

# SILK LIFE PLAN

## APPLICATION FORM - NEW BUSINESS AND TOP-UP



For Singapore accredited investors only  
(for the individual investor and the individual trustee investor)

**WARNING:** PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 OF SINGAPORE, AS MAY BE AMENDED FROM TIME TO TIME, IF YOU DO NOT FULLY AND FAITHFULLY DISCLOSE IN THIS APPLICATION FORM ALL FACTS WHICH YOU KNOW, OR OUGHT TO KNOW, THE POLICY ISSUED MAY BE VOID AND YOU MAY RECEIVE NOTHING FROM THE POLICY.

THIS DOCUMENT WAS LAST UPDATED IN JANUARY 2024.

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

### USING THE EDITABLE FIELDS?

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

SECTION	PAGE	COMPLETED
A Type of application	5	<input type="checkbox"/>
B1 Details of the individual applicants/trustees	6	<input type="checkbox"/>
B2 Beneficial Ownership	8	<input type="checkbox"/>
B3 Politically exposed person - this section refers to all applicant types	8	<input type="checkbox"/>
B4 Existing contracts	9	<input type="checkbox"/>
C Details of the life/lives assured	9	<input type="checkbox"/>
D Insurability information - life assured to complete	10	<input type="checkbox"/>
1 Financial insurability information (This section must be completed)	11	<input type="checkbox"/>
2 Other insurability information (This section must be completed)	15	<input type="checkbox"/>
3 Health insurability information (complete this section if the application is subject to non-medical underwriting)	16	<input type="checkbox"/>
E Utmost International charges	21	<input type="checkbox"/>
F Source of Funds	22	<input type="checkbox"/>
G Sum assured and investment details	28	<input type="checkbox"/>
H Investment choice	29	<input type="checkbox"/>
I Regular withdrawals (Optional)	30	<input type="checkbox"/>
J Appointment of Investment Adviser Representative	32	<input type="checkbox"/>
1 Client agreement - to be completed by the applicant(s)	32	<input type="checkbox"/>
2 Acceptance of appointment - to be completed by the Investment Adviser Representative	35	<input type="checkbox"/>
K Declaration and application	36	<input type="checkbox"/>
L Verification of customer identity - financial adviser representative/suitable certifier to complete	41	<input type="checkbox"/>
M Financial adviser representative/suitable certifier declaration	44	<input type="checkbox"/>

CUSTOMER ID NUMBER(S) (IF KNOWN)

Applicant 1

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Applicant 2

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FINANCIAL ADVISER REPRESENTATIVE DETAILS

Utmost International Adviser ID

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MAS representative number

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Name of financial adviser  
representative

--

Company name

--

Address

--

Telephone number

--

Fax number

--

E-mail address

--

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

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

The Silk Life Plan is issued by Utmost International Isle of Man Limited Singapore Branch on behalf of Utmost International Isle of Man Limited. All references to **Utmost International, we, us** and **our** in this application form mean Utmost International Isle of Man Limited.

IMPORTANT TAXATION INFORMATION

Under Automatic Exchange of Information (AEOI) regulations Utmost International is required to obtain information about an applicant's tax status. To enable us to comply with these regulations, when submitting this application form you must also submit the **'Taxation information and self-certification - for entity investors'** or **'Tax declaration and self-certification for Trusts (where the trustees are all individuals)'** form. Completion and submission of a self-certification is mandatory and failure to provide one could result in your Portfolio being reported under AEOI by default.

If any of the information contained in the self-certification changes, please advise Utmost International promptly so we can determine if a new self-certification is required.

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#### IMPORTANT INFORMATION FOR ALL APPLICANTS

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Before completing the application form, please make sure you receive and read through the relevant product information:

- › Silk Life Plan brochure
- › Silk Life Plan at-a-glance
- › Silk Life Plan product summary
- › Silk Life Plan policy terms & conditions
- › Confirmation of charging structure.

You will also need to read Your Guide to Life Insurance and the Code of Life Insurance Practice (these can be downloaded from the Life Insurance Association's website: [www.lia.org.sg](http://www.lia.org.sg)).

Should you wish to change the sum assured or life/lives assured, you will need to complete separate forms which will be available from your financial adviser representative.

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#### REPLACEMENT OF LIFE POLICIES

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Is this Policy to replace or intended to replace any insurance(s) or other Designated Investment Product(s), such as a unit trust or life Policy, held with another financial institution including insurance companies and banks? (✓)	Yes	No
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If 'Yes' please provide the following details;

- › Name of existing policy/ product replaced (to be replaced) and the relevant financial institution.
- › Reason for replacement policy.
- › Surrender penalty incurred.
- › Length of time the existing policy/ product held.

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#### WARNING

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**It is usually disadvantageous to replace existing life insurance policies with a new one.**

**Some of the disadvantages include:**

- i. You may incur transaction costs without gaining any real benefit from the switch.
- ii. The new life Policy may offer a lower level of benefit at a higher cost or the same cost, or offer the same level of benefits at a higher cost.
- iii. You may incur penalties for terminating the existing life Policy.
- iv. The new life Policy may be less suitable for you.
- v. The new life Policy will have different terms and conditions.

In your interests, we would advise that you consult your financial adviser representative before making a final decision.

## DECLARATION

**I confirm that I have consulted my financial adviser representative before making a final decision to proceed with this application who has made me aware of the disadvantages of replacing my old life Policy with a new one and I am happy to proceed with this application.**

**Signature of applicant(s)** (If two applicants, both must sign. If there are more than two applicants, please continue on a separate sheet.)

	Applicant 1	Applicant 2 (if any)
<b>SIGNATURE</b>		
Full name		
Date	<div style="display: flex; justify-content: space-around; padding: 2px;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>	<div style="display: flex; justify-content: space-around; padding: 2px;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>

## IMPORTANT INFORMATION FOR THE LIFE ASSURED

Before completing Section D of this application form, please make sure you understand the nature and purpose of this application. Should you need more information please talk to the applicant and consult the financial adviser representative via the applicant.

## FREE LOOK PERIOD

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

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

A copy of the policy terms for your application are contained on the Utmost International website. ([www.utmostinternational.com](http://www.utmostinternational.com))

## POLICY OWNERS' PROTECTION SCHEME

Utmost International Isle of Man Limited Singapore Branch is a member of the Policy Owners' Protection Scheme (PPF Scheme) in Singapore. This policy is protected up to specified limits by the Singapore Deposit Insurance Corporation (SDIC), details of the PPF Scheme can be obtained at SDIC website on [www.sdic.org.sg](http://www.sdic.org.sg). If you have any general questions, please contact your financial adviser representative.

## COMPLETING THE FORM

To complete this form:

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

We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

## A TYPE OF APPLICATION

### NEW INVESTMENT

Please indicate the type of contract you are applying for. Life Cover Only means the Death Benefit payable will be the higher of the Sum Assured or the Policy Value, less any outstanding charges except any early surrender charge. Life Cover Plus means the Death Benefit payable will be the Sum Assured plus the Policy Value, less any outstanding charges except any early surrender charge. (✓)

Life Cover Only

Life Cover Plus

#### Applicant(s) information required

► Please complete all applicable sections.

#### Financial adviser representative information required

► Please complete sections L and M in full.

Reason for investment  
(e.g. saving for retirement)

### ADDITIONAL INVESTMENT

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

Do you wish to increase your Sum Assured? (✓)

Yes

No

If yes, how much do you wish to increase your Sum Assured by?  
(This must be in the Policy currency)

Policy currency

Amount

Any request to increase the Sum Assured may require further medical or non-medical evidence to be provided.

#### Applicant(s) information required (sections to be completed)

► Unless your details have changed, you only need to complete the full forename(s) and surname of each applicant and life assured in sections B1 and C. If the Sum Assured is to increase, section D must be completed. You must also complete sections F, G, H and K. Please also complete other sections where applicable.

#### Financial adviser representative information required (sections to be completed)

► Section L, please complete parts A, B and C.

► Section M, please complete in full.

### POLICY CURRENCY

I wish my Policy to be valued in (✓)

US\$

GBP£

SG\$

Other currency

Please note if no currency is entered your Policy currency will be US dollar (US\$). The Policy currency cannot be changed after the Policy is set up.

### APPOINTMENT OF AUTHORISED CUSTODIAN(S)

Please tick if you wish to appoint authorised custodian(s) (✓)

Authorised custodian(s)

If you have ticked above, please complete the Request to Appoint or Transfer to an Authorised Custodian Account on pages 50-55 of this application form.

**B1 DETAILS OF THE INDIVIDUAL APPLICANTS/TRUSTEES**

The applicants must be at least 18 years old and the maximum age is 75 (as at last birthday).

If there are any further applicants, please photocopy this section, attach the details with this application form and tick here.

	<b>Applicant 1</b>	<b>Applicant 2 (if any)</b>
Title (✓)	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>Mr</span> <span>Mrs</span> <span>Miss</span> </div> <div> <span>Other</span> <input style="width: 150px; border: 1px solid black;" type="text"/> </div>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>Mr</span> <span>Mrs</span> <span>Miss</span> </div> <div> <span>Other</span> <input style="width: 150px; border: 1px solid black;" type="text"/> </div>
Full forename(s)	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
Surname	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
Maiden name, previous name or alias	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
Gender (✓)	<div style="display: flex; justify-content: space-around;"> <span>Male</span> <span>Female</span> </div>	<div style="display: flex; justify-content: space-around;"> <span>Male</span> <span>Female</span> </div>
Relationship to first applicant	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
Date of birth	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>
Nationality	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
Dual nationality (if applicable)	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
NRIC or FIN number/passport number/national identity card number	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
Country of residence	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
Expiry date	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>
Country of issue	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
Residential address (where you are currently living, we do not accept PO Box or C/O addresses)	<input style="width: 180px; border: 1px solid black;" type="text"/> <input style="width: 180px; border: 1px solid black;" type="text"/> <input style="width: 180px; border: 1px solid black;" type="text"/> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>Postcode</span> </div>	<input style="width: 180px; border: 1px solid black;" type="text"/> <input style="width: 180px; border: 1px solid black;" type="text"/> <input style="width: 180px; border: 1px solid black;" type="text"/> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>Postcode</span> </div>
<p>Utmost International accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International reserves the right to send correspondence to the residential address where regulations prevent it being sent to any other address.</p>		
Correspondence address	<input style="width: 180px; border: 1px solid black;" type="text"/> <input style="width: 180px; border: 1px solid black;" type="text"/> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>Postcode</span> </div>	
Telephone number including area code (daytime)	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
Mobile number including area code (each applicant must provide a valid mobile number)	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>
E-mail address (each applicant must have a unique e-mail address)	<input style="width: 180px; border: 1px solid black;" type="text"/>	<input style="width: 180px; border: 1px solid black;" type="text"/>

## DETAILS OF THE TRUST (IF APPLICABLE)

**In this section, please give the following details: the name of the trust (for example, 'the Mary Jones Policy Trust dated 1 April 1990', 'the John Brown Will Trust') and the date the trust was created on.**

The trust name is

The trust was created on

d	d	m	m	y	y	y	y
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Trust details:

Please explain the reason for the establishment of the trust, what type of trust it is and detail the source of the trust assets and the country of origin.

### Employment Details

#### Applicant 1

#### Applicant 2 (if any)

**This section must be completed in all instances.**

**Please give details of your employer or your own company, if self-employed.**

**If you have retired or are not currently employed please include details of your previous employer or your own company. If you have never been employed, please state N/A. Please also enter your final year's salary/income and bonus if any.**

Employment status (✓)

Employed

Self Employed

Employed

Self Employed

Retired

Not employed

Retired

Not employed

Occupation (including role, e.g. Director and sector, e.g. Accountancy. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited occupations as confirmed on our Source of Funds and Source of Wealth Guidelines)



Name of employer or your own company



Start date with current/last employer or your own company

m	m	y	y
---	---	---	---

m	m	y	y
---	---	---	---

Address of employer or your own company

  
  

  
  


Country



Employer's phone number



Employer's e-mail address



Website address of employer or your own company (if any)



Last year's gross salary/income (currency and amount)

SILK LIFE PLAN

## APPLICATION FORM - NEW BUSINESS AND TOP-UP

Last year's bonus amount  
(currency and amount, if  
applicable)



Currency (✓)

US\$

GBP£

US\$

GBP£

SG\$

SG\$

Other  
(state currency)

Other  
(state currency)

If you receive income from  
another source, please provide  
full details here (e.g. dividend,  
investment, rental income  
including their nature and source)



### B2 BENEFICIAL OWNERSHIP

A "Beneficial Owner" as defined in MAS Notice 314, on Prevention of Money Laundering and Countering the Financing of Terrorism - Life Insurers, means the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

Are you the ultimate beneficial  
owner of the Policy (✓)

Yes

No

If «No», please provide details of the beneficial owner(s) below and provide valid proof of identity for each beneficial owner.

**Please note that the following is NOT a nomination of beneficiary(ies) under the Policy.**

Name (as shown in NRIC/  
Passport/ FIN)

NRIC/Passport/ FIN No.

Date of birth

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

Relationship to the Policyholder

Gender (M/F)

Residency status  
(Singaporean/Singapore PR/  
Pass holder/Other)

Nationality (if not Singaporean)

**If there are two or more beneficial owners photocopy this page and attach securely to this form.**

### B3 POLITICALLY EXPOSED PERSON - THIS SECTION REFERS TO ALL APPLICANT TYPES

If the applicant(s), or any other party connected to this application either now or in the past/future, could be classed as a politically exposed person (PEP), or connected with a PEP, please provide details.

A politically exposed person (PEP) is someone holding an important public position, or a person clearly related to them. Examples of these are:

- › Heads of State or Government
- › Senior politicians
- › Judicial or military officials
- › Senior Government officials
- › Senior executives of publicly owned corporations
- › Important political officials.

**Applicant 1**

**Applicant 2 (if any)**



If a client is a PEP, or is linked to a PEP, Source of Funds evidence must be provided with the application and funding must come from the applicant's bank account. Due to the increased risk of accepting business from PEPs and the specific regulatory requirements relating to them, Utmost International will require Source of Wealth information which can be provided using the Source of Wealth Questionnaire, and may also require Source of Wealth evidence.

#### B4 EXISTING CONTRACTS

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

Type of contract		Type of contract	
Policy number		Policy number	

All applicants must complete and sign the declaration in section K.

#### C DETAILS OF THE LIFE/LIVES ASSURED

Contract basis (applicable when there are two lives assured) (✓) First death Second death

##### Applicant 1

##### Applicant 2 (if any)

Is the applicant(s) also going to be a life assured? (✓)

Yes

No

Yes

No

**Please note you do not need to complete the below if the applicant(s) is/are going to be the only life/lives assured (except for individual trustee applicants). The maximum age for a life assured is 75 (as at last birthday).**

##### First additional life assured (if any)

##### Second additional life assured (if any)

Title (✓)

Mr

Mrs

Miss

Mr

Mrs

Miss

Other

Other

Full forename(s)

Surname

Maiden name, previous name or alias (state 'none' if not applicable)

Sex (✓)

Male

Female

Male

Female

Date of birth

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

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

Nationality

Dual nationality (if applicable)

NRIC or FIN number/passport number/national identity card number

Expiry date

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

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

Country of issue

Country of residence

Residential address

(where you are currently living, we do not accept PO Box or C/O addresses)

Relationship to applicant(s)



**D INSURABILITY INFORMATION - LIFE ASSURED TO COMPLETE**

**WARNING:** PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 OF SINGAPORE, AS MAY BE AMENDED FROM TIME TO TIME, IF YOU DO NOT FULLY AND FAITHFULLY DISCLOSE IN THIS APPLICATION FORM ALL FACTS WHICH YOU KNOW, OR OUGHT TO KNOW, THE POLICY ISSUED MAY BE VOID AND YOU MAY RECEIVE NOTHING FROM THE POLICY.

- ▶ You are to disclose in this application, fully and faithfully, all the facts which you know or should know, otherwise the policy issued hereunder may be void.
- ▶ Please make sure you understand the nature and purpose of this application. Should you need more information, please talk to the applicant and consult the financial adviser representative via the applicant.
- ▶ Must be completed by each life assured in all instances. Should there be more than one life assured, please complete a separate 'Insurability information' form which is available from your financial adviser representative.

Sections D1 and D2 must be completed for every application.

Section D3 must be completed for non-medical underwriting applications only.

If the Life Assured is subject to a medical underwriting, a separate medical underwriting form must be completed and sent to us along with this application. The medical underwriting form is available from your financial adviser representative.

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**IMPORTANT INFORMATION ON COVERAGE DURING ASSET TRANSFER (TO BE READ BY BOTH THE APPLICANT AND THE LIFE ASSURED)**

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**Interim Cover Benefit**

The Interim Cover Benefit applies where we have agreed to the payment of all or part of the Premium by Asset transfer for a new Utmost International Silk Life Plan - it does not apply to any request by you to pay an additional Premium.

This benefit will start on the Working Day that we receive the last of the following items:

- › Fully completed and duly signed application, including all the required and necessary documents provided they are accepted by Utmost International; and
- › Terms of Acceptance that are issued by Utmost International; and
- › Confirmation from the bank that the Asset transfer process has started.

If the Relevant Life Assured dies we will provide the Sum Assured, provided the Relevant Life Assured's death did not result either directly or indirectly, voluntarily or involuntarily, from:

- a. any self-inflicted injury or suicide, whether the Relevant Life Assured was mentally capable or not; or
- b. any exclusion which is included within your Terms of Acceptance.

We will also return the Premium paid by Asset transfer.

Please refer to the Policy Terms and Conditions for the definition of Relevant Life Assured.

**When does this cover end?**

The Interim Cover Benefit ends on the earliest of:

1. The date we accept the application, the Contract Date; or
2. The date the applicant or the relevant financial adviser representative tells us the application is not going ahead; or
3. 90 calendar days from the date this coverage starts.

We must be notified within three months of the death of the Relevant Life Assured.

DETAILS OF THE FIRST LIFE ASSURED

**1 FINANCIAL INSURABILITY INFORMATION (THIS SECTION MUST BE COMPLETED)**

a. What is the purpose of this application/assurance? (✓)

Personal/family protection

Legacy planning

Business cover

Other (Please specify)

b. Have you ever been declared insolvent/bankrupt? (✓)

Yes

No

If 'Yes', please provide details. If applicable, include date of rehabilitation.


c. Have you ever been investigated or committed tax fraud in any jurisdiction? (✓)

Yes

No

If 'Yes', please provide details.


d. How was the sum assured calculated? Please explain all assumptions.


e. Details of dependants

NAME OF DEPENDANT	RELATIONSHIP TO THE LIFE ASSURED	AGE OF DEPENDANT

f. Details of income

Income Statement in (✓)	US\$	GBP £	SG\$	Other currency	<input type="text"/>
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Annual Earnings	Current Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Current Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salary, including allowances and benefits paid by the employer										
Bonuses (Average over two years)										
Business interest										
Rental income										
Dividends										
Other sources of income (please specify)										

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g. Details of assets and liabilities

<p>Assets in (✓)      US\$      GBP £      SG\$</p> <p style="text-align: right;">Other (state currency)      <input style="width: 100px;" type="text"/></p>	<p>Liabilities in (✓)      US\$      GBP £      SG\$</p> <p style="text-align: right;">Other (state currency)      <input style="width: 100px;" type="text"/></p>
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Asset Description	Current Year	Previous Year	Liability Description	Current Year	Previous Year
Real Estate*	<input type="text"/>	<input type="text"/>	Mortgages	<input type="text"/>	<input type="text"/>
Valuables (Motor Vehicles, Furniture, Jewellery, etc.)	<input type="text"/>	<input type="text"/>	Personal Loans	<input type="text"/>	<input type="text"/>
Investments (Stocks and Bonds)	<input type="text"/>	<input type="text"/>	Credit Cards	<input type="text"/>	<input type="text"/>
Business interest	<input type="text"/>	<input type="text"/>	Overdraft facility	<input type="text"/>	<input type="text"/>
Cash and savings accounts	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>

\* If you own any property, please complete (h) below.

h. Schedule of properties owned

ADDRESS	YEAR PURCHASED	PERCENTAGE OWNERSHIP	MARKET VALUE IN (✓)		
			US\$	GBP £	SG\$
	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

i. What is the source of premium(s) under this insurance cover? (✓)

- ☐ Own income
- ☐ Premium financing
- ☐ Employer
- ☐ Other

j. Is the payer different from the applicant or the life assured? (✓) Yes ☐ No ☐

(Please note payment from a third party is subject to acceptance by Utmost International.)

If 'Yes' please complete the following information:

Payer's details:	
1. NRIC or FIN number, national identity card number or passport number	
2. Issuing date	
3. Issuing country	
Reason for paying the premium	
Relationship to the life assured	
If the payer is a company: please provide Certificate of Incorporation number	
If the payer is a business: please provide the Business Registration number	

**BUSINESS DETAILS OF LIFE ASSURED (to be completed for business cover only)**

k. What is the purpose of this application/business insurance? (✓)

Partnership ☐

Key Person ☐

Business Loan Protection ☐

Employment Benefit ☐

Other (Please specify)

l. Type of business entity: (✓)

Limited company ☐

Partnership - Limited ☐

Partnership - General ☐

Sole Proprietorship ☐

m. Business details: (✓)

Business name		
Business Registration number or Certificate of Incorporation number		
Web address		
Life assured's percentage ownership of this business	%	
Value of business interest		
How long has the business been in operation?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">y</div> </div> years	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">m</div> </div> months

SILK LIFE PLAN

## APPLICATION FORM - NEW BUSINESS AND TOP-UP

n. Details of Business Assets and Liabilities

Assets in (✓)		US\$	GBP £	SG\$	Liabilities in (✓)		US\$	GBP £	SG\$
Other (state currency)		<input style="width: 100%;" type="text"/>			Other (state currency)		<input style="width: 100%;" type="text"/>		

  

Asset Description	Current Year	Previous Year	Liability Description	Current Year	Previous Year
	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Fixed assets			Long term (more than 3 years)		
Current assets			Short term (up to 3 years)		
Investments			Other		
Other			Other		

Net Worth

o. Business income details:

Currency (✓)      US\$      GBP £      SG\$      Other currency

		TURNOVER	GROSS PROFIT	NET PROFIT (AFTER TAX AND EXPENSES)	NET PROFIT (BEFORE TAX AND EXPENSES)
Current Year	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>				
Previous Year	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>				

p. Please complete below if applying for key person or employment benefit

What special skills does the life cover have to qualify him/her as a key person?

What is his/her percentage ownership in the business?  %

What is the life assured's contribution to the business's profits?

Please provide the calculations for the key person's cover applied for

Is there any existing, concurrent or planned cover for other key person(s) in the business? Yes      No

If 'Yes', please provide details below.

q. Is it an application for partnership cover? If 'Yes', please provide details below.

Yes      No

What is the current value of the business?

Please provide cover calculations and value of business, and submit valuation report and two years financial statements (if available)

SILK LIFE PLAN

## APPLICATION FORM - NEW BUSINESS AND TOP-UP

Is there a signed Buy and Sell agreement in place? Yes ☐ No ☐

If 'Yes', please provide a copy

If 'No', explain why there is no agreement in place

Are reciprocal benefits in place, or being applied for, for the other business partner(s)? Yes ☐ No ☐

If 'Yes', please complete below:

Company name	
Policy number	
Type of cover and cover amount	

r. Please provide all calculations if applying for estate duty cover or any other tax implications

### 2 OTHER INSURABILITY INFORMATION (THIS SECTION MUST BE COMPLETED)

a. Do you have any life assurance policies in force in your country of residence or anywhere else? (✓) Yes ☐ No ☐

If 'Yes', please provide the information below

NAME OF INSURANCE PROVIDER/COMPANY	POLICY NUMBER	NAME OF LIFE ASSURED	ISSUING DATE	SUM ASSURED (PLEASE STATE CURRENCY)	CURRENT VALUE OF POLICY
			d d m m y y y y		
			d d m m y y y y		
			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. Do you have concurrent applications for life assurance applied for or pending with other insurance companies? (✓) Yes ☐ No ☐

If 'Yes', please provide the information below

NAME OF INSURANCE PROVIDER/COMPANY	NAME OF LIFE ASSURED	SUM ASSURED (PLEASE STATE CURRENCY)

c. Do you plan to replace, change or use values from any existing insurance as a source of premium payment for any life insurance coverage that may be applied for? (✓) Yes ☐ No ☐

If 'Yes', please provide the information below

NAME OF INSURANCE PROVIDER/COMPANY	NAME OF LIFE ASSURED	SUM ASSURED (PLEASE STATE CURRENCY)

d. Have you ever been rated, postponed or declined for insurance? (✓) Yes No

If 'Yes', please provide name(s) of the insurance company(ies) and reason(s)

e. Will your occupation require you to travel or reside outside the borders of your original country of residence for more than one week in any year? (✓) Yes No

► If yes, please fill in the **Travel and Residency questionnaire**, which is available from your financial adviser representative.

f. Do you participate or expect to participate in any of the following hazardous activities: (✓) Yes No

› Flying other than as a fare paying passenger on a schedule airline route

› Piloting an aircraft

› Parachuting without a static line

› Sky diving

› Automobile, motorcycle racing or power boat racing

› Professional sports

› Rock climbing

› Or any other risky activity that may expose you to a higher than average risk of accident and/or injury? (✓) Yes No

► If 'Yes', please complete the applicable **Sports and Hazardous activities questionnaire**, which is available from your financial adviser representative.

g. Occupational profile

Highest educational qualification	
Occupation	
What is your position in the business?	
Description of main duties	
Line/nature of business and Industry	
Name of employer	
Employer's registered address	
Website address of employer	

Does your occupation involve working at heights, working underground, commercial diving, working on an oil rig and/or handling explosives? (✓) Yes No

h. Have you ever been charged or convicted for any criminal offence? (✓) Yes No

If 'Yes', please provide details

### 3 HEALTH INSURABILITY INFORMATION (COMPLETE THIS SECTION IF THE APPLICATION IS SUBJECT TO NON-MEDICAL UNDERWRITING)

► Should you require a medical examination at one of our designated medical clinics, it is not necessary to complete the following medical questions. Please consult your financial adviser representative for further details.

a. Family Questions

1. Have any of your immediate family members or near relatives (i.e. siblings of parents) ever suffered from cancer, diabetes, high blood pressure, heart or kidney disease, nervous or mental disorder, tuberculosis or hereditary disorder? (✓) Yes No



2. Please provide the following details:

	AGE OF LIVING/PRESENT HEALTH	AGE AT DEATH/CAUSE OF DEATH
Father		
Mother		
Brother(s)		
Sister(s)		
Near relatives (i.e. siblings of parents)		

b. Please provide the following details regarding any hospital or clinic you have consulted in the last 24 months

1. Name, address and contact number of the hospital or clinic
2. Date and reason of last consultation
3. Diagnosis and result of visit
4. List of current medications (prescription or non-prescription)

c. Smoking and Alcohol Status:

Have you ever used tobacco or nicotine products in any form? (✓) Yes No  
(including cigarettes, cigars, cigarillos, pipe, chewing tobacco, nicotine patches, gum or shisha)

PRODUCT	QUANTITY/FREQUENCY	CURRENT (✓)	PAST (✓)	DATE LAST USED (DD/MM/YYYY)
Cigarettes				d d m m y y y y
Cigars				d d m m y y y y
Others				d d m m y y y y

Have you ever consumed alcoholic beverages? (✓) Yes No

PRODUCT	QUANTITY/FREQUENCY	CURRENT (✓)	PAST (✓)	DATE LAST USED (DD/MM/YYYY)
Beer				d d m m y y y y
Wine				d d m m y y y y
Others				d d m m y y y y

d. Personal Health Questions

For any questions below which are answered 'Yes', please provide details in question 8 on page 19.

1. Have you ever had or been treated for or been told you had: (✓)
  - a. Chest pain, angina; congestive heart failure, heart valve disease; heart attack; high blood pressure; heart murmur or palpitation; irregular heartbeat; or any other disease or disorder of the heart. Yes No
  - b. Aneurysm; transient ischemic attack (TIA); stroke; or peripheral vascular diseases? Yes No
  - c. Anaemia; leukaemia; bleeding or clotting disorder; recurrent infection; or any other disorder of the immune system or blood or veins or arteries or bone marrow or lymph node? Yes No
  - d. Asthma; sleep apnea; bronchitis; pneumonia; tuberculosis; emphysema; shortness of breath, chronic cough, or any other disorder of the lungs or respiratory system? Yes No
  - e. Neuritis; epilepsy, convulsions; chronic fatigue; fainting spells; seizures; paralysis; stroke; or any other disorder of the brain? Yes No

SILK LIFE PLAN

## APPLICATION FORM - NEW BUSINESS AND TOP-UP

f. Alzheimer's disease; dementia; memory loss or organic brain syndrome?	Yes	No
g. Any nervous, mental or emotional disorder, or received counselling for anxiety, depression, stress or any other emotional condition?	Yes	No
h. Multiple sclerosis (MS), muscular dystrophy, ALS (Lou Gehrig's disease), Parkinson's disease or tremors?	Yes	No
i. Significant weight loss; ulcer, indigestion; gallstone; hernia; colitis; diverticulitis, hepatitis; cirrhosis; persistent diarrhoea; Crohn's disease or other disease of the liver, gall bladder, pancreas, stomach or intestines?	Yes	No
j. Diabetes; elevated blood sugar; glucose intolerance; thyroid disease or disorder, recurrent enlarged glands; or other glandular disease or disorder?	Yes	No
k. Arthritis; chronic fatigue; fibromyalgia, myalgia, osteoporosis; fractures; gout; or any disorder or disease or abnormality of the joints, muscles or bones?	Yes	No
l. Injuries due to falls or imbalance?	Yes	No
m. Deformity or amputation?	Yes	No
n. Polyp, tumour, Cancer, leukaemia, malignant melanoma, Hodgkin's disease or lymphoma?	Yes	No
o. Disorder of the urinary tract or kidneys; urethritis; cystitis; sugar, albumin, bladder or blood in the urine?	Yes	No
p. Prostate or testicular disease; venereal disease, herpes; diseases of the uterus, ovaries or breasts?	Yes	No
q. Any disorder of the eyes, ears, nose or throat?	Yes	No
r. Any other health impairment or medically or surgically treated condition within the last five years not mentioned above?	Yes	No
2. Have you ever been advised, examined or treated by a member of the medical profession for an immune deficiency disorder, Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease or positive test results for antibodies to the AIDS virus? (✓)	Yes	No
3. Have you ever had a blood transfusion or been refused as a blood donor? (✓)	Yes	No
4. Are you now under regular medical observation by, or taking treatment from, a member of the medical profession? (✓)	Yes	No
5. Within the past ten years, have you: (✓)	Yes	No
a. Consulted, been examined or been treated by any physician?	Yes	No
b. Had an X-ray, electrocardiogram or any laboratory test/study?	Yes	No
c. Had observation, treatment or admitted to a clinic, sanatorium, hospital or any other medical facility?	Yes	No
d. Been advised by a member of the medical profession to have any diagnostic tests, hospitalization, or surgery which was not completed?	Yes	No
e. Had dizziness, shortness of breath, pain or pressure in the chest?	Yes	No
f. Had any injury requiring treatment?	Yes	No
g. Used amphetamines, barbiturates, cannabis (marijuana), cocaine, heroin, hallucinogens, opiates or any prescription drug or any hallucinatory or mind-altering substances except in accordance with physician's instructions?	Yes	No
h. Been advised to limit or discontinue the use of alcohol or drugs, sought or received treatment, counselling or participated in a group for alcohol or drug misuse?	Yes	No

## 6. Build

a. Height				cm
-----------	--	--	--	----

b. Weight				kg
-----------	--	--	--	----

c. Weight change over last 12 months. (✓)	Lost	Gained				kg	No Change

7. For FEMALES only

a. Are you now pregnant? (✓) (If Yes, please state month of pregnancy) Yes No

--

b. Have you been informed by a doctor or is there any reason to believe that your pregnancy may be abnormal?	Yes	No
--	-----	----

c.	Have you ever had any complications during your pregnancy or as a result of your pregnancy (e.g. ectopic pregnancy, diabetes, high blood pressure or protein in the urine)?	Yes	No
----	---	-----	----

d. Have you ever had any disorder of menstruation or pregnancy? Yes No

e. When was your last menstruation? (Date)

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

f.	Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	Yes	No
----	---	-----	----

<p>g. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? (If Yes, please state type, reason, date of test done and results of test)</p>	<p>Yes</p>	<p>No</p>
--	------------	-----------

8. Please give details of all Personal Health Questions (1-7) which are answered 'Yes'

[illegible]

---

## DECLARATION - BY FIRST LIFE ASSURED

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1. I declare to the best of my knowledge and belief that the statements and answers given in any medical examination or questionnaires, including any supplementary questionnaires I have completed prior to completing this application, are full, complete and true and shall form the basis of any policy issued. I have not concealed a material fact. I consent to Utmost International obtaining any previous medical information on my health from any medical source or any organisation and/or insurance office and agree to provide Utmost International with any further information in respect of the application on request.
2. I confirm I shall disclose to Utmost International any subsequent change in my health or insurability between signing this application and Utmost International's acceptance of the policy. Where medical underwriting is required, I consent to undergo any medical examination or laboratory test as necessary and provide any supplementary questionnaire. I consent to Utmost International releasing my contact details for the purposes of arranging any such medical examination or laboratory tests. I understand that failure to do so may result in any subsequently issued policy being rendered void so that no Sum Assured or other benefits will be payable.
3. I consent to Utmost International releasing my health information to any medical source or insurance office at any time.
4. I understand that if any statement in this application, or any supplementary questionnaire, is inaccurate and this affects your assessment of the risk, any subsequently issued policy may be rendered void.
5. I authorise the financial adviser representative of the applicant to provide any/all of my personal data, information together with the supporting or related documents to Utmost International for the purpose of this application and to meet any ongoing administration and regulatory requirements. I further authorise Utmost International to pass this authorisation to the relevant financial adviser representative of the applicant for the purpose of facilitating the transfer provision of such data, information and documents as and when required and for this purpose.

### 6. Data Privacy Statement

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

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

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

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

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

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

I may ask Utmost International to:

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

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

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

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

Or email: [dataprotection@utmost.ie](mailto:dataprotection@utmost.ie)

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

Or email: [IOM.DPO@Utmostinternational.com](mailto:IOM.DPO@Utmostinternational.com)

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

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

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

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

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

#### First Life Assured

#### SIGNATURE

Date

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

## E UTMOST INTERNATIONAL CHARGES

- Before completing this section, please ask your financial adviser representative for a copy of the charging structure details recommended to you.

The charging structure for your Silk Life Plan is based upon the reference code provided on your application; this will dictate the level, term and type of charges that apply and these will be confirmed to you in your policy documents. These charges will include our administration costs together with those incurred in making any initial commission payment to your financial adviser representative.

If you have agreed to pay your financial adviser representative an ongoing commission payment (referred to as Ongoing Service Charge) then this will be reflected in the deduction of an additional Ongoing Service Charge equivalent to the amount paid.

## UTMOST INTERNATIONAL'S CHARGES

Please enter the code for the Utmost International charge structure that your financial adviser representative has explained will apply to your Silk Life Plan. Do not use the illustration reference; only the appropriate Utmost International charging structure code should be used. Failure to provide the right code could result in the incorrect charging structure being applied and/or delays.

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

Please enter allocation percentage for this policy

	%
--	---

Please enter Ongoing Service Charge  
(if applicable)

--

## F SOURCE OF FUNDS

### BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM

If you are making multiple payments from different sources, please photocopy this section, attach the details with this application form and tick here.

► **The premium payment must come from an account held in the name of the applicant(s).**

Name of your bank account

--

Bank account number/IBAN\*

--

Sort code\*\* (if applicable)

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

SWIFT or BIC code\*\*  
(if applicable)

--

Bank name

--

Bank address

Postcode

Country

--

How long have you held this account?

		years			month
--	--	-------	--	--	-------

\* IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC).

\*\* A sort code is used in the UK in conjunction with a bank account number. A SWIFT code is used outside Europe in conjunction with a bank account number. A BIC code is used in Europe in conjunction with an IBAN.

### ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost International 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:

If **all** of the following apply:

- › you are resident in; **and**
- › you are funding from; **and**
- › your financial adviser is regulated in,

Isle of Man, Jersey, Guernsey, Hong Kong, United Kingdom, Singapore or Sweden, the threshold for requiring supporting documentary evidence is GBP 2,000,000.00 of total premiums paid to date to Utmost International.

Where the above doesn't apply, your financial adviser will tell you if additional documentary evidence is required by referring to our **Source of Funds and Source of Wealth Guidelines** (the Utmost International Isle of Man Limited version).

**a. Accumulated Earned income (including salary, bonus and fees)**

Total amount received	Currency	Amount
-----------------------	----------	--------

Number of years income accumulated  years

Institution holding the funds	
-------------------------------	--

Name of account where funds have been held

Account number

Length of time funds have been in this account      

--	--

 years      

--	--

 months

Nature of business	
--------------------	--

Main occupation during the accumulation period (e.g. <i>farmer</i> )	
--	--

Main occupation during the accumulation period (e.g. Director. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited documents as confirmed on our [Source of Wealth and Source of Funds Guidelines](#)

Main employer's name

Employer's address	
	Postcode

Average annual salary over the accumulation period      Currency       Amount

Average annual bonus over the accumulation period      Currency       Amount

### b. Compensation

Name of organisation  
or individual that paid  
compensation

Reason for compensation	
-------------------------	--

Country compensation was awarded	
----------------------------------	--

Total amount received	Currency	Amount
-----------------------	----------	--------

Date of received

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › Last three month's payslips; **or**
- › Three months of account statements showing declared income being credited; **or**
- › Letter on headed paper from employer confirming last year's annualised earned income; and, where applicable, bonus payment **or**
- › Tax statement e.g. P60 for the UK, IRAS for Singapore etc.; **or**
- › Copy of latest accounts if self-employed

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › Letter on company headed paper or court order from compensating body validating the information in the application form; **or**,
- › Signed letter on company headed paper from solicitor/ lawyer handling the compensation validating the information in the application form

### c. 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"/> <input type="text"/> <input type="text"/>

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › A signed letter from the organisation providing the proceeds of the win on letter-headed paper confirming name of winner, date of win and value of winnings; **or**
- › Bank statement showing deposit of winnings in clients name and referencing the organisation providing the proceeds of the win; **or**
- › Media coverage of the win showing name of winner, date of win and value of winnings

### d. 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copies of **all** of the following:

- › A valid identification documentation for the donor (even if it is not coming from their account); **and**
- › Letter from the donor explaining the reason for the gift and source of funds behind the gift; **and**
- › Documentary evidence as to the donor's source of wealth as set out in the Source of Funds and Source of Wealth Guidelines



### e. 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 (e.g. cash, property, shares etc.)	<input type="text"/> <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		
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"/>								
	Postcode <input type="text"/>								

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › Grant of probate (with a copy of the will) which must include the value of the estate; **or**
- › The will relating to the inheritance; **or**
- › A signed letter from the regulated solicitor dealing with the estate on letter-headed paper confirming the information supplied in this application

### f. Loan

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

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › A signed letter from the lender on letter-headed paper confirming the name of borrower, amount of loan and date of draw-down; **or**,
- › A loan statement confirming the details provided in this form

**g. Maturing policy/policy claim/replacement policy**

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

Name of policy provider	<input style="width: 100%;" type="text"/>
Address of policy provider	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Policyholder's full name	<input style="width: 100%;" type="text"/>
Length of time policy held	<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

**If the investment/policy being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the investment/policy. Please complete an additional relevant section to confirm this.**

Reason for policy claim or replacement policy (if applicable)	<input style="width: 100%;" type="text"/>
Total amount received	Currency <input style="width: 40px;" type="text"/> Amount <input style="width: 100px;" type="text"/>
Surrender penalty (if applicable)	<input style="width: 100%;" 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"/>

**h. 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 g instead.**

Description of asset portfolio or investment (i.e. government bonds, equities etc.)	<input style="width: 100%;" type="text"/>
Name of the company that held it	<input style="width: 100%;" type="text"/>
Registered address of company	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
Account name	<input style="width: 100%;" type="text"/>
Length of time asset portfolio or investment held	<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

**If the portfolio/investment being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the investment/policy. Please complete an additional relevant section to confirm this.**  
**If the portfolio/investment being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the portfolio/investment. Please complete an additional relevant section to confirm this.**

Date of sale	<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"/>
Net amount received	Currency <input style="width: 40px;" type="text"/> Amount <input style="width: 100px;" type="text"/>

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › Letter on company headed paper from previous product provider regarding notification of proceeds of claim under the policy; **or**
- › Closing statement from previous product provider

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of one of the following:

- › Legal sale document; **or**
- › Copy of contract note

**i. Sale of interest in company**

Company name	<input style="width: 100%;" type="text"/>		
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: 100%;" type="text"/>		
	<input style="width: 100%; border-bottom: 1px solid black;" type="text" value="Postcode"/>		
Your connection with the company For example: owner, partner or shareholder	<input style="width: 100%; height: 40px;" type="text"/>		
Date of sale	<input style="width: 20px;" type="text" value="d"/>	<input style="width: 20px;" type="text" value="d"/>	<input style="width: 20px;" type="text" value="m"/>
	<input style="width: 20px;" type="text" value="m"/>	<input style="width: 20px;" type="text" value="y"/>	<input style="width: 20px;" type="text" value="y"/>
	<input style="width: 20px;" type="text" value="y"/>	<input style="width: 20px;" type="text" value="y"/>	<input style="width: 20px;" type="text" value="y"/>
Sale amount	Currency	<input style="width: 40px;" type="text"/>	Amount <input style="width: 100px;" type="text"/>
Net amount received The amount you have received after any deductions such as fees and taxes.	Currency	<input style="width: 40px;" type="text"/>	Amount <input style="width: 100px;" type="text"/>

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › Signed letter on company headed paper from solicitor/ lawyer validating the information confirmed in this section of the application form; **or**,
- › Signed letter on company headed paper from regulated accountant validating the information in this section of the application form; **or**,
- › Copy of contract of sale and bank statement in the name of the client showing payment of the proceeds into an account in the name of the applicant; **or**,
- › Copies of media coverage of the sale (if applicable) as supporting evidence that the information is in this section of this application form

**j. Sale of property**

**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 style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%; border-bottom: 1px solid black;" type="text" value="Postcode"/>		

Length of time property owned   years   months

**If the property being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the property. Please complete an additional relevant section to confirm this.**

Date of sale	<input style="width: 20px;" type="text" value="d"/>	<input style="width: 20px;" type="text" value="d"/>	<input style="width: 20px;" type="text" value="m"/>	<input style="width: 20px;" type="text" value="m"/>	<input style="width: 20px;" type="text" value="y"/>	<input style="width: 20px;" type="text" value="y"/>	<input style="width: 20px;" type="text" value="y"/>	<input style="width: 20px;" type="text" value="y"/>
Total sale amount	Currency	<input style="width: 40px;" type="text"/>	Amount	<input style="width: 100px;" type="text"/>				
Net amount applicant received from sale	Currency	<input style="width: 40px;" type="text"/>	Amount	<input style="width: 100px;" type="text"/>				

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › Signed letter on headed paper from solicitor; or lawyer handling the sale or from regulated accountant; **or**
- › Signed letter on headed paper from estate agent (if applicable); **or**
- › Copy of contract of sale detailing the details included in the application form

**k. Other**

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"/>

**If there are documentary evidence requirements, as clarified at the start of this section, you are required to provide the following**

Original or suitably certified copy of **one** of the following:

- › Appropriate, independent supporting documentation which validates the information provided in this section of the application form; **or**,
- › Signed letter from a person with personal knowledge of the activities described and in a position subject to anti-money laundering regulation, for example a regulated accountant or lawyer

**G SUM ASSURED AND INVESTMENT DETAILS**

**SUM ASSURED**

Must be in the same currency as the Policy currency stated in Section A. For Life Cover Only the minimum sum assured is US\$2,000,000, £1,500,000, S\$3,000,000 or currency equivalent and the sum assured must at least US\$1,000,000, £750,000, S\$1,500,000 or currency equivalent above the initial premium. For Life Cover Plus the minimum sum assured is US\$1,000,000, £750,000, S\$1,500,000 or currency equivalent.

Amount

**PREMIUM PAYMENT**

Please confirm the total amount to be invested below. If the investments are in multiple payment methods and in different currencies, please state the total in the chosen Policy currency at the latest applicable exchange rates.

Currency (✓)	US\$	GBP£	SG\$	Other (state currency)	<input type="text"/>
--------------	------	------	------	------------------------	----------------------

Amount to be invested	<input type="text"/>
-----------------------	----------------------

Payment method (✓)	Electronic bank transfer	Asset transfer
--------------------	--------------------------	----------------

- ▶ **The premium payment must come from an account or transferred assets held in the name of the applicant(s).**
- ▶ **The minimum initial premium amount is US\$1,000,000, £750,000, S\$1,500,000 or currency equivalent.**
- ▶ **The minimum additional premium amount is US\$200,000, £150,000, S\$300,000 or currency equivalent subject to Utmost International's approval.**

Please remember to enclose a copy of receipt of your electronic bank transfer payment (for banking details see bank details and payment methods on pages 47-49 of this application form) or your assets transfer form (your financial adviser representative can provide you with the necessary details) with this application form.

## NUMBER OF POLICIES - NEW CONTRACTS ONLY

Please enter the number of policies you would like

□

**The number of policies cannot be changed after the Silk Life Plan is set up.**

- We normally issue 1 policy schedule per contract. If you would like a different number of policies to enhance the future flexibility of your Silk Life Plan, you should discuss this with your financial adviser representative. We will issue 1 policy if left blank.

## H INVESTMENT CHOICE

**PLEASE NOTE IF WE DO NOT RECEIVE SUFFICIENT DETAILS, THIS WILL DELAY YOUR INVESTMENT.**

**Would you like to appoint an Investment Adviser Representative to manage your investments? (✓)**

Yes

No

If you are appointing an Investment Adviser Representative, please complete **section J** of this **application form**.

- Please also note that if you are appointing an authorised custodian you do not need to complete the investment choice section below.

The minimum investment you can hold in any asset is US\$7,500 (or other currency equivalent). Please note that some assets may have their own higher minimum and you should be aware of this before submitting instructions.

## INVESTMENT CHOICE

SECURITY IDENTIFIER SEDOL/ ISIN NUMBER	SECURITY/FUND NAME - PLEASE ENTER NAMES IN FULL.	ACCUMULATION/ INCOME UNIT REQUIREMENT (IF APPLICABLE)	SHARE CLASS (IF APPLICABLE, FOR EXAMPLE A, B OR C)	BASE CURRENCY OF SECURITY/ FUND (EG GBP, USD)	INVESTMENT %
					%
					%
					%
					%
					%
					%
					%
					%
					%
					%
					%
				<b>TOTAL :</b>	<b>100 %</b>

- A delay in investing your premium may occur if the instructions are illegible, unclear or relate to an asset which is not normally permitted. Please note that we are unable to backdate transactions resulting from the delay caused in clarifying your instructions.

SILK LIFE PLAN  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

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

Contact name			
Telephone number including area code (daytime)		Fax number	
Telephone number including area code (evening)		E-mail address	
Policy number		Net premium amount	

### I REGULAR WITHDRAWALS (OPTIONAL)

Please complete this section if you wish to receive regular withdrawals from your Silk Life Plan.

- ▶ **Make sure you have discussed this with your financial adviser representative and that you have seen an accurate illustration with the potential impact of the regular withdrawals. The minimum payment for any withdrawal, regardless of frequency, is US\$3,750, £2,500, S\$5,000 (or other currency equivalent).**
- ▶ **Additional investments: if this is an application for an additional investment into your existing Silk Life Plan and you wish to change the amount of regular withdrawal on your Silk Life Plan, please enter the revised total withdrawal amount required. If this is a new request for withdrawals you can base a percentage amount on either your original or total premium paid.**

**Please tick here if you would like the regular withdrawals split equally between two or more Applicants\* (✓)**

\* If you would like the regular withdrawals split equally between two or more Applicants, please copy the next page, complete the payee details for each Applicant and make sure each Applicant initials the additional page before sending the complete application form to Utmost International.

### WITHDRAWAL AMOUNT

Amount to be withdrawn <b>each year</b> (to be paid in your chosen policy currency)	
or	
Percentage of premium to be withdrawn <b>each year</b>	%
Percentage to be based on your (✓)	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>original premium</span> <span>or</span> <span>total premium invested in the Policy</span> </div>
Withdrawal frequency (✓)	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>Monthly</span> <span>Every Two Months</span> <span>Quarterly</span> <span>Every Four Months</span> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <span>Half-yearly</span> <span>Yearly</span> </div>
Date of first payment	<div style="display: flex; justify-content: space-around;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>

**If you have chosen the Life Cover Only contract type in Section A, the sum assured may be reduced by an amount of any regular withdrawals and part surrender in a Policy year which exceeds your Annual Allowance. You can request now to restore the sum assured up to a set limit. Please note you cannot request to restore the sum assured with respect to this regular withdrawal after you submit this regular withdrawal request.**

**Do you want to restore the reduced sum assured due to this regular withdrawal? (✓)** Yes      No

## NOMINATED ASSET(S)

**Only complete this section if you have not chosen to appoint an authorised custodian.**

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

**Please state which asset(s) listed in Section H is/are to be used as the Nominated Asset(s) to pay regular withdrawals.**

ISIN	<input type="text"/>	Name	<input type="text"/>
ISIN	<input type="text"/>	Name	<input type="text"/>
ISIN	<input type="text"/>	Name	<input type="text"/>
ISIN	<input type="text"/>	Name	<input type="text"/>
ISIN	<input type="text"/>	Name	<input type="text"/>
ISIN	<input type="text"/>	Name	<input type="text"/>
ISIN	<input type="text"/>	Name	<input type="text"/>
ISIN	<input type="text"/>	Name	<input type="text"/>

## PAYEE DETAILS

For a Silk Life Plan owned by two or more Applicants we will normally pay regular withdrawals to a bank account held jointly by all Applicants. However, we can also split the regular withdrawals equally between bank accounts held by each of the Applicants if you request this below. (Not applicable to individual trustees)

► Please note if the payee details below differ from the bank details you gave us relating to your original source of funds for your payment, as detailed in section F of this application form, then we may need additional documentation. This may delay the payment you have requested.

**Please select your preferred payment method:**

### Telegraphic Transfer

Please be advised that payments incur a bank transfer charge.

### BACS direct credit

Only available for GBP payments paid to a UK, IOM or Channel Islands bank account.

This payment method takes three working days to reach the account, but doesn't incur a bank transfer charge.

If no payment method is selected we will default to Telegraphic Transfer, unless you have requested GBP regular withdrawals payments, in which case we will default to BACS where possible.

Until further notice, I/we would like regular withdrawals to be made to:

Name of your bank account	<input type="text"/>
Bank account number/IBAN*	<input type="text"/>
Sort code** (if applicable)	<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"/>
SWIFT or BIC code** (if applicable)	<input type="text"/>
(SWIFT code needed for bank accounts outside Europe; BIC code needed with an IBAN)	
Bank name	<input type="text"/>
Bank address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>

**J APPOINTMENT OF INVESTMENT ADVISER REPRESENTATIVE**

**1 CLIENT AGREEMENT - TO BE COMPLETED BY THE APPLICANT(S)**

Policy type	Silk Life Plan								
Policy number (to be completed by Utmost International)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
<b>Investment Adviser Representative details</b>									
Name of firm	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>								
Contact name	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>								
Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>								
	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>								
Country	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>								

**APPOINTMENT OF INVESTMENT ADVISER REPRESENTATIVE**

This Policy allows investment into various types of assets, some of which are only suitable for Professional Investors. If you choose to invest in this Policy, you should ensure that you accept the level of risk associated with Professional Investor assets including the risk that the investment into such an asset:

- a. could provide a lower degree of investor protection and regulatory safeguards; and
- b. could result in a loss of significant proportion of some or all of the sums invested; and
- c. may have a minimum duration, impose significant redemption penalties or be illiquid.

If you do not accept the level of risk associated with these assets, you should inform your Investment Adviser Representative not to invest in assets which are only suitable for Professional Investors. Utmost International will not restrict the choice of assets available under your Policy.

1. I confirm that the applicant is legally entitled to effect any of the policy options contained in the policy terms.

**Basis on which this authority is given (✓) (tick one option only)**

2. I appoint and authorise the Investment Adviser Representative to act in the following capacity. Where I have selected:

**Option 1 - Investment Adviser Representative authority**

I understand the Investment Adviser Representative will discuss any proposed alterations to the investment composition of the policy with me and that they must have my written agreement before any changes are made to the policy.

**Option 2 - Discretionary Investment Adviser Representative authority**

I understand that the Investment Adviser Representative has complete discretionary authority, without consulting me, to make all investment decisions, to buy or sell assets, hold cash or other investments. I authorise Utmost International to act upon the investment instructions of the Investment Adviser Representative.

3. I appoint the Investment Adviser Representative detailed above to act on my behalf in respect of my policy on the basis specified in point (2) above. I understand that the Investment Adviser Representative is not acting on behalf of Utmost International.
4. I understand that Utmost International may need to:
  - a. verify the identity of the Investment Adviser Representative;
  - b. verify that the Investment Adviser Representative is regulated by any appropriate regulatory authority; and
  - c. check that they have any qualifications required by law or by regulation for the activity to be carried out.



5. I acknowledge and agree that such confirmation is to enable Utmost International to comply with its regulatory duties as an authorised insurer in Singapore. I understand that this is not, and should not be construed as, any endorsement of an Investment Adviser Representative by Utmost International and that Utmost International does not warrant the Investment Adviser Representative's suitability or regulatory credentials.
6. I agree that Utmost International is not responsible for any loss or liability to my policy arising from this appointment.
7. I confirm that I take full responsibility for the acts or omissions of the Investment Adviser Representative, including any loss in the policy as a result of their acts or omissions (including, but without limitation, failure on the part of the Investment Adviser Representative to produce a reasonable investment return in relation to the policy).
8. Further, I for myself and my estate(s) indemnify Utmost International against all claims, demands and actions against Utmost International relating to any such loss suffered. This includes all costs and expenses arising from or in respect of the activities and performance of the Investment Adviser Representative (including, but without limitation, the cost of defending in any court of law any such claim demand or action against Utmost International).
9. If Utmost International becomes aware that an Investment Adviser Representative:
  - a. has been refused membership by, or has been expelled from, a professional organisation; or
  - b. is under investigation by, or has been the subject, of disciplinary action by a regulatory authority; or
  - c. has or is carrying out activities in a manner which could prejudice or be harmful to its reputation; then

Utmost International reserves the right to cease to act on the instructions of the Investment Adviser Representative with immediate effect and Utmost International will advise me of the fact.

10. Where I have chosen 'Investment Adviser Representative authority' Option 1:

- a. I understand that all decisions in relation to the investment strategy and alterations to the investment composition of my policy remain my sole responsibility.
- b. I have agreed with the Investment Adviser Representative that they must:
  - i. discuss any proposed alterations to the investment composition of the policy with me; and
  - ii. have my prior written agreement before any changes are made;
- c. The date instructions are received will be in accordance with the policy terms.
  - i. If Utmost International receives more than one instruction on a given day they will be processed in the order in which they are received.
  - ii. Once the instruction has been received it is irrevocable.
- d. I agree to notify Utmost International in writing of any changes which affect the appointment or authority of the Investment Adviser Representative. I understand that Utmost International will continue to accept my instructions which are sent by the Investment Adviser Representative unless I advise Utmost International of a change in the Investment Adviser Representative's appointment and authority.
- e. I understand that I can terminate the appointment of the Investment Adviser Representative by giving notice in writing to both the Investment Adviser Representative and Utmost International at their Branch Office of the termination of this appointment. The termination will not affect any transactions already carried out or for which binding instructions have been given, directly or indirectly.

11. Where I have chosen 'Discretionary Investment Adviser Representative authority' Option 2:

- a. I understand that the Investment Adviser Representative has complete discretionary authority, without consulting me, to make all investment decisions to buy or sell assets, hold cash or other investments. I authorise the Investment Adviser Representative to exercise on my behalf any of the options available under the policy terms applicable to my Policy relating to the investment allocations and/or investment conversion.
- b. I confirm that I have delegated all investment decision making to the Investment Adviser Representative.
- c. I understand that Utmost International will act exclusively on an authority once granted until I advise Utmost International in writing at its Branch Office of the termination of this appointment. The termination will not affect any transactions already carried out or for which binding instructions have been given, directly or indirectly.

12. Investment Adviser Representative fee

- a. I agree to pay the Investment Adviser Representative fee specified here:

Payment will be based on the value of the policy at the last Quarterly Date.

% a year

- b. I have agreed to the Investment Adviser Representative fee at the rates specified in this Application. I authorise Utmost International to withdraw an amount from my policy which will be paid quarterly at each Quarterly Date and paid directly to my Investment Adviser Representative.
- c. I understand that the Investment Adviser Representative fee will be treated as a withdrawal from my policy.

**Signature of applicant(s)** (If two applicants, both must sign. If there are more than two applicants, please continue on a separate sheet.)

	Applicant 1	Applicant 2 (if any)
<b>SIGNATURE</b>	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>
Full name	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>
Date	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 15px; text-align: center;">d</div> <div style="border: 1px solid black; width: 15px; text-align: center;">d</div> <div style="border: 1px solid black; width: 15px; text-align: center;">m</div> <div style="border: 1px solid black; width: 15px; text-align: center;">m</div> <div style="border: 1px solid black; width: 15px; text-align: center;">y</div> <div style="border: 1px solid black; width: 15px; text-align: center;">y</div> <div style="border: 1px solid black; width: 15px; text-align: center;">y</div> <div style="border: 1px solid black; width: 15px; text-align: center;">y</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 15px; text-align: center;">d</div> <div style="border: 1px solid black; width: 15px; text-align: center;">d</div> <div style="border: 1px solid black; width: 15px; text-align: center;">m</div> <div style="border: 1px solid black; width: 15px; text-align: center;">m</div> <div style="border: 1px solid black; width: 15px; text-align: center;">y</div> <div style="border: 1px solid black; width: 15px; text-align: center;">y</div> <div style="border: 1px solid black; width: 15px; text-align: center;">y</div> <div style="border: 1px solid black; width: 15px; text-align: center;">y</div> </div>

**PAYMENT DETAILS FOR INVESTMENT ADVISER REPRESENTATIVE FEES**

Preferred payment currency	<div style="border: 1px solid black; height: 20px;"></div>	or	Policy currency
Payment method – Electronic bank transfer <sup>1</sup> <sup>1</sup> Bank charges will be applicable for electronic bank transfers, for example telegraphic transfer payments.			
Bank account holder	<div style="border: 1px solid black; height: 20px;"></div>		
Bank account number/IBAN <sup>1</sup>	<div style="border: 1px solid black; height: 20px;"></div>		
Sort code <sup>2</sup> (if applicable)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
SWIFT or BIC code <sup>2</sup> (if applicable)	<div style="border: 1px solid black; height: 20px;"></div>		
Bank name	<div style="border: 1px solid black; height: 20px;"></div>		
Address	<div style="border: 1px solid black; height: 20px;"></div>		
	<div style="border: 1px solid black; height: 20px;"></div>		
	Country	Postcode	

Note: payment of Investment Adviser Representative fees will be approximately 6-8 weeks after the quarter end.

<sup>1</sup> IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC).  
<sup>2</sup> A sort code is used in the UK in conjunction with a bank account number. A SWIFT code is used in conjunction with a bank account number. A BIC code is used in conjunction with an IBAN.

**2 ACCEPTANCE OF APPOINTMENT - TO BE COMPLETED BY THE INVESTMENT ADVISER REPRESENTATIVE**

**PAYMENT DETAILS FOR INVESTMENT ADVISER REPRESENTATIVE FEES**

Payments will be made in the currency and to the bank account already held on our records.

13. Basis on which this authority is given:

- a. I confirm I hold the relevant authority necessary under the regulations applicable to the Monetary Authority of Singapore (MAS) to act in accordance with my appointment as Investment Adviser Representative.
- b. I confirm I will remain authorised to transact this type of business whilst I am acting as the Investment Adviser Representative to this policy. I also confirm I will notify you of any changes to my authorisation.

14. Please complete the appropriate section below (✓):

Investment Adviser Representative authority (applicant has selected option 1).

I understand that some of the Utmost International products allow investment into assets which are only suitable for Professional Investors. If the Policyholder informs me that they do not want me to invest into assets which are only suitable for Professional Investors then I will not choose these assets to link to their Policy.

I confirm that I hold the appropriate authorisation from the Monetary Authority of Singapore to provide ongoing investment advice to the applicant(s).

I understand that Utmost International can act upon investment instructions that have been given by the applicant or the Investment Adviser Representative.

I understand that I must obtain a written agreement of the applicant(s) to any investment advice given and that I may be asked to provide evidence of such to Utmost International, if requested.

MAS licence number

Discretionary Investment Adviser Representative authority (applicant has selected option 2).

I confirm that I hold a Capital Markets Services (CMS) licence that allows me to provide investment instructions on behalf of the applicant(s) to Utmost International.

I, the authorised Investment Adviser Representative, confirm and agree that:

- › There is an agreement in place ('Terms of Business') that allows the Investment Adviser Representative to make any investment decisions about the Policy.
- › The Investment Adviser Representative firm is fully responsible to the applicant(s) for investment decisions, made by the Investment Adviser Representative, on the policy. The investment decisions and the investment choice must comply with the types of investment permitted in the policy terms and the product summary.
- › The applicant(s) has the right to claim directly against the Investment Adviser Representative firm in relation to any act or omissions of the Investment Adviser Representative.

Capital Markets Services licence number

Telephone number

E-mail address

I have read the Conditions listed in this form and agree to act in accordance with them. I confirm I will notify you of any changes to my/our authority.

**Authorised Representative  
of Investment Adviser Representative Firm**

**SIGNATURE**

Full name of signatory

Position

Date

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

- Please provide us with an authorised signatory list for your company showing all individuals authorised to place instructions with us on behalf of your company. In the absence of a signatory list we will assume the only authorised individual is the signatory on this form.

**K DECLARATION AND APPLICATION**

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

**DATA PRIVACY STATEMENT**

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

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

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

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

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

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

I may ask Utmost International to:

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

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

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

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

Or email: [dataprotection@utmost.ie](mailto:dataprotection@utmost.ie)

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

Or email: [IOM.DPO@Utmostinternational.com](mailto:IOM.DPO@Utmostinternational.com)

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

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

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

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

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

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## STATEMENTS AND VALUATIONS

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We will send you a monthly statement and valuations. If you would prefer not to receive them monthly, in which case we will send you a quarterly valuation, please tick the box below.

**I/We confirm that I/we do not wish to receive monthly printed statements and valuations**

## SINGAPORE RESIDENCY DECLARATION

This is a requirement by Monetary Authority of Singapore (MAS). Please tick the relevant box below.

	Applicant 1	Applicant 2 (if any)	Life assured 1	Life assured 2 (if any)
1. I am "ordinarily resident" in Singapore under the following conditions:				
a. citizen of Singapore, as I have not resided outside Singapore continuously for five or more years and/or I am currently residing in Singapore, or				
b. permanent resident or work pass/permit holder, as I have not resided in Singapore for less than a total of 183 days in the last 12 months, or				
c. hold a pass or permit issued under the Immigration Act (Cap. 33) that has a duration longer than 90 days and have resided in Singapore continuously for at least 90 days during the last 12 months.				
2. I am not "ordinarily resident" as per criteria in Q1 but hold Singapore citizenship or relevant pass issued by the Immigration of Checkpoints Authority of Singapore (ICA).				
a. I will provide evidence to support non-residency as per above conditions such as employment letter.				
b. I will not provide evidence to support non-residency as per above conditions. I therefore consent to be considered "ordinarily resident" in Singapore.				
3. I am not "ordinarily resident" as per criteria in Q1 and do not hold Singapore citizenship or relevant pass issued by the Immigration of Checkpoints Authority of Singapore (ICA).				

## INFORMATION ON ASSETS

Where requested by you we will provide documents or reports from providers of the underlying assets in which your Policy invests. If you require this information, please tick 'Yes'. If 'Yes' is ticked we will charge US\$105/SG\$210/£70/€105 for every document that we send to you.

<b>I/We wish to receive ANY documents or reports from providers of the underlying assets in which my/our Policy invests at a cost of US\$105/SG\$210/£70 for each document that is sent to me/us.</b>	Yes	No
---	-----	----

## ACCREDITED INVESTOR DECLARATION

I/We confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap 289) and amending regulations as being either an Individual:

- › whose net personal assets are at least S\$2 million or equivalent in a foreign currency and the net equity of my primary residence contributes no more than S\$1 million towards my/our S\$2 million net personal assets; (✓) or
- › whose annual income in the last 12 months is at least S\$300,000 or equivalent in a foreign currency; (✓) or
- › whose financial assets (net of any related liabilities) are at least S\$1million (✓)

I/We confirm that my/our financial adviser representative has explained and I/we understand the implications of being treated as an Accredited Investor and I/we consent to being treated as such. (✓)

I confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap.289) and amending regulations as being a Trustee of such trust as MAS may prescribe, when acting in the capacity of Trustee. (✓)

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## IMPORTANT INFORMATION

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1. Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Silk Life Plan. A material fact is one which is likely to influence the assessment and acceptance of the application.
2. If you are uncertain whether a fact is material, you should give full details so that we can assess its possible significance. If you become aware of such a fact while we are considering your application, you should notify us immediately.
3. You should satisfy yourself that under any taxation, exchange control or insurance law to which you may be subject that you are able to effect the proposed contract.

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## DECLARATION - BY EACH APPLICANT

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1. I understand that Utmost International has designated this Policy as suitable only for Professional Investors as defined by Utmost International in the Policy terms.
2. I confirm that I meet the definition of a Professional Investor. I understand that Utmost International do not have any details of my circumstances or characteristics, will not undertake any investigations as to whether I meet this definition, and will rely solely on my confirmation, as part of their application acceptance criteria, that I meet the definition of a Professional Investor.
3. I understand that the Policy allows investment into various types of assets and some of these assets are only suitable for Professional Investors. I accept the level of risk associated with these assets including the risk that the investment into such an asset:
  - a. could provide a lesser degree of investor protection and regulatory safeguards; and
  - b. could result in a loss of significant proportion of some or all of the sums invested; and
  - c. may have a minimum duration, impose significant redemption penalties or are illiquid.
4. I understand that I should read the offering documents for assets suitable for Professional Investors.
5. I understand that if I consider myself to be a Retail Investor in the future, Utmost International will not restrict the choice of assets available under the Policy. I also understand that it will be my responsibility to:
  - › only choose assets which are suitable for Retail Investors; or
  - › to inform the Investment Adviser Representative that I am now a Retail Investor.
6. I understand and agree that the contract I am applying to enter with Utmost International will be subject to Singapore law and that the policy terms and conditions will be provided in the English language.
7.
  - a. If a Policy number is not shown in section A of this form, I request that the amount shown in section G be invested as an initial premium for Policies comprising a Utmost International Silk Life Plan and request Utmost International to issue the Policies in my name, and jointly with the other applicants, if any; or
  - b. I request that the amount shown in section G be invested as an additional premium for the Policies currently in force bearing Policy numbers consisting of the Policy number, as shown in section A of this form, followed by two more digits.
8. I declare that to the best of my knowledge and belief, the statements made in this application, and any related documents, are true and complete and that I have not concealed any material fact. I agree to provide Utmost International with any further information in respect of the Application on request.
9. I confirm that Utmost International has not provided any investment advice and I or my investment adviser representative are responsible for the selection of assets to be linked to my Silk Life Plan. I acknowledge that Utmost International is not responsible for any loss suffered or reduction in the value of my Policy arising from the investment. Utmost International does not have any responsibility for the management of the underlying assets chosen other than Internal Funds, which are invested in accordance with the criteria as published in the relevant fund factsheet and carrying out a treasury function in respect of the Transaction Account and Utmost International does not recommend any asset.
10. I authorise and request Utmost International to effect the transaction detailed in section I and confirm that such payments will discharge Utmost International from all liabilities and claims arising from those regular withdrawals. I understand that this authority supersedes any authority previously given.
11. I confirm that I am not a resident in the United States of America or any of its territories. If I become a resident in the United States of America or any of its territories, I understand that Utmost International may not be able to accept any further premiums until after I cease to be a resident of the United States of America or any of its territories.
12. I confirm that the investment into the Silk Life Plan is with the investment powers available to me as trustee of the trust.

13. I confirm that I have received a copy of the Silk Life Plan product brochure, product summary, confirmation of charges, policy terms and conditions, Your Guide To Life Insurance and the Code of Life Insurance Practice and I have had the opportunity to read them when completing this application form.
14. I confirm that the premium for this Policy has not been sourced from my Central Provident Fund (CPF) account.
15. I am aware of the fees payable on the Silk Life Plan Policy, including the fees payable in respect of the investments which may be held within it.  
  
I understand the fees exist partly to meet the advice, promotion and distribution expenses. These payments could be in addition to any commission payable by the investment provider to my financial adviser representative in respect of the investments held. I understand that Utmost International may receive payments in the form of fund manager rebates from an investment provider in respect of the investments held, and which Utmost International may share with my financial adviser representative. Further details of the fees payable by me and the amounts payable to my financial adviser representative are available from my financial adviser representative on request.
16. I understand that in cases where the asset(s) I have selected is not redeemable for a certain period of time, Utmost International may not be able to return that part of my payment until the end of that period. The description of the funds and/or assets I have chosen will give details if this applies. I may invest immediately into non-daily dealing funds with the understanding that in the event of cancellation or requiring early access that I:
  - a. I may not get my money back immediately and payment may be delayed for some time;
  - b. the institution may impose penalties and therefore I may get back less than I invested, and/or
  - c. the only way in which to receive value may be through an in-specie transfer of that asset into the name of the Applicant.
17. I appoint the financial adviser representative specified on page 2 of my application form to act on my behalf in accordance with the policy terms and conditions.
18. I confirm that each life assured (or parent where parental consent is required) consents to this application, an insurable interest exists between myself and the life assured and they agree to my acting on their behalf for the purposes of the information I have provided in this application.
19. I understand that the original copy of this application form and relevant documents must be delivered by post or courier to Utmost International Isle of Man Limited Singapore Branch - 6 Battery Road #16-02, Singapore 049909.
20. I confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap.289) and amending regulations (currently this means an annual income in the last 12 months of at least SG\$300,000 (or equivalent in a foreign currency) or net personal assets of at least SG\$2,000,000 or equivalent in a foreign currency).
21. I confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap.289) and amending regulations as being a Trustee of such trust as MAS may prescribe, when acting in the capacity of Trustee.
22. I confirm that all the statements and answers given by myself are full, complete and true and understand that they along with any medical examination and questionnaires and amendments to them completed by the Life Assured shall form the basis of any policy issued.
23. I understand that if Utmost International accepts my application it will not commence until the Contract Date.
24. In the event of difference arising in respect of this application and any policy issued, I agree that the policy will be considered final.
25. I authorise my financial adviser representative to provide any/all of my personal data, information together with the supporting or related documents to Utmost International for the purpose of this application and to meet any ongoing administration and regulatory requirements. I further authorise Utmost International to pass this authorisation to the relevant financial adviser representative for the purpose of facilitating the transfer provision of such data, information and documents as and when required and for this purpose.

For individual investors only -

26. I declare that I am resident for taxation only in the country or countries shown in section B and am not resident for taxation elsewhere.
27. I am a national/citizen of the country (or countries in the case of dual nationality/citizenship) detailed in this application and am not a national or citizen of any other country.
28. The investment details in this application and any other premium tendered in respect of this application are derived solely from the origin of wealth shown in Section F and has, where required, been declared to the relevant tax authority in my country of residence for taxation.
29. The application for a Utmost International Policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes I am obliged to pay.



30. By signing this Declaration, I confirm I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose Personal Data has been provided to Utmost International either in this application or within accompanying documentation.

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

Did you complete this application form yourself? (✓) Yes No

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

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

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

	Applicant 1	Applicant 2 (if any)
<b>SIGNATURE</b>		
Date	<div style="display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>	<div style="display: flex; justify-content: space-between;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>

**L VERIFICATION OF CUSTOMER IDENTITY - FINANCIAL ADVISER REPRESENTATIVE/ SUITABLE CERTIFIER TO COMPLETE**

**PART A - FINANCIAL CRIME - RISK RATING**

As part of the global efforts to prevent financial crime, Isle of Man authorised life companies adopt a 'risk-based approach' when obtaining evidence of the source of a client's wealth. This does not question the quality of the investment. It is a safeguard that will benefit the industry as a whole and ultimately protect the client as an investor.

In order to decide what risk rating applies to your client's investment you need to take into account the following factors:

- a. your client's country of residence
- b. which country the premium is paid from

(a) + (b) = total risk rating

**Please refer to the Source of Funds and Source of Wealth Guidelines for information on how to complete the table below.**

APPLICANT	CLIENT COUNTRY OF RESIDENCE (A)	COUNTRY OF PREMIUM FUNDING (B)	TOTAL RISK RATING
Example	Singapore (1)	Singapore (1)	2

**This procedure is for guidance only.** Each new application, or application for an additional investment, will be reviewed individually.

Utmost International reserves the right to request further documentation if it is felt appropriate.

If you are unsure about a particular application, please contact our Singapore branch.

**Parts B and C must be completed whenever new documentary evidence is submitted.**

► **Please note that we will not be able to set the Policy live until this section has been completed and you have provided the necessary identification documentation.**

We require one document from part B and one from part C. If neither document in part B is available, please provide the reason why and provide two formal documents showing appropriate personal details and verifiable reference numbers from part C.

Unless the documents provided are originals, they will all need to be certified by a suitable certifier. A suitable certifier can be any of the following:

- › a regulated introducer, or authorised employee of a regulated introducer, that is based and regulated in an equivalent jurisdiction as defined in the Isle of Man Anti-Money Laundering and Countering the Financing of Terrorism Handbook (see [www.iomfsa.im](http://www.iomfsa.im)); or

- › a person appointed in writing by Utmost International (suitable certifier); or
- › a solicitor, lawyer or advocate; or
- › notary public; or
- › an authorised representative of an embassy or consulate of the country that issued the identification document.

When certifying a document, the certifier should state **"I hereby confirm that this document is a true copy of the original which I have sighted"**.

If the document is verifying the identity of a natural person, the certifier should also state that they have met the person whose identity is being verified and use the following statement **"I hereby confirm that this document is a true copy of the original which I have sighted and the photograph represents a good likeness of the client who I have met"**.

The suitable certifier must also sign and print their name, state their company name, their position within the company and the date.

**Identification documentation should be current and valid. Evidence of address should be the latest available, but no more than six months old.**

- **Please tick (✓) to indicate the identification you have supplied for each individual party to the Policy.**  
**If an Investment Adviser Representative is to be appointed we may need to verify the identity of the appointee.**

#### PART B - INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

1. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document (✓)	Passport	National identity card
Document reference	<input type="text"/>	
2. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document (✓)	Passport	National identity card
Document reference	<input type="text"/>	
3. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document (✓)	Passport	National identity card
Document reference	<input type="text"/>	
4. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document (✓)	Passport	National identity card
Document reference	<input type="text"/>	

Reason why documents are not provided (if applicable)

## PART C - INDIVIDUAL WHOSE ADDRESS IS BEING VERIFIED

If there are more than four individual applicants, please photocopy this page, attach the details with this application form and tick here (✓)

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

	Individual Applicant(s)			
These must be less than six months old	1	2	3	4
1. A recent utility, rates or council tax bill (mobile/cell phone bills not acceptable)				
2. A recent mortgage statement, giving the residential address				
3. An extract from the official register of electors				
4. A state pension, benefit or other government produced document showing benefit entitlement				
5. A recent tax assessment document				
6. A recent account statement from bank or credit card (store cards not acceptable)				
7. Proof of ownership or rental of the residential address				
8. A landline entry in a local telephone directory				

**This section must be completed if applicable.**

### NOTE

Please note that we will not be able to commence the policy until this section has been completed and you have provided the necessary identification documentation.

Outlined below are the standard minimum requirements. In some circumstances we may need additional information.

### Individual trustees

Enclosed (✓)

1. Verification of the identity and address of all individual trustees - please complete parts B and C on the pages 41 & 42.
2. Verification of the identity and address of the protector (where appropriate).
3. Evidence of the appointment of trustees (for example a certified copy of an extract from the trust deed, but not the whole deed) if the application is in respect of an existing trust.
4. The trustees (settlor(s) where policies to be settled into trust) should provide the name, current residential address and date of birth or death for all the parties to the trust, for example settlor/donor, protector, beneficiaries. If the beneficiaries are not named you must provide the class of beneficiaries, for example grandchildren. Please continue on a further sheet if necessary.

Capacity	Settlor/Donor	Protector	Beneficiary
Name			
Date of birth or death	<div style="display: flex; justify-content: space-between; padding: 2px;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>	Birth	Death
Residential address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>Postcode</div>		

SILK LIFE PLAN

## APPLICATION FORM - NEW BUSINESS AND TOP-UP

	Settlor/Donor	Protector	Beneficiary
Capacity			
Name			
Date of birth or death	<div style="display: flex; justify-content: space-between; padding: 0 5px;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>	Birth	Death
Residential address			
	Postcode		

	Settlor/Donor	Protector	Beneficiary
Capacity			
Name			
Date of birth or death	<div style="display: flex; justify-content: space-between; padding: 0 5px;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>	Birth	Death
Residential address			
	Postcode		

	Settlor/Donor	Protector	Beneficiary
Capacity			
Name			
Date of birth or death	<div style="display: flex; justify-content: space-between; padding: 0 5px;"> <span>d</span><span>d</span><span>m</span><span>m</span><span>y</span><span>y</span><span>y</span><span>y</span> </div>	Birth	Death
Residential address			
	Postcode		

Class of beneficiary if not named (an extract of the deed may be provided)

**You may also wish to provide identification documentation at the time of application/assignment for the named parties to the trust in order to avoid delays on subsequent transactions where documentary evidence is required, e.g. for beneficiaries.**

### M FINANCIAL ADVISER REPRESENTATIVE/SUITABLE CERTIFIER DECLARATION

**This section must be completed in all instances.**

#### DECLARATION BY THE FINANCIAL ADVISER/SUITABLE CERTIFIER

#### PART 1 - WHO HAS MET THE CLIENT

Please complete one of the following:

I have met my client(s) in person

I have met my client(s) face-to-face via secure live video stream

I have not met my client(s) face-to-face

## PART 2 - HOW HAS THE CUSTOMER DUE DILIGENCE (CDD) BEEN OBTAINED

Please confirm which items of CDD have been provided and how they were obtained by ticking the relevant boxes:

Please note 'Obtained via a third party who has met the client face to face' also includes via live video stream.

	OBTAINED BY THE ADVISER DIRECTLY FROM THE CLIENT	OBTAINED VIA A THIRD PARTY WHO HAS MET THE CLIENT FACE TO FACE	PROVIDED DIRECT TO UTMOST INT. BY THE CLIENT
Valid identity document(s)			
Valid proof of residential address			
Source of funds			
Source of wealth documents/information			

**Where certification is required, please ensure the following is carried out on each copy document:**

I certify this document as a copy of the document that I have seen through <insert method of communication used> held on <x date> between me and the applicant /policyholder. The document has not been tampered with and I have received the same confirmation from the applicant /policyholder

## PART 3 - THIRD PARTY DETAILS

If you have confirmed in either Part 1 that you have not met your client face to face or in Part 2 that CDD has been obtained via a third party who has met the client face to face, please provide the following details:

	THIRD PARTY DETAILS 1	THIRD PARTY DETAILS 2
Name of individual(s) that obtained the CDD or met the client face to face		
Date of Birth		
Residential Address		
Registered Company Name		
Registered Company Address		

**Where there is more than two third parties involved in obtaining CDD, please contact your Utmost International Sales Consultant for further guidance.**

## PART 4 - FINANCIAL ADVISER DECLARATION

I declare that:

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

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

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

SILK LIFE PLAN  
APPLICATION FORM - NEW BUSINESS AND TOP-UP

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

on

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

**Regulatory body authorisation number** (if applicable)

**Regulator name**

**Utmost International financial adviser account number**

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

**SIGNATURE**

**Financial Adviser**

Full name of financial adviser

Financial adviser stamp

Date

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

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

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

Utmost Wealth Solutions is the registered business name of Utmost International Isle of Man Limited Singapore Branch.

Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909. Tel: +65 6216 7990 Fax: +65 6216 7999.

Registered in Singapore Number T08FC7158E.

Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore.

Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 024916C.

Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Licensed by the Isle of Man Financial Services Authority.

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# SILK LIFE PLAN

## BANK DETAILS AND PAYMENT METHODS

Please forward a copy of receipt of any electronic bank transfer payment to Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909.

### A TELEGRAPHIC TRANSFER DETAILS

Please send to the relevant currency account below, referencing your policy number. Please also provide the Telegraphic Transfer Confirmation showing your bank name, your name as bank account owner, your bank account number and the transfer details to Utmost International.

### A1 PAYMENTS FROM SINGAPORE BANKS IN SINGAPORE DOLLARS, US DOLLARS, EUROS AND STERLING

Account Name:	Utmost International Isle of Man Limited Singapore Branch
Swift Code:	HSBC SGSGXXX
Branch:	HSBC
Branch Address:	21, Collyer Quay, HSBC Building, Singapore 049320
A/c Singapore dollar:	147-409064-001
A/c US dollar:	260-601471-178
A/c Euro:	260-601471-179
A/c Sterling:	260-601471-180

### A2 PAYMENTS FROM OVERSEAS BANKS AND OTHER CURRENCY PAYMENTS (SWIFT PAYMENTS)

#### Sterling Payments

Swift	NWBKGB2147K
Sort Code:	56 00 68
Bank:	National Westminster Bank Southampton.
Beneficiary:	Utmost International Isle of Man Limited Singapore Branch
IBAN:	GB44NWBK56006837880527
Account Number:	37880527

#### All Other Currency Payments (SWIFT Payments)

SWIFT Code:	NWBKGB2LXXX
Bank:	National Westminster Bank, London
Beneficiary:	Utmost International Isle of Man Limited Singapore Branch
Account Number:	(Select as applicable below):

Currency	IBAN:	Account Number
USD	GB31 NWBK 6073 0140 5312 87	140-00-40531287
EUR	GB80 NWBK 6072 1340 5313 25	550-00-40531325
AUD	GB50 NWBK 6073 0140 5313 33	160-00-40531333

CAD	GB75 NWBK 6073 0140 5313 68	150-00-40531368
CHF	GB53 NWBK 6073 0140 5313 76	234-00-40531376
DKK	GB09 NWBK 6073 0140 5313 92	175-00-40531392
HKD	GB19 NWBK 6073 0140 5314 06	338-00-40531406
JPY	GB94 NWBK 6073 0140 5314 14	349-00-40531414
NOK	GB53 NWBK 6073 0140 5314 73	222-00-40531473
NZD	GB97 NWBK 6073 0140 5315 54	217-00-40531554
SEK	GB44 NWBK 6073 0140 5316 35	232-00-40531635
SGD	GB22 NWBK 6073 0140 5316 43	409-00-40531643

#### IMPORTANT

- › Please make sure that the applicant's name and/or Policy number is/are quoted in the payment field, referred to by the bank as SWIFT field 70, on the electronic bank transfer form to ensure that correct details are sent to Utmost International.
- › Please note that when sending payments electronically by using IBAN numbers, spaces should be excluded. If payments are sent by using account numbers, please include the dashes in between the numbers.
- › All bank charges, such as telegraphic transfer charges, are the responsibility of the applicant, not Utmost International.

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# REQUEST TO APPOINT OR TRANSFER TO AN AUTHORISED CUSTODIAN ACCOUNT

THIS DOCUMENT WAS LAST UPDATED IN JANUARY 2024.

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

Please complete this form if you wish to request an authorised custodian facility for your Utmost International policy. All references to Utmost International in this form mean Utmost International Isle of Man Limited or Utmost International Isle of Man Limited Singapore Branch.

When completing this form, please use BLOCK CAPITALS and blue or black ink only and complete all relevant sections. Please do not use correction fluid; any amendments should be crossed out and initialled. This form must be signed by the Applicant(s).

## DEFINITIONS

**Default custodian account** – assets held with and by Utmost International  
**Custodian account** – assets held with an authorised third-party custodian

1

DETAILS OF POLICY

Utmost International policy number	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>											
Type (✓)	Individual						Trustee					
Policyholder name	1. <div></div>						2. <div></div>					
Policyholder address	<div></div> <div></div> <div></div> <div>Postcode</div> <div>Country</div>						<div></div> <div></div> <div></div> <div>Postcode</div> <div>Country</div>					
Date of birth	<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>					
Policyholder name	3. <div></div>						4. <div></div>					
Policyholder address	<div></div> <div></div> <div></div> <div>Postcode</div> <div>Country</div>						<div></div> <div></div> <div></div> <div>Postcode</div> <div>Country</div>					
Date of birth	<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>					

**2 AUTHORISED CUSTODIAN REQUEST (PLEASE COMPLETE THE OPTION YOU REQUIRE)**

► Please photocopy this page if needed.

**New Policy**

I request and instruct Utmost International to open an account with:

Name (the custodian)		
Address		
	Postcode	Country
Contact name		
Contact telephone number (including area code)		
Contact e-mail		
Contact fax number		

**Existing policy - Assets currently held with a default custodian moving to authorised custodian**

I request and instruct Utmost International to open an account with:

Name (the custodian)		
Address		
	Postcode	Country
Contact name		
Contact telephone number (including area code)		
Contact e-mail		
Contact fax number		

The current assets within the policy/account/plan should be (✓) (please tick where applicable)

Sold and cash proceeds transferred to the above named custodian

Assets and cash transferred to the above as they are currently held

**Existing Policy - Assets to be moved from current custodian to a default custodian account**

I request and instruct Utmost International to close my account with  (insert current custodian name)

and transfer the cash and assets within the policy to **Utmost International**.

The current assets within the policy should be (✓) (please tick where applicable)

Sold and cash proceeds transferred to Utmost International

Assets and cash transferred as they are currently held

**Existing Policy currently held with authorised custodian moving to alternative custodian account**

I request and instruct Utmost International to close my account with  (insert current custodian name)

and transfer the cash and assets within the policy to the following:

Name   
(insert name of new custodian)

Address

Postcode

Country

Contact name

Contact telephone number (including area code)

Contact e-mail

Contact fax number

The current assets within the policy should be (✓) (please tick where applicable)

☐ Sold and cash proceeds transferred to the above custodian

☐ Assets and cash transferred as they are currently held

**Fund adviser or discretionary asset manager details (where relevant)**

My current fund adviser/discretionary asset manager is as follows:

Name

Address

Postcode

Country

I hereby cancel the above as fund adviser/discretionary asset manager to the policy and confirm that I have advised them of their cancellation.

☐ I have power of attorney over the account and wish to continue

☐ I would like the above fund adviser/discretionary asset manager to continue as adviser to the policy

☐ I would like to appoint a new fund adviser/discretionary asset manager and attach the required form

My new fund adviser/discretionary asset manager is   
(please state name)

### 3 DECLARATION BY EACH APPLICANT

1. I agree that the custodian shall, in opening the account, have the powers of administering the investments in the account and of acting as custodian of the investments in the account, such investments being held in a nominee name of the custodian.
2. I accept that Utmost International bears no legal or other responsibilities if at any time the custodian trustee, in respect of the account, either:
  - › fails to meet any of its obligations, and/or;
  - › acts in a fraudulent, incompetent or negligent manner by act or default and/or;
  - › enters into liquidation and/or receivership and/or enters into a voluntary arrangement with its creditors and/or is unable to pay its debts.
3. I agree that any overdrawn balances on my transaction account held with Utmost International will be paid up before any cash is transferred to the new custodian.
4. By virtue of the terms of this specific authority made by me to open the account with the custodian trustee, I shall not be entitled to make any claim whatsoever against Utmost International in respect of those matters referred to in 2. above, notwithstanding any obligations that exist in the Terms and Conditions of my policies.
5. In the absence of alternative instructions, cash balances below £2,500 (or currency equivalent) will be converted to the base currency of the policy/account/plan prior to transfer. Any overdrawn positions must be cleared before the assets/cash can be moved.
6. I understand that any instructions that have already been given that may still be being processed will be honoured but no further instructions will be accepted until the transfer has been completed. I understand that the transfer will not commence until any outstanding settlement proceeds have been received by Utmost International.
7. I understand that Utmost International will not accept any further instruction to buy, sell or withdraw funds from the policy/account/plan from receipt of this form until the re-registration has been completed. I understand that this transfer will take a minimum of four weeks but could take longer. Once Utmost International has instructed the commencement of the transfer, they cannot accept responsibility for any delay that may be incurred due to third parties involved.
8. I understand that where I may hold Utmost International internal funds (applicable to certain Utmost International products only) and have chosen to move my policy/account/plan assets to a custodian, these funds will be sold and the cash proceeds, less any outstanding charges, will be sent to the custodian.
9. I hereby confirm that I have read and understood all the relevant account opening documents and terms and conditions of my chosen custodian that relate to the service they are providing and I agree with their contents.
10. I confirm that I am responsible for the custodian's charges which will be deducted from the value of the portfolio bond/account fund.
11. I agree that Utmost International can release my personal data to the custodian should Utmost International be required to do so by the custodian in order to comply with the custodian's local laws or anti-money laundering practices.
12. I can confirm that the custodian has agreed to accept any existing assets, if it transpires at a later date that the assets are not acceptable I agree that they can be sold and the sale's proceeds forwarded to them.
13. I understand that there may be a charge to transfer between custodians and agree to this sum being debited from my account.

For information on transfer charges, contact [SgSalesSupport@utmostgroup.com](mailto:SgSalesSupport@utmostgroup.com) or telephone +65 6216 7990.

SIGNATURE(S) OF APPLICANTS

SIGNATURE

First or Sole Applicant

Date

d

d

m

m

y

y

y

y

First or Joint Applicant

d

d

m

m

y

y

y

y

SIGNATURE

First or Joint Applicant

Date

d

d

m

m

y

y

y

y

First or Joint Applicant

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d

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y

y

y

y

TRUSTEE SIGNATURE(S) (IF ANY)

SIGNATURE

Trustee

Date

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Trustee

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