

CURRENT FINANCIAL INFORMATION REQUEST

FOR INDIVIDUALS

IMPORTANT NOTES

Please use this form to declare your current taxation status, residence, and financial information. We need to periodically update the information that we hold to provide a high level of service and protect our customers from fraud.

SUPPORTING DOCUMENTATION

As well as this form, we may require relevant supporting documentation to verify any changes. Once completed please send this form to UWCustomerService@utmostworldwide.com, or to your servicing Branch.

HOW WE USE YOUR INFORMATION

We will use the information that you provide to meet our legal obligations and support the servicing of your plan. Our Privacy Notice explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. You can find a copy at www.utmostinternational.com/privacy-statements/ or you can request a copy from our Customer Services team.

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.

A POLICYHOLDER DETAILS

	First Policyholder	Second Policyholder (if applicable)
1 Policy number(s) ("Policy")	<input type="text"/>	<input type="text"/>
2 Full name	<input type="text"/>	<input type="text"/>
3 Do you have a former name or alias?	Yes No	Yes No
If "Yes", please provide full details.	<input type="text"/>	<input type="text"/>
4 Date of birth	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>
5 Nationality	<input type="text"/>	<input type="text"/>
6 City of birth	<input type="text"/>	<input type="text"/>
7 Country of tax residence	<input type="text"/>	<input type="text"/>
8 Taxpayer Identification Number ("TIN")	<input type="text"/>	<input type="text"/>
9 Do you hold dual nationality?	Yes No	Yes No
If "Yes", please state second nationality here.	<input type="text"/>	<input type="text"/>
10 2nd Country of tax residence (if applicable)	<input type="text"/>	<input type="text"/>

11 2nd TIN	<input type="text"/>	<input type="text"/>
12 Please provide an explanation if you do not have a TIN	<input type="text"/>	<input type="text"/>

A1 ADVISER RELATIONSHIP

1 Financial adviser firm	<input type="text"/>	<input type="text"/>
2 Financial adviser location	<input type="text"/>	<input type="text"/>
3 Are you still in contact with your adviser?	Yes No	Yes No

A2 RESIDENCE AND CONTACT DETAILS


	First Policyholder	Second Policyholder (if applicable)
1 Residential address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
2 Correspondence address (if not the same as residential address)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
3 Date moved to current residential address	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
4 Personal email address	<input type="text"/>	<input type="text"/>
5 Contact number (home)	<input type="text"/>	<input type="text"/>
6 Contact number (mobile)	<input type="text"/>	<input type="text"/>

B NOMINATED BANK ACCOUNT

	First Policyholder	Second Policyholder (if applicable)
1 Bank name	<input type="text"/>	<input type="text"/>
2 Bank address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
3 Bank country	<input type="text"/>	<input type="text"/>
4 Last four digits of bank account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For payments to/from your Policy (including payments via your credit card provider, where applicable).

C EMPLOYMENT AND FINANCIAL DETAILS

	First Policyholder	Second Policyholder (if applicable)																
1 Employment details	Employed or Self-Employed Retired Not currently employed	Employed or Self-Employed Retired Not currently employed																
2 Date of retirement or leaving employment (if applicable)	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
3 Your occupation																		
a. The nature of your employment and the position held (e.g. job title, level of seniority)	<input type="text"/>	<input type="text"/>																
b. Length of service with current Employer or business	<input type="text"/>	<input type="text"/>																
c. If less than 18 months please state previous employment details	<input type="text"/>	<input type="text"/>																
d. If you are self-employed or business owner, please state percentage of business owned	<input type="text"/>	<input type="text"/>																
<p> If retired or not currently employed, please state former occupation, including role e.g. Director and industry sector e.g. accountancy and include date of retirement or unemployment.</p>																		
4 Name and address of employer or business	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode																
5 Industry or business sector	<input type="text"/>	<input type="text"/>																
6 Employer or business website address	<input type="text"/>	<input type="text"/>																

C1 INCOME DETAILS

Please provide an estimated breakdown of your current annual income:

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

D SOURCE OF FUNDS AND WEALTH

D1 SOURCE OF FUNDS FOR YOUR INVESTMENT WITH UTMOST

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

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

D2 PERSONAL WEALTH

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

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

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

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

c. Please indicate the main source for your wealth:

First Policyholder

- Same as Source of Funds (see D1 above)
- Where different to Source of Funds, please specify main source of your wealth below.

DESCRIPTION	VALUE
<input type="text"/>	<input type="text"/>

Second Policyholder

- Same as Source of Funds (see D1 above)
- Where different to Source of Funds, please specify main source of your wealth below.

DESCRIPTION	VALUE
<input type="text"/>	<input type="text"/>

E DECLARATION AND SIGNATURE

Declaration

By signing below, I declare that this form has been completed to the best of my knowledge and belief and that I authorise you to make changes to your records based on this information. I acknowledge that relevant information contained in this Declaration will be shared with any tax authorities as required under applicable tax information exchange agreements, including Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards ("CRS").

I also acknowledge that Utmost may require additional supporting documentation where appropriate, which I agree to provide upon request.

Digital/electronic signatures can be accepted if submitted directly from the registered email address, with valid digital certification.

	First Policyholder	Second Policyholder (if applicable)
SIGNATURE	<input type="text"/>	<input type="text"/>
Print full name	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>

 Please note clicking the reset button will clear all information in this form

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost Worldwide Limited (No. 27151) also trading as Utmost Wealth Solutions, is incorporated in Guernsey. It is authorised and regulated by the Guernsey Financial Services Commission to conduct long term business and general business. Registered Office: Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR. Utmost Worldwide Limited also holds a permit issued by the Jersey Financial Services Commission to conduct long term business in Jersey.

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Registered in Singapore as a Branch of a Foreign Company - Number T10 FC0110K. Licensed by the Monetary Authority of Singapore as a direct insurer to carry on life business in Singapore.

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Utmost Wealth Solutions is the trading name used by Utmost Worldwide Limited and a number of Utmost companies.

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