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

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

I confirm that I have had sight of the original documents and all documents enclosed are true copies of the originals. ☐ Yes

I, the financial adviser, confirm that:


- i) I have had sight of the original documents and all documents enclosed are true copies of the originals and are hereby certified accordingly. ☐ Yes
- j) the information in section K was obtained by me in relation to the Applicant. ☐ Yes
- k) where I have an existing relationship, the Applicants account/relationship has been conducted satisfactorily. ☐ Yes
- l) I am not aware of any reason why this application should be refused. ☐ Yes
- m) 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
- n) I shall inform you immediately if I suspect such activity. ☐ Yes

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

K INTRODUCER'S DETAILS

MANDATORY

1	How and when were you introduced to the Applicants?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
2	Are Applicants acting as a nominee for someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Which country was the advice leading to this application given in?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4	Which country was this application signed in?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
5	The basis on which the advice was offered is (UK advisers only)	<input type="checkbox"/> Independent <input type="checkbox"/> Restricted
6	Name of regulatory body	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
7	Regulatory body membership number e.g. FCA number	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> </div>
8	Print full name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
9	Certifier and authorised signatory	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
10	Email address	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
11	Telephone number	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
12	Date	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> ddmmyyyy </div>
13	Financial adviser company name and address (company stamp if possible)	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
14	Provide the name of your usual Utmost sales consultant (if known)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Financial adviser  to sign here.

L INVESTMENT OPTIONS

MANDATORY

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

	M1	M2	N1 & N3	N2, N3 & N4
Open Architecture	✓	✓		
External Manager		✓	✓	
Platform/Platform Adviser		✓		✓

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

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

M FUND SELECTION, CASH DEPOSITS AND DEALING ACCOUNT

M1 FUND SELECTION

[illegible]

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

Total 100%

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

M2 CASH DEPOSITS

Bank/Building Society	Full name of deposit account	%		

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

DEALING ACCOUNT

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

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

Important 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.

NOMINATION OF FUNDS TO COVER OVERDRAWN DEALING ACCOUNT

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

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

Full fund name	%		

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

N

Provide full details of the nominated external service in sections N1 and N2. The nominated firm(s) must sign section N3 where applicable.

WHAT BASIS WILL THE NOMINATION BE MADE ON?

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

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

This basis cannot be changed without prior written authority from Utmmost.

N1 EXTERNAL MANAGER DETAILS

1 Name of the nominated firm

2 Address

Postcode

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

3 Contact name

4 Telephone number
(including international
dialling code)

[illegible]

5 Facsimile number
(including international
dialling code)

[illegible]

6 Email address

This section should only be completed if you wish to nominate a Discretionary Fund Manager.

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

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.

N2 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	<input type="text"/>
2	Name of the nominated Platform Adviser	<input type="text"/> <input type="text"/> <input type="text"/>
3	Address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	Contact name	<input type="text"/>
5	Telephone number (including international dialling code)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	Facsimile number (including international dialling code)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	Email address	<input type="text"/>

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

Details only required for the Platform Adviser, NOT the Platform.

N3 APPLICANT DECLARATION

I **request and agree** the EMC I have specified in section N 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 details in the Policy Schedule, Provisions and fund rules.
- › Utmost shall not be responsible for any loss or liability to the Account (a) resulting from this appointment, or (b) from services rendered or procured by the EMC to Utmost.
- › There are risks associated with the appointment of an EMC, where the EMC is responsible for the selection and/or safe keeping of the assets linked to the bond.
- › Utmost is, and must remain, the beneficial owner of all assets linked to the bond. Further to this, Utmost has the right to place trading instructions directly with the EMC at any time without requiring my approval. This may affect the value of the bond. Where there are conflicting instructions, Utmost's instructions override my or the EMC's instructions.
- › I have no legal right to the investments held by the EMC. Apart from agreeing or rejecting recommendations given to me where an advisory basis has been selected, I may not give any direct instructions to the EMC regarding the investments, including instructions relating to the selection of assets, or with respect to withdrawals or surrenders. Further I may not give any legal charge, pledge or lien over the Account, nor may I instruct the EMC to give any guarantee, indemnity or counter-indemnity in favour of any person or company.
- › Utmost extends a Limited Power of Authority (LPOA) on my behalf which enables me to agree certain charges (not linked to advice), investment strategy and risk profile. My financial adviser and I can also obtain valuation statements directly from the EMC. If I am nominating a Platform and Platform Adviser, I am also given limited powers to agree the appointment of a Platform DFM who hold agreements with the Platform and Platform Adviser. Utmost retains the right to decline any such appointment.

- › The investment objectives and attitude to risk information set out in section N 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 it's 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.

Applicant signature(s)

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

ALL
policyholders
sign here.

N4 PLATFORM ADVISER DECLARATION



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

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

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

DECLARATION

1. I, the undersigned, being an authorised signatory of the Platform Adviser, **agree on behalf of the Platform Adviser** to manage and/or advise on (as applicable) Utmost's Account with the Platform named at section **N** on the basis stated in section **N2**.
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

SIGNATURE	Platform Adviser								
Authorised signature on behalf of the nominated firm	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>								
Print full name	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>								
Date	<table border="1" style="display: inline-table; text-align: center; width: 100%;"> <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		

O APPLICANT DECLARATION

MANDATORY

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

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

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

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

The Company proposes that the laws of England and Wales shall apply to any contract relating to this application and that the Courts of England shall be the sole forum to consider disputes in relation to any contract arising from this application. Any decision to alter the Court of England's jurisdiction shall be at the discretion of the Company.

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

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

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

You may request a copy of the Policy Conditions at any time from our Customer Service team on +44 (0) 203 038 3941.

ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of funds – statement of truth

I truthfully confirm that:

- v) 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.
- vi) none of the funds invested derive, directly or indirectly, from illegal activities or sources and/or tax evasion or conduct which will or may be regarded as such.

Potential consequences of misleading the Company

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

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

Disclosure of information to tax and other government authorities

I have been advised that Utmost Group plc and the Company have a long-standing policy of co-operating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities or conduct which will or may be regarded as such.

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 directly or indirectly disclose to my home country tax and/or other government authorities, my identity and any relevant information considered necessary or appropriate, in the Company's and its legal counsel and other advisers discretion, concerning the bond.

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

Confirmations and acknowledgements

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

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

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

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

I accept that:

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

I confirm that the firm named in section K -Introducer's Details will be acting as my financial adviser on an ongoing basis and I agree that the Company is able to disclose all information relating to my bond to this financial adviser. I understand that if I decide to change my financial adviser it is my responsibility to tell the Company in writing of this change.

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

I confirm and declare that I am habitually tax resident in the jurisdiction entered in section C, on page 3 of this application form.

HOW THE COMPANY USES YOUR INFORMATION

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 at www.utmostinternational.com/privacy-statements or you can request a copy from our Customer Service Team.

I acknowledge that:

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

ACCESS TO MEDICAL RECORDS

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

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

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

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

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

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

- › Your current health
 - Any care, medication or treatment you are currently receiving
 - The result of referrals or tests you are waiting for.
- › Any time off work in the last three years
- › Your past health.

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

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

We have asked your doctor not to reveal information about:

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

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

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

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

Applicant 1

☐ I consent

☐ I do not consent*

Applicant 2

☐ I consent

☐ I do not consent*

If you do not consent, we will be unable to process your application.

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

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

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



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