

# DISCOUNTED GIFT TRUST APPLICATION

## SUPPLEMENTARY APPLICATION FORM TO CONVERT AN EXISTING DELEGATION BOND

This form is only for use with a Delegation bond, and **cannot** be used with Selection bonds or bonds issued by Utmost International Isle of Man Limited.

When submitting this application, ensure your Trustees complete a **Tax Information Exchange Pack for Entities**.

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

Once completed, arrange for your financial adviser to return this form and any supporting documents to:  
**Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**

	PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
<b>Applicant and Policy Details</b>	3	A – Policy number	Mandatory	
	3	B – Policyholder's details	Mandatory	
	4	C – Policyholder medical details	Mandatory	
	6	D – Additional information	Mandatory	
	8	E – Regular 'income' withdrawal	Mandatory	
<b>Declarations</b>	11	G – Declaration	Mandatory	

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

A WEALTH *of* DIFFERENCE

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

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

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

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

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

UPE PR 00090 | 01/24

## IMPORTANT NOTES

**This form can only be used with Utmost PanEurope dac's (Utmost PanEurope) Delegation bond which has been issued on a capital redemption basis and is denominated in Sterling. This application form cannot be used with a Selection bond or to establish a Generation Planning Bond.**

This form is a request to Utmost PanEurope to convert your existing Delegation bond into a Discounted Gift Trust. It includes a questionnaire to gather the medical information we need to start initial underwriting. It also enables you to confirm the level of withdrawals you wish to take from the bond during your lifetime. You will also need to complete the appropriate **Discounted Gift Trust Deed** and submit this to us before the bond is converted.

**Your financial adviser will be able to provide you with any relevant supporting literature in relation to your individual circumstances. Some of the existing Policy Conditions of your bond will be changed and the policy endorsed accordingly.**

### ELIGIBILITY

The Discounted Gift Trust is **not** available on either a joint or single basis, for any applicant who is:

- › aged 95 or over, or
- › rated to be aged 95 or over after underwriting.

For more details, speak to your financial adviser.

We assume you are UK resident for tax purposes and UK domiciled on conversion of this bond.

### SETTLING YOUR BOND INTO A DISCOUNTED GIFT TRUST

It is important to note:

- › you, as the current policyholder, will be the Settlor/Donor of the Discounted Gift Trust
- › some Policy Conditions will change. These changes mean it will **not** be possible to surrender the bond or assign it out of trust during your lifetime
- › you will receive the regular withdrawals specified, but it will **not** be possible to stop or vary these withdrawals during your lifetime
- › you will **no longer** have access to the capital you originally invested
- › you will **not** be able to add any further premiums to the bond
- › ownership of the bond will be transferred to your appointed Trustees of the Discounted Gift Trust.

The Discounted Gift Trust is designed to mitigate UK Inheritance Tax (IHT). It is unlikely to be effective in mitigating death duties imposed by other countries. You need to satisfy yourself that, under any taxation, exchange control or any other legislation to which you may be subject, you can establish this Trust. If this supplementary application is to be signed under a Power of Attorney, please obtain details of our requirements from our Welcome team before you proceed.

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

### IDENTIFICATION REQUIREMENTS

Under current anti-money laundering rules applicable in Ireland, we are required to verify the identity and address of each applicant and all Trustees (including any additional Trustees). We also need the full name, date of birth, address, and nationality of all other parties to the trust (for example, any named Beneficiaries).

**A POLICY NUMBER**

**MANDATORY**

1 Existing policy number

**B POLICYHOLDER DETAILS**

**MANDATORY**

	Policyholder 1	Policyholder 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Maiden name, previous name or any aliases (if applicable)	<input type="text"/>	<input type="text"/>
4 Forenames (in full)	<input type="text"/>	<input type="text"/>
5 Permanent residential address (PO Box and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
6 Date of birth	<input type="text"/>	<input type="text"/>
7 Country of birth	<input type="text"/>	<input type="text"/>
8 Nationality	<input type="text"/>	<input type="text"/>
9 Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
10 Email address	<input type="text"/>	<input type="text"/>
11 Country/Countries of tax residency	<input type="text"/>	<input type="text"/>
12 Relationship of Policyholders (if applicable) e.g. spouse or civil partner	<input type="text"/>	<input type="text"/>
13 Trustees' correspondence address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
14 National Insurance (NI) number	<input type="text"/>	<input type="text"/>
15 US Tax Identification Number (T.I.N)	<input type="text"/>	<input type="text"/>
16 Other tax reference number(s)	<input type="text"/>	<input type="text"/>

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

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

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

C POLICYHOLDER MEDICAL DETAILS

MANDATORY

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

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

	Policyholder 1	Policyholder 2
1 Height (without shoes)	<div> <input type="text"/> ft           <input type="text"/> in         </div> <div> <input type="text"/> cm         </div>	<div> <input type="text"/> ft           <input type="text"/> in         </div> <div> <input type="text"/> cm         </div>
2 Weight (in normal indoor clothing)	<div> <input type="text"/> st           <input type="text"/> lbs         </div> <div> <input type="text"/> kg         </div>	<div> <input type="text"/> st           <input type="text"/> lbs         </div> <div> <input type="text"/> kg         </div>
3 Has your weight increased or decreased by more than one stone (6kg) in the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Have you smoked OR used tobacco OR nicotine replacement products in the past 12 months? (provide details of amounts per day)	<input type="checkbox"/> Yes <input type="checkbox"/> No <div> <input type="text"/> </div>	<input type="checkbox"/> Yes <input type="checkbox"/> No <div> <input type="text"/> </div>
	If yes, provide details of your daily consumption, or in the case of nicotine replacement, tell us what you are using and at what frequency and strength.	
5 Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the number of units per week	<input type="text"/> units	<input type="text"/> units
Has your consumption been greater than this in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<div>           1 measure spirits = 1 unit            Small glass of wine = 1.5 units            Large glass of wine = 2 units            1 pint of lower strength beer = 2 units            You can find more information on <a href="http://www.nhs.uk/livewell">www.nhs.uk/livewell</a> </div>	
6 Provide us with the full name, address and postcode of your doctor. A report is required from your doctor and if the full address is not given, it may result in a delay in assessment.	<div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div>	<div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div> <div> <input type="text"/> </div>
Postcode	<input type="text"/>	<input type="text"/>
a) Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
b) Fax number (including international dialling code)	<input type="text"/>	<input type="text"/>



Ensure you answer all the below questions by ticking all the appropriate boxes to questions 7 to 14 and provide further details in Section D if you have answered 'yes' to any of the questions.



	Policyholder 1		Policyholder 2	
<b>7</b> Have you ever been advised to reduce or stop alcohol or smoking on health grounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>8</b> Do you, or do you intend to, take part in any hazardous sport, activity, pastime or event that involves hazard or risk of injury OR do you intend to travel or reside outside the UK for 12 weeks or more per annum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9</b> Have you suffered, or are you suffering, from any major illnesses such as cancer (whether benign or malignant), leukaemia, Hodgkin's disease or lymphoma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>10</b> Have you suffered, or are suffering, from heart disease including high blood pressure, angina, heart attack, heart defects, valve disorders or irregular heart beat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11</b> Have you suffered, or are you suffering, from a stroke, "mini stroke", transient ischaemic attack (TIA) or brain haemorrhages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Have you suffered, or are you suffering, from Alzheimer's disease or other forms of dementia, multiple sclerosis, Parkinson's disease, paralysis or paraplegia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b> In the last five years, have you had any of the following?				
<b>a)</b> Diabetes, a blood disorder or any hormone disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b)</b> Kidney disease, bladder disorder or urinary disorder, prostate disorder (males only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c)</b> Any mental illness including anxiety, depression, stress for which you have sought medical advice, attempted self-harm or overdose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>d)</b> Any liver or intestinal disorder including hepatitis, haemachromatosis, Crohn's disease, ulcerative colitis or diverticulitis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>e)</b> Any condition, disease or disorder that you have not mentioned above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>14</b> Current health, do you have any signs or symptoms of ill health, disability or memory loss/ dysfunction for which you have not yet consulted a medical practitioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**D** ADDITIONAL INFORMATION

Disclose full details, including the nature and date of illness/injury, the treatment given and the name, address and telephone number of the doctor consulted.

Policyholder 1	Policyholder 2
Question No <input type="text"/>	Question No <input type="text"/>
Question No <input type="text"/>	Question No <input type="text"/>
Question No <input type="text"/>	Question No <input type="text"/>

Provide us with more details, if you have answered 'yes' to any of the questions 7 to 14 on the previous page.

Policyholder 1

Policyholder 2

Question No <input type="text"/>	Question No <input type="text"/>
Question No <input type="text"/>	Question No <input type="text"/>
Question No <input type="text"/>	Question No <input type="text"/>
Question No <input type="text"/>	Question No <input type="text"/>

**E** REGULAR 'INCOME' WITHDRAWALS

**MANDATORY**

Complete this section to confirm the level of 'income' payments from the bond which are to be paid to you after the trust is established. It is important to state the percentage as a fraction of the original premium, rather than as percentage of the current value of the bond.

Any withdrawals taken from the bond to date will affect the tax-deferred entitlement available to you after the trust is established, and you should discuss this with your adviser before you determine the level of withdrawals required.

When choosing the level of your 'income' (or continuing your current level of 'income'), any ongoing or ad hoc adviser charging payments paid to your financial adviser that are taken from the bond will count towards the 5% annual tax-deferred withdrawal entitlement. Speak to your financial adviser for more information.

**IMPORTANT INFORMATION**

For details of the maximum levels of 'income' allowed, see the **Delegation Discounted Gift Trust Conversion Guide**.

- › Minimum £400 per payment
- › Regular withdrawals will be taken equally across all policy segments.

	Annual percentage of premium	or	Annual monetary amount of premium	
1 Withdrawal amount	<input type="text"/> %		<input type="text"/>	<div style="border: 1px solid #ccc; padding: 5px; font-size: 0.8em;">                     The annual percentage/monetary amount specified will be divided by the frequency of the income payments.                 </div>
2 Rate of increase in withdrawals (optional)	<input type="text"/>			
	If increasing in line with RPI, write RPI in the box			
3 Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly			
4 Payment start date	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y			
	<input type="checkbox"/> As soon as possible (30 days after conversion)			

The amount, frequency and any rate of increase, as chosen above, cannot be changed during your lifetime. Refer to the **Delegation Discounted Gift Trust Conversion Guide** for more information.

The earliest the first withdrawal can be taken is 30 days following the creation of the trust.

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

PROVIDE DETAILS OF THE ACCOUNT TO WHICH YOUR PAYMENTS SHOULD BE SENT:

## BANK/BUILDING SOCIETY DETAILS

1	Account name	<div></div>
2	Account number <small>(for BACS payments this must be eight digits)</small>	<div></div>
3	Bank sort code	<div></div> - <div></div> - <div></div> <small>(must be six digits)</small>
4	Building Society roll number <small>(if applicable)</small>	<div></div>
5	Bank BIC/Swift code	<div></div>
6	IBAN	<div></div>
7	Bank/Building Society name	<div></div>
8	Address	<div></div>
	Postcode	<div></div>
9	Telephone number <small>(including international dialling code)</small>	<div></div>
10	How long has the account been held? <div></div> Years	

**We cannot make payments to third parties. Payments must be sent to the Settlor/Donor of the Trust.**

**F ACCESS TO MEDICAL RECORDS**

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

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

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

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

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

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

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

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

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

We have asked your doctor **not** to reveal information about:

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

The information you and your doctor provide about your health will enable us to assess life expectancy in respect of an Actuarial Certificate of Valuation we issue for Inheritance Tax purposes.

If you have any questions about your rights under the legislation or questions relating to the process of getting, assessing or storing medical information, write to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**

**G DECLARATION**

**MANDATORY**

Throughout this section 'the Policyholder' means the owners of the bond being settled into the Discounted Gift Trust arrangement.

Read this section carefully before signing it as it affects the Policyholder's rights and creates a legally binding agreement with Utmost PanEurope dac in connection with the Policyholder's bond and its transfer into a Discounted Gift Trust. If the Policyholder does not understand any aspect of this agreement, ask the financial adviser to explain its effect before signing the form. The following declarations should be read together with the Delegation Discounted Gift Trust Conversion Guide which should be provided by the financial adviser.

**The Policyholder applies** for the Policyholder's existing Delegation bond to be placed into the Discounted Gift Trust and varied in accordance with the Endorsement to the Policy Conditions and Policy Schedule which will be issued to the Policyholder by Utmost PanEurope upon the acceptance of the Policyholder's application.

**The Policyholder hereby confirms** that the Policyholder has not relied upon any statement made by the Policyholder's financial adviser which is not supported in the literature.

**The Policyholder confirms and declares** that the Policyholder has been advised to obtain appropriate professional advice in respect of the applicable taxation requirements, effects and legislation.

**The Policyholder confirms** that all of the information provided by the Policyholder in this application form is complete and accurate to the best of the Policyholder's knowledge and belief. The Policyholder agrees that this information, together with any supporting information completed or given by the Policyholder in the Policyholder's name, shall form the basis of the varied contract with Utmost PanEurope.

**The Policyholder accepts that:**

- › Once the bond is transferred into trust, any subsequent changes to the investment objectives and attitude to risk must be agreed between the Trustees and the appointed EMC. Further, any request to use the investment conversion facility must be agreed by the Trustees
- › Utmost PanEurope has no legal responsibility in respect of the future performance of any linked assets.

**The Policyholder agrees** that a copy of the Policyholder's agreement given in this Declaration will have the validity of the original. The Policyholder understands that the financial adviser is acting as the Policyholder's agent and not an agent of Utmost PanEurope.

**The Policyholder hereby confirms** that all the information provided by the Policyholder, whether handwritten or otherwise, in this application form is complete and accurate to the best of the Policyholder's knowledge and belief. The Policyholder agrees that this information, together with all other questionnaires, statements, reports or other information completed or given by the Policyholder in the Policyholder's name, shall form the basis of the variation of the Policyholder's bond with Utmost PanEurope.

**The Policyholder declares** that the Policyholder will tell Utmost PanEurope if any relevant information that the Policyholder has given in this application changes before the bond is varied.

**The Policyholder understands** that because the Policyholder is transferring the Policyholder's bond into trust, the final gift value is likely to differ from that originally quoted. A difference may also arise if the Policyholder has a birthday whilst the application is being processed.

**The Policyholder instructs** Utmost PanEurope to amend the terms of the bond so that no further investments may be made into the bond during the Policyholder's lifetime.

**The Policyholder instructs** Utmost PanEurope to amend the terms of the bond so that it cannot be surrendered during the Policyholder's lifetime.

**The Policyholder understands** that the level of regular withdrawals cannot be changed during the Policyholder's lifetime.

**The Policyholder understands** that the bond cannot be assigned during the Policyholder's lifetime, except in relation to change of Trustees.

**The Policyholder understands** that the Policyholder should notify Utmost PanEurope if the Policyholder's health or circumstances change between the date of signing this application form and the date that a Certificate of Valuation is issued.

**The Policyholder understands** that the Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 (see Section F for full details) will be relevant to Utmost PanEurope getting a medical report from any medical practitioner who has attended the Policyholder in England, Scotland, Wales, Northern Ireland, but not, at present (although this may change in the future), the Channel Islands or elsewhere.

**If the legislation** is not relevant, the Policyholder acknowledges that the Policyholder does not have the rights described in Section F.

If the legislation is relevant, the Policyholder acknowledges that the Policyholder has been informed of the Policyholder's rights by reading Section F and exercises the Policyholder's right of choice as indicated below.

**The Policyholder confirms and declares** that the Policyholder is tax resident in the jurisdiction entered in Section B, on page 3 of this application form, and that if the Policyholder is a US tax resident and/or a UK tax resident, the Policyholder has included this and provided the Policyholder's T.I.N. and/or N.I. number (Q14/15).

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

**The Policyholder agrees** to inform Utmost PanEurope immediately should any information within this application change, and understands that the Policyholder is obliged to do so.

## HOW UTMOST PANEUROPE USES YOUR INFORMATION

Utmost PanEurope uses the information the Policyholder provides, about themselves and other people, to provide Utmost PanEurope's products and services. In order to support its products and services, Utmost PanEurope transfers information between different entities within its immediate operating group and to appointed data processors. Utmost PanEurope does not transfer information to other parties, unless required to do so by law or regulation. Utmost PanEurope does not carry out marketing using the information or transfer, or sell, the Policyholder's personal information to others for marketing purposes.

More details about how Utmost PanEurope uses the Policyholder's information, the Policyholder's rights over this information and how the Policyholder can exercise those rights can be found in the applicable Privacy Notice. Utmost PanEurope publishes its Privacy Notices on Utmost PanEurope's website at [www.utmmostinternational.com/privacy-statements/](http://www.utmmostinternational.com/privacy-statements/) or the Policyholder can contact Utmost PanEurope on 0845 602 9281 and request a copy.

### The Policyholder acknowledges that:

- › Utmost PanEurope will store, process or pass on the Policyholder's data whether or not the Policyholder's application is accepted
- › Utmost PanEurope will, in the event of the Policyholder's death, obtain such medical or other records from medical practitioners and/or other relevant institutions or authorities regarding the Policyholder's medical history or circumstances relating to the Policyholder's death should it wish to do so.

	Policyholder 1	Policyholder 2	
	I do/do not* wish to see any report from my doctor before it is sent to Utmost PanEurope.	I do/do not* wish to see any report from my doctor before it is sent to Utmost PanEurope.	<p>If you ask to be informed of any variation in the gift value, we will require signed agreement of your approval before the policy starts, which could result in a slight delay.</p>
	If underwriting results in a variation to the gift value or the discount, I do/do not* wish to be informed before the bond is placed into trust.	If underwriting results in a variation to the gift value or the discount, I do/do not* wish to be informed before the bond is placed into trust.	
<b>SIGNATURE</b>	<div></div>	<div></div>	<b>SIGNATURE</b>
Print full name	<div></div>	<div></div>	
Date	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>	

\*Delete as applicable.



H NOTES

I CHECKLIST

We want to process your application as quickly as possible. To help us to this, on completion of this form, ensure you have provided (to the address stated on the front cover of this form) the following:

- › A completed relevant **Tax Information Exchange Pack for Entities** ☐
- › Certified copies of the identification and address verification documents for the policyholders and the Trustees (if not already held) ☐
- › If you would like to set up or amend an existing adviser charging agreement before conversion completes, sign the separate **Adviser Charges Pack** available from our website [www.utmostinternational.com](http://www.utmostinternational.com) ☐
- › If you are sending any additional instructions or documentation, securely attach them to the back of the form ☐
- › Enclose a signed but **undated Trust Deed** with this application form. These are available on request from your financial adviser ☐
- › If you are appointing Utmost Trustee Solutions Limited as the Trustee, you will also need to complete additional forms in connection with the appointment, available from your financial adviser or us on request. ☐