

DECLARATION OF AN ASSIGNMENT

NOTICE TO UTMOST WORLDWIDE LIMITED ("THE COMPANY")

Please complete this declaration if you have completed a Plan assignment. Any new proposed Planholder is required to complete our on boarding procedures before they are accepted as a Planholder.

A DECLARATION OF AN ASSIGNMENT DETAILS

- 1 Plan Number ("the Plan"):
- 2 Date of Assignment:

d	d	m	m	y	y	y	y
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B ASSIGNOR DETAILS

- | | First Assignor | Second Assignor (if any) | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|---|---|----------|--|---|---|---|---|---|---|---|----------|
| 1 Role | | | | | | | | | | | | | | | | | | |
| 2 Title (Mr Mrs, Ms, etc.) | | | | | | | | | | | | | | | | | | |
| 3 First Name(s) | | | | | | | | | | | | | | | | | | |
| 4 Surname | | | | | | | | | | | | | | | | | | |
| 5 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) | | | | | | | | | | | | | | | | | | |
| 6 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 | <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 | | | | | | | | | | | |
| 7 Country of birth | | | | | | | | | | | | | | | | | | |
| 8 Nationality/dual nationality, if applicable | | | | | | | | | | | | | | | | | | |
| 9 Country of tax residence | | | | | | | | | | | | | | | | | | |
| 10 National Insurance ("NI") number | | | | | | | | | | | | | | | | | | |
| 11 US Tax Identification number ("TIN") | | | | | | | | | | | | | | | | | | |
| 12 Other tax reference number (s) | | | | | | | | | | | | | | | | | | |
| 13 Permanent residential address | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Postcode</td></tr></table> | | | | | | | | Postcode | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Postcode</td></tr></table> | | | | | | | | Postcode |
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| | Postcode | | | | | | | | | | | | | | | | | |

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost Worldwide Limited, Singapore Branch: 6 Battery Road #16-02, Singapore 049909 T+65 66729152
E SingaporeRO@utmostworldwide.com Registered in Singapore as a Branch of a Foreign Company - Number T10 FC0110K.
Licensed by the Monetary Authority of Singapore as a direct insurer to carry on life business in Singapore.

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No.27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).
Registered Head Office: Utmost Worldwide Limited, Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR. T +44 (0) 1481 715 800 F +44 (0) 1481 712 424 E UWCcustomerService@utmostworldwide.com

Websites may refer to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.

UWWS PR 00009 | 04/25

T +65 6672 9152

E SingaporeRO@utmostworldwide.com

W utmostinternational.com

- 14 Is the correspondence address the same as the permanent residential address? ☐ Yes ☐ No

If "No", please provide the
correspondence address

	Postcode

	Postcode

- 15** Contact telephone number

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- ## 16 Email address

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C ASSIGNOR EMPLOYMENT AND FINANCIAL DETAILS

- | | First assignor | Second assignor
(if applicable) |
|---|---|---|
| 1 Employment details | <input type="checkbox"/> Employed or Self-Employed
<input type="checkbox"/> Retired
<input type="checkbox"/> Not currently employed | <input type="checkbox"/> Employed or Self-Employed
<input type="checkbox"/> Retired
<input type="checkbox"/> Not currently employed |
| 2 Date of retirement or leaving employment (if applicable) | <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> |
| 3 Your occupation | | |
| a. The nature of your employment and the position held (e.g. job title, level of seniority) | | |
| b. Length of service with current Employer or business | | |
| c. If less than 18 months please state previous employment details | | |
| d. If you are self-employed or business owner, please state percentage of business owned | | |

 If retired or not currently employed, please state former occupation, including role e.g. Director and industry sector e.g. accountancy and include date of retirement or unemployment.

- 4** Name and address of employer or business

	Postcode		Postcode

5 Industry or business sector	<input type="text"/>	<input type="text"/>
6 Employer or business website address	<input type="text"/>	<input type="text"/>

C1 INCOME DETAILS

Please provide an estimated breakdown of your current annual income:

DETAILS	FIRST ASSIGNOR		SECOND ASSIGNOR (IF APPLICABLE)	
Specify Currency	<input type="checkbox"/> US\$	<input type="checkbox"/> GBPE	<input type="checkbox"/> Euro€	<input type="checkbox"/> US\$
	<input type="checkbox"/> Other (state currency)	<input type="text"/>		<input type="checkbox"/> Other (state currency)
		<input type="text"/>		<input type="text"/>

INCOME DETAILS	DESCRIPTION	VALUE	DESCRIPTION	VALUE
Annual Salary/Income				
Annual Bonus Income				
Other Annual Income (please specify, for example, Investment Income, Pension Income, Benefits in Kind)				
Total Annual Income				

D SOURCE OF FUNDS AND WEALTH

D1 SOURCE OF FUNDS FOR YOUR INVESTMENT WITH UTMOST

First Policyholder		Second Policyholder	
<input type="checkbox"/> 1 Savings from employment income (including salary, bonus and fees)	<input type="checkbox"/> 8 Sale of asset portfolio or investment	<input type="checkbox"/> 1 Savings from employment income (including salary, bonus and fees)	<input type="checkbox"/> 8 Sale of asset portfolio or investment
<input type="checkbox"/> 2 Compensation payment/legal settlement	<input type="checkbox"/> 9 Company sale or sale of interest in a business	<input type="checkbox"/> 2 Compensation payment/legal settlement	<input type="checkbox"/> 9 Company sale or sale of interest in a business
<input type="checkbox"/> 3 Competition win	<input type="checkbox"/> 10 Property sale	<input type="checkbox"/> 3 Competition win	<input type="checkbox"/> 10 Property sale
<input type="checkbox"/> 4 Gift	<input type="checkbox"/> 11 Other income sources	<input type="checkbox"/> 4 Gift	<input type="checkbox"/> 11 Other income sources
<input type="checkbox"/> 5 Inheritance	<input type="checkbox"/> 12 Third party payment (please specify)	<input type="checkbox"/> 5 Inheritance	<input type="checkbox"/> 12 Third party payment (please specify)
<input type="checkbox"/> 6 Loan	<input type="text"/>	<input type="checkbox"/> 6 Loan	<input type="text"/>
<input type="checkbox"/> 7 Maturing policy/ policy claim/ replacement policy/ pension	<input type="text"/>	<input type="checkbox"/> 7 Maturing policy/ policy claim/ replacement policy/ pension	<input type="text"/>

UTMOST WEALTH SOLUTIONS
DECLARATION OF AN ASSIGNMENT

	First assignor	Second assignor (if applicable)
a. Please confirm the main country that the above economic source of funds came from.	<input type="text"/>	<input type="text"/>
b. Which country has your overall wealth been generated in, if different?	<input type="text"/>	<input type="text"/>

D2 PERSONAL WEALTH

a. Please state your estimated personal net worth (after deduction of mortgages or loans).

	First assignor	Second assignor (if applicable)
Currency	<input type="text"/>	<input type="text"/>
Amount	<input type="text"/>	<input type="text"/>

b. Please provide an estimated breakdown of how your current wealth is held:

DETAILS	FIRST ASSIGNOR		SECOND ASSIGNOR (IF APPLICABLE)	
	CURRENCY	VALUE	CURRENCY	VALUE
1. Property				
2. Valuables (motor vehicles, furniture, jewellery etc.				
3. Investments (stocks and bonds)				
4. Owner managed business interests				
5. Cash and savings accounts				
6. Other				

c. Please indicate the main source for your wealth:

First assignor

☐ Same as Source of Funds (see D1 above)

☐ Where different to Source of Funds, please specify main source of your wealth below.

DETAILS	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

Second assignor

☐ Same as Source of Funds (see D1 above)

☐ Where different to Source of Funds, please specify main source of your wealth below.

DETAILS	CURRENCY	VALUE	GEOGRAPHICAL LOCATION


E ASSIGNEE DETAILS

	First Assignee	Second Assignee (if any)
1 Role		
2 Title (Mr Mrs, Ms, etc.)		
3 First Name(s)		
4 Surname		
5 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)		
6 Date of birth	<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>
7 Country of birth		
8 Nationality/dual nationality, if applicable		
9 Country of tax residence		
10 National Insurance ("NI") number		
11 US Tax Identification number ("TIN")		
12 Other tax reference number (s)		
13 Permanent residential address	<div></div> <div></div> <div></div> <div>Postcode</div>	

18 Relationship, if any, between Assignor(s) and Assignee(s) (e.g. spouse, parent/child):		
19 Description of assignment (e.g. Plan):		

F ASSIGNEE EMPLOYMENT AND FINANCIAL DETAILS

	First assignee	Second assignee (if applicable)
1 Employment details	<input type="checkbox"/> Employed or Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not currently employed	<input type="checkbox"/> Employed or Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not currently employed
2 Date of retirement or leaving employment (if applicable)	<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>
3 Your occupation		
a. The nature of your employment and the position held (e.g. job title, level of seniority)		
b. Length of service with current Employer or business		
c. If less than 18 months please state previous employment details		
d. If you are self-employed or business owner, please state percentage of business owned		

 If retired or not currently employed, please state former occupation, Including role e.g. Director and industry sector e.g. accountancy and include date of retirement or unemployment.

4 Name and address of employer or business		
	Postcode	Postcode
5 Industry or business sector		
6 Employer or business website address		

F1 INCOME DETAILS

Please provide an estimated breakdown of your current annual income:

DETAILS	FIRST ASSIGNEE		SECOND ASSIGNEE (IF APPLICABLE)	
Specify Currency	<input type="checkbox"/> US\$	<input type="checkbox"/> GBP£	<input type="checkbox"/> Euro€	<input type="checkbox"/> US\$
	<input type="checkbox"/> Other (state currency)	<input type="text"/>	<input type="checkbox"/> Other (state currency)	<input type="text"/>
INCOME DETAILS	DESCRIPTION	VALUE	DESCRIPTION	VALUE
Annual Salary/Income				
Annual Bonus Income				
Other Annual Income (please specify, for example, Investment Income, Pension Income, Benefits in Kind)				
Total Annual Income				

G SOURCE OF FUNDS AND WEALTH

G1 SOURCE OF FUNDS FOR YOUR INVESTMENT WITH UTMOST

First Policyholder

<input type="checkbox"/> 1 Savings from employment income (including salary, bonus and fees)	<input type="checkbox"/> 8 Sale of asset portfolio or investment
<input type="checkbox"/> 2 Compensation payment/legal settlement	<input type="checkbox"/> 9 Company sale or sale of interest in a business
<input type="checkbox"/> 3 Competition win	<input type="checkbox"/> 10 Property sale
<input type="checkbox"/> 4 Gift	<input type="checkbox"/> 11 Other income sources
<input type="checkbox"/> 5 Inheritance	<input type="checkbox"/> 12 Third party payment (please specify)
<input type="checkbox"/> 6 Loan	<input type="text"/>
<input type="checkbox"/> 7 Maturing policy/ policy claim/ replacement policy/ pension	

Second Policyholder

<input type="checkbox"/> 1 Savings from employment income (including salary, bonus and fees)	<input type="checkbox"/> 8 Sale of asset portfolio or investment
<input type="checkbox"/> 2 Compensation payment/legal settlement	<input type="checkbox"/> 9 Company sale or sale of interest in a business
<input type="checkbox"/> 3 Competition win	<input type="checkbox"/> 10 Property sale
<input type="checkbox"/> 4 Gift	<input type="checkbox"/> 11 Other income sources
<input type="checkbox"/> 5 Inheritance	<input type="checkbox"/> 12 Third party payment (please specify)
<input type="checkbox"/> 6 Loan	<input type="text"/>
<input type="checkbox"/> 7 Maturing policy/ policy claim/ replacement policy/ pension	

	First Policyholder	Second Policyholder (if applicable)
a. Please confirm the main country that the above economic source of funds came from.	<input type="text"/>	<input type="text"/>
b. Which country has your overall wealth been generated in, if different?	<input type="text"/>	<input type="text"/>

G2 PERSONAL WEALTH

a. Please state your estimated personal net worth (after deduction of mortgages or loans).

	First assignee	Second assignee (if applicable)
Currency	<input type="text"/>	<input type="text"/>
Amount	<input type="text"/>	<input type="text"/>

b. Please provide an estimated breakdown of how your current wealth is held:

DETAILS	FIRST ASSIGNEE		SECOND ASSIGNEE (IF APPLICABLE)	
	CURRENCY	VALUE	CURRENCY	VALUE
1. Property				
2. Valuables (motor vehicles, furniture, jewellery etc.				
3. Investments (stocks and bonds)				
4. Owner managed business interests				
5. Cash and savings accounts				
6. Other				

c. Please indicate the main source for your wealth:

First assignee

- ☐ Same as Source of Funds (see G1 above)
- ☐ Where different to Source of Funds, please specify main source of your wealth below.

Second assignee

- ☐ Same as Source of Funds (see G1 above)
- ☐ Where different to Source of Funds, please specify main source of your wealth below.

DETAILS	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

DETAILS	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

H POLITICALLY EXPOSED PERSONS

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. Family members or close associates of a PEP must also be considered PEPs themselves.

Is there anyone associated with this application who could be considered a PEP? ☐ Yes ☐ No

If Yes provide details

I DECLARATION

Please attach a certified copy of the assignment to this declaration.

I declare:

- › I received independent legal advice prior to signing the Assignment.
- › I have assigned all/part of my interest in the plan to the Assignee(s).

ASSIGNOR

SIGNATURE

Assignor
name (printed
in BLOCK
LETTERS):

Date

d

d

m

m

y

y

y

y

**SECOND ASSIGNOR
(If applicable)**

SIGNATURE

Assignor
name (printed
in BLOCK
LETTERS):

Date

d

d

m

m

y

y

y

y

You should get specialist legal and tax advice from a qualified professional adviser regarding any assignment. You must ensure the Assignee(s) is/are eligible to hold a Plan under the laws of any jurisdiction that applies to you and, if applicable, that you can legally take out a contract of life assurance on any person named as a life assured.

RESET