

MANAGED PENSION OR SAVINGS ACCOUNT



APPLICATION FORM - NEW BUSINESS AND TOP-UP

For the individual investor. Not for use in UK, Hong Kong and Singapore

THIS DOCUMENT WAS LAST UPDATED IN MARCH 2022.

Please confirm with your financial adviser 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	3	<input type="checkbox"/>
B Details of individual applicant(s)	4	<input type="checkbox"/>
C Details of the life/lives assured (if different from applicant(s) – applicable to life assurance only)	6	<input type="checkbox"/>
D Contribution details	7	<input type="checkbox"/>
E Source of Funds	9	<input type="checkbox"/>
F Investment choice	15	<input type="checkbox"/>
G Declaration and application	18	<input type="checkbox"/>
H Verification of customer identity – financial adviser/suitable certifier to complete	20	<input type="checkbox"/>
I Financial adviser/suitable certifier declaration	22	<input type="checkbox"/>
J Payment instructions	24	<input type="checkbox"/>

Important note: The product(s) named in this document and to which this document relates is accurate as at December 2021 and is subject to change.
To ensure applicability with respect to a product and, if applicable, a related policy, before taking any action, please liaise with your adviser and/or contact us directly.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C.

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

Tel: +44 (0)1624 655 555 Fax: +44 (0)1624 611 715. Licensed by the Isle of Man Financial Services Authority.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

ULQ PR 03456 | 10/22

MANAGED PENSION OR SAVINGS ACCOUNT
APPLICATION FORM - NEW BUSINESS AND TOP-UP

Utmost International
account number

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(if reserved or if adding to an existing Managed Pension Account or Managed Savings Account)

FINANCIAL ADVISER DETAILS

Utmost International account
number

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

Name of financial adviser

--

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 advisers as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser, 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.

All references to Utmost International, **we**, **us** and **our** in this application form mean Utmost International Isle of Man Limited.

For simplicity all references to **account** in this application mean either the policy/account or series of policies/accounts issued to the applicant(s) following their application for a Managed Pension Account or Managed Savings Account. Similarly all references to **account currency** in this application form mean policy/account currency as defined in the Terms and Conditions.

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 individual investors'. 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.

IMPORTANT INFORMATION FOR YOU - THE APPLICANT

This application form is for individual applicants only. If you are a trustee or corporate applicant you should use the alternative application form which is available from your financial adviser. Please note this application form must not be used by applicants resident in the UK, Hong Kong, Singapore or the United States of America or its territories.

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

- › The brochure, entitled **The future starts now for the Managed Pension Account** or **Visions of the future for Managed Savings Account**,
- › The **Managed Pension Account at a glance** or the **Managed Savings Account at a glance**,
- › **Managed Pension Account/Managed Savings Account illustration**, and
- › The **Policy Terms and Conditions for Managed Pension Account and Managed Savings Account**

For ease of reference we have used an arrow ► to highlight certain facts.

YOUR RIGHT TO CANCEL

You have the right to cancel your Managed Pension Account or Managed Savings Account, or additional investment, and obtain a refund of any contribution(s) paid, less any applicable charges* and any fall in the value of the assets linked to your Managed Pension Account or Managed Savings Account. You have 30 days from the date that you receive the Schedule for the initial contribution, 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 Managed Pension Account or Managed Savings Account Terms & Conditions.

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

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, dated and initialled by all applicants.

Please ensure that you complete all relevant sections. 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 ACCOUNT

If this is an application for a NEW Managed Pension Account or Managed Savings Account, please indicate which type of account you are applying for: (✓)

The type of account cannot be changed after it has been set up.

► **Please note that redemption version is not available for some regions, please check with your financial adviser.**

Life assurance	This is called the Managed Pension Account	This is called the Managed Savings Account
Capital redemption	This is called the Managed Pension Account Redemption	This is called the Managed Savings Account Redemption

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

Applicant(s) information required (sections to be completed) Complete sections A, B, D, E, F, G & J.
Complete section C when applicable.

Financial adviser information required (sections to be completed) Complete sections H & I.

ADDITIONAL CONTRIBUTION

If this is an application for an ADDITIONAL CONTRIBUTION, please provide your existing Managed Pension Account or Managed Savings Account number:
(you can find this in your schedule)

Please indicate the type of additional investment you would like to apply: (✓)

Increment - to increase the amount of your existing regular contributions

Lump sum top-up - one-off lump sum top up

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

► Unless your details have changed, you only need to complete the full forename(s) and surname(s) of each applicant in Section B. You must also complete sections D, E, F (if applicable), G and J (if applicable).

Financial adviser information required (sections to be completed)

► Section H, please complete part A for ALL applications. Complete parts B and C only in the event that new evidence requirements are being provided.

► Section I, for ALL applications.

B DETAILS OF INDIVIDUAL APPLICANT(S)

In this section, please give details of all individual applicant(s). Applicants must be at least 18 years old and the maximum age is 65 on your next birthday.

	Applicant 1	Applicant 2 (if any)
Title (✓)	Mr Mrs Miss Other <input type="text"/>	Mr Mrs Miss Other <input type="text"/>
Full forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Maiden name, previous name or alias	<input type="text"/>	<input type="text"/>
Sex (✓)	Male Female	Male Female
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"/>
Nationality	<input type="text"/>	<input type="text"/>
Dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
Passport number/national identity card number	<input type="text"/>	<input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>
Residential address (where you are currently living)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Correspondence address (If left blank we will use your residential address for correspondence)	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
<p>► Utmost International accepts no responsibility for the consequences of sending correspondence to the address provided. Utmost International reserves the right to send correspondence to your residential address where regulations prevent it being sent to a third party.</p>		
Telephone number including area code (daytime)	<input type="text"/>	<input type="text"/>
Telephone number including area code (evening)	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>

MANAGED PENSION OR SAVINGS ACCOUNT
APPLICATION FORM - NEW BUSINESS AND TOP-UP

EMPLOYER DETAILS

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, please include details of your previous employer or your own company before retirement. Please also enter your final year's salary/income and bonus, if any, before retirement.

	Applicant 1	Applicant 2 (if any)
Name of employer or your own company	<input type="text"/>	<input type="text"/>
Address of employer or your own company	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Website address of employer or your own company (if any)	<input type="text"/>	<input type="text"/>
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)	<input type="text"/>	<input type="text"/>
Last year's gross salary/income (state currency and amount)	<input type="text"/>	<input type="text"/>
Last year's bonus (if applicable, state currency and amount)	<input type="text"/>	<input type="text"/>
If you receive income from another source, please provide full details here (e.g. dividend, investment, rental income including their nature and source)	<input type="text"/>	<input type="text"/>

For the applicant(s) of Managed Pension Account/Managed Savings Account life assurance accounts/policies to fill out only.

If there is more than one accountholder, how would you like to set your account for joint accountholders? (✓)

Joint life first death

Joint life last death

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

Yes

No

Yes

No

POLITICALLY EXPOSED PERSON

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.

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

EXISTING CONTRACT

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

Type of contract

Account number

All applicants must complete and sign the declaration in Section G.

► **Additional documents are needed to evidence your identity.**

C DETAILS OF THE LIFE/LIVES ASSURED (IF DIFFERENT FROM APPLICANT(S) - APPLICABLE TO LIFE ASSURANCE ONLY)

This section should only be completed if you have selected the life assurance option, ie the Managed Pension Account or Managed Savings Account, in section A.

Please note you do not need to complete this section if the applicant(s) will be the only life/lives assured, if this is the case please just tick 'yes' where indicated in section B.

The maximum age for a life assured is 65.

If there are any further lives assured, 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.**

	First life assured	Second life assured (if any)
Title (✓)	Mr Mrs Miss Other <input type="text"/>	Mr Mrs Miss Other <input type="text"/>
Full forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Maiden name, previous name or alias	<input type="text"/>	<input type="text"/>
Sex (✓)	Male Female	Male Female
Date	<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"/>
Nationality	<input type="text"/>	<input type="text"/>
Dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
Relationship to applicant(s)	<input type="text"/>	<input type="text"/>

MANAGED PENSION OR SAVINGS ACCOUNT
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	Third life assured (if any)			Fourth life assured (if any)		
Title (✓)	Mr	Mrs	Miss	Mr	Mrs	Miss
	Other <input type="text"/>			Other <input type="text"/>		
Full forename(s)	<input type="text"/>			<input type="text"/>		
Surname	<input type="text"/>			<input type="text"/>		
Maiden name, previous name or alias	<input type="text"/>			<input type="text"/>		
Sex (✓)	Male		Female	Male		Female
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>			<input type="text"/>		
Dual nationality (if applicable)	<input type="text"/>			<input type="text"/>		
Relationship to applicant(s)	<input type="text"/>			<input type="text"/>		

D CONTRIBUTION DETAILS

New investment

ACCOUNT CURRENCY

Payment currency (✓) £ US\$ € The currency cannot be changed after your managed pension account or managed savings account is set up.

ACCOUNT TERM

Managed Pension Account

Select retirement age (maximum age of live assured at maturity is 65) years old
or

Managed Savings Account

Select account term (Asia: minimum of five years and maximum of 25 years. Other regions: years minimum of five years and maximum of 20 years)

For life assurance only – Where the account is to be arranged on a ‘joint life first death’ basis the retirement age specified should be that of the older life assured. For ‘joint life last death’ the retirement age specified should be that of the younger life assured.

Regular contribution frequency (✓) Monthly Quarterly Half-yearly Yearly

*Regular contribution amount *Lump sum contribution

*There are different minimum contributions for different regions. Please refer to the following tables before filling in the contribution amount:

New account – minimum contribution levels

Region	Monthly	Quarterly	Half-yearly	Yearly	Lump sum
Asia	£150/\$225/€225	£450/\$675/€675	£900/\$1,350/€1 350	£1,500/\$2,250/€2 250	£1,000/\$1,500/€1 500
Other regions	£350/\$525/€525	£1,050/\$1,575/€1 575	£2,100/\$3,150/€3 150	£3,500/\$5,250/€5 250	£1,000/\$1,500/€1 500

MANAGED PENSION OR SAVINGS ACCOUNT
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Additional contributions - minimum contribution levels

Region	Monthly	Quarterly	Half-yearly	Yearly	Lump sum
All regions	£10/\$15/€15	£30/\$45/€45	£60/\$90/€90	£100/\$150/€150	£1,000/\$1,500/€1 500

AUTOMATIC CONTRIBUTION INCREASE OPTION (AVAILABLE ON CREDIT CARD PAYMENTS ONLY)

If you would like your regular contributions to automatically increase on each account anniversary, please tick the appropriate box below: (✓)

5% each account year 10% each account year

NUMBER OF ACCOUNTS/POLICIES - NEW CONTRACTS ONLY

Please enter the number of accounts/policies you would like: (minimum 1, maximum 100)

The number of accounts/policies cannot be changed after the managed pension account or managed savings account is set up.

► We normally issue 10 accounts/policies per contract.

Additional investment

CONTRIBUTION DETAILS

► This part is for additional investment use only. ► This part can only be used after the Account is set up. Increment - for increasing the amount of your existing regular contributions. Your current amount of regular contributions (✓)

£ US\$ €

Monthly	<input type="text"/>	Quarterly	<input type="text"/>
Half-yearly	<input type="text"/>	Yearly	<input type="text"/>

Requested amount for increment

Monthly	<input type="text"/>	Quarterly	<input type="text"/>
Half-yearly	<input type="text"/>	Yearly	<input type="text"/>

The total regular contributions after increment made

Monthly	<input type="text"/>	Quarterly	<input type="text"/>
Half-yearly	<input type="text"/>	Yearly	<input type="text"/>

Lump sum top-up - one off lump sum contribution made on top of existing regular contributions

£ US\$ € Contribution amount

Please note:

Regular contributions-

► Payment instructions remain unchanged after increment made to existing contributions. Please complete the relevant part in section J methods of payment.

Lump sum top-up-

► Please make sure you have filled out section F to indicate your investment choices. If we do not receive sufficient details, this will delay your investment.

E SOURCE OF FUNDS

THIS SECTION MUST BE COMPLETED IN FULL IN ALL INSTANCES.

BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM

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

► **If you are paying your contribution by credit card, please provide your credit card account details on page 25 of this application form.**

Bank account holder(s) (Name as stated on 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"/>
SWIFT or BIC code** (if applicable)	<input type="text"/>
Bank name	<input type="text"/>
Bank address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country	<input type="text"/>
How long have you held this account?	<input type="text"/> years <input type="text"/> months

* 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).

MANAGED PENSION OR SAVINGS ACCOUNT
APPLICATION FORM - NEW BUSINESS AND TOP-UP

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

Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>
Number of years income accumulated	<input type="text"/>	<input type="text"/>	years	
Institution holding the funds	<input type="text"/>			
Name of account where funds have been held	<input type="text"/>			
Account number	<input type="text"/>			
Length of time funds have been in this account	<input type="text"/>	<input type="text"/>	years	<input type="text"/>
			months	
Nature of business	<input type="text"/>			
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)	<input type="text"/>			
Main employer's name	<input type="text"/>			
Employer's address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Average annual salary over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>
Average annual bonus over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>

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

b. Compensation

Name of organisation or individual that paid compensation	<input type="text"/>			
Reason for compensation	<input type="text"/>			
Country compensation was awarded	<input type="text"/>			
Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>
Date of 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"/>
	<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"/>

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	<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 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	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y		
Nationality	<input type="text"/>								
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
Relationship to applicant	<input type="text"/>								
Reason for gift	<input type="text"/>								
Description of gift	<input type="text"/> <input type="text"/>								
Total amount received	Currency <input type="text"/> Amount <input type="text"/>								
Date received	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y		

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

Relationship to applicant

Date of death

d	d	m	m	y	y	y	y
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Details of the inheritance
Tell us about the assets forming the inheritance (eg. cash, property, shares etc.)

Amount received Currency Amount

Date received

d	d	m	m	y	y	y	y
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Solicitor/lawyer's (who dealt with the estate) name

Solicitor/lawyer's firm name

Solicitor/lawyer's firm address

Postcode

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

Address of loan provider

Postcode

Total amount borrowed Currency Amount

Date of loan

d	d	m	m	y	y	y	y
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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 type="text"/>
Address of policy provider	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>
Policyholder's full name	<input type="text"/>
Length of time policy held	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months

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 type="text"/>
Total amount received	Currency <input type="text"/> Amount <input type="text"/>
Surrender penalty (if applicable)	<input type="text"/>
Date received	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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:

- › 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

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 type="text"/>
Name of the company that held it	<input type="text"/>
Registered address of company	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>
Account name	<input type="text"/>
Length of time asset portfolio or investment held	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months
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 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"/>
Net amount received	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:

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

i. Sale of interest in company

Company name	<input type="text"/>			
Business sector	<input type="text"/>			
Address of company	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Your connection with the company For example: owner, partner or shareholder	<input type="text"/>			
Date of sale	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sale amount	Currency	<input type="text"/>	Amount	<input type="text"/>
Net amount received	Currency	<input type="text"/>	Amount	<input type="text"/>
The amount you have received after any deductions such as fees and taxes.				

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 type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>						
Length of time property owned	<input type="text"/>	<input type="text"/>	years	<input type="text"/>	<input type="text"/>	months	
<p>▶ 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.</p>							
Date of sale	<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"/>
Total sale amount	Currency	<input type="text"/>	Amount	<input type="text"/>			
Net amount applicant received from sale	Currency	<input type="text"/>	Amount	<input type="text"/>			

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

Role in relation to above activities

Period over which the activities occurred

Country in which the activity occurred

Date received

Proceeds received from
the activity

--	--

 years

--	--

 months

Currency	Amount

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

F INVESTMENT CHOICE

Please use this section to list the funds which your contribution should be invested in. We have shown the UTM IM GBP Deposit Fund as an example. Your Managed Pension Account or Managed Savings Account and your chosen funds must be denominated in the same currency that you pay your contributions in. You can invest a minimum of 1% in any fund (whole numbers only) and up to 10 funds.

Please note if we do not receive sufficient details, this will delay your investment.

INVESTMENT CHOICE

Regular contribution

FUND NUMBER	FUND NAME - PLEASE ENTER NAMES IN FULL.	REGULAR CONTRIBUTION (WHOLE % NUMBERS ONLY)
For example, 85012	For example, UTM IM GBP Deposit	%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
	Total:	100 %

MANAGED PENSION OR SAVINGS ACCOUNT
APPLICATION FORM - NEW BUSINESS AND TOP-UP

Lump sum contribution

FUND NUMBER	FUND NAME - PLEASE ENTER NAMES IN FULL.	LUMP SUM CONTRIBUTION (WHOLE % NUMBERS ONLY)
For example, 85012	For example, UTM IM GBP Deposit	%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
Total:		100 %

In the absence of complete investment instructions, or if a selected fund is not currently available, Utmost International will make efforts to obtain valid investment instructions, failing which Utmost International will allocate part or all of the contributions to a deposit-based fund.

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

Email address Telephone number including area code evening

Please use this section to list the funds which your contribution should be invested in. We have shown the UTM IM GBP Deposit Fund as an example. Your Managed Pension Account or Managed Savings Account and your chosen funds must be denominated in the same currency that you pay your contributions in. You can invest a minimum of 1% in any fund (whole numbers only) and up to 10 funds.

Please note if we do not receive sufficient details, this will delay your investment.

MANAGED PENSION OR SAVINGS ACCOUNT
APPLICATION FORM - NEW BUSINESS AND TOP-UP

INVESTMENT CHOICE

Regular contribution

FUND NUMBER	FUND NAME - PLEASE ENTER NAMES IN FULL.	REGULAR CONTRIBUTION (WHOLE % NUMBERS ONLY)
For example, 85012	For example, UTM IM GBP Deposit	%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
Total:		100 %

Lump sum contribution

FUND NUMBER	FUND NAME - PLEASE ENTER NAMES IN FULL.	LUMP SUM CONTRIBUTION (WHOLE % NUMBERS ONLY)
For example, 85012	For example, UTM IM GBP Deposit	%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
Total:		100 %

In the absence of complete investment instructions, or if a selected fund is not currently available, Utmost International will make efforts to obtain valid investment instructions, failing which Utmost International will allocate part or all of the contributions to a deposit-based fund.

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

Email address Telephone number including area code evening

G DECLARATION AND APPLICATION

IMPORTANT INFORMATION

Please read the following declaration carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Managed Pension Account or Managed Savings Account. A material fact is one which is likely to influence the assessment and acceptance of the application.

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.

You should satisfy yourself that you are able to effect the proposed contract under any taxation, exchange control or insurance law to which you may be subject.

DATA PRIVACY NOTICE

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/

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

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

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.

DECLARATION BY EACH APPLICANT

1. I understand and agree that the contract I am applying to enter into with Utmost International will be subject to Isle of Man law and that the Terms and Conditions will be in the English language.
2.
 - a. If a Managed Pension Account or Managed Savings Account number is not provided in section A of this form, I request that the amount shown in section D be invested as an initial contribution for accounts comprising an Utmost International Managed Pension Account or Managed Savings Account, and request Utmost International to issue the policy in my name/jointly with the other applicants, if any; or
 - b. I request that the amount shown in section D be invested as an additional contribution for the Managed Pension Account or Managed Savings Account currently in force bearing account number consisting of the Managed Pension Account or Managed Savings Account number, as shown in section A of this form, followed by two or more digits.
3. I declare 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.
4. Where this application is for a Managed Pension Account or Managed Savings Account, I confirm that each life assured (or parent where parental consent is required) consents to this application and agrees to my acting as their agent for the purpose of the information provided in this application.
5. I confirm that I am not resident in the UK, Hong Kong or Singapore. I confirm that I am not a resident of the United States of America or its territories. If I become resident in the United States of America or its territories, I understand that Utmost International will not be able to accept any contributions until after I cease to be a resident of the United States of America or its territories.
6. I confirm that I have received a copy of the brochure, entitled **The future starts now for Managed Pension Accounts** or **Visions of the future for Managed Savings Accounts**, the **Managed Pension Account at a glance** or the **Managed Savings Account at a glance**, **Managed Pension Account/Managed Savings Account illustration**, and the **Policy Terms and Conditions for Managed Pension Account and Managed Savings Account** I have had the opportunity to read them when completing this application form.
7. I confirm that I am aware of the fees (if applicable) payable for the chosen investment(s) held in my policy. I understand that the fees exist partly to meet the promotion and distribution expenses of the product, including commission paid to a financial adviser and/or fund adviser. 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.
8. I confirm 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:

- a. I may not get my money back immediately and payment may be delayed for some time; and/or
 - b. The institution may impose penalties and therefore I may get back less than I invested.
9. I appoint the financial adviser specified on page 1 of my application form to act on my behalf in accordance with the Policy Terms and Conditions.
 10. The premium detailed in this application and any other premium tendered in respect of this application are derived solely from the source of funding provided and have, where required, been declared to the relevant tax authority in my country of residence for taxation.
 11. The application for an 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.

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

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

Did you complete this application form yourself? (✓)

Yes

No

If No, who completed it on your behalf?

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

► If there are any further lives assured, please photocopy this page. Each additional page must be initialled by all applicants.

SIGNATURE

Applicant 1

Applicant 2 (if any)

Date

d	d	m	m	y	y	y	y
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d	d	m	m	y	y	y	y
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Copies of the Terms and Conditions and/or this completed application form are available on request.

H VERIFICATION OF CUSTOMER IDENTITY - FINANCIAL ADVISER/SUITABLE CERTIFIER TO COMPLETE

This section must be completed in all instances.

► Please note that we will not be able to set the Managed Pension Account or Managed Savings Account live until this section has been completed and you have provided the necessary identification documentation.

PART A - FINANCIAL CRIME - RISK RATING

► Please refer to the 'Source of Funds and Source of Wealth guidelines' (available from Utmost International) for information on how to complete the table below.

To prevent financial crime, Isle of Man authorised life companies adopt a 'risk-based approach' when obtaining evidence of the origin of a client's wealth. In order to speed up the application process we have provided you with the table below to allow you to find out your client's risk rating before submitting the application form to us. **We highly recommend that you complete the risk rating as it allows you to determine if you need to enclose further documentary evidence with the application form or not. If we do not receive the necessary documentary evidence with this application form, then it will take longer to process the business.**

In order to decide what risk rating applies to your client's contributions 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.

MANAGED PENSION OR SAVINGS ACCOUNT
APPLICATION FORM - NEW BUSINESS AND TOP-UP

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

Utmost International reserves the right to request further documentation if it is felt appropriate. Please note that each new application will be reviewed individually.

If you are unsure about a particular application, please contact your Utmost International business consultant, or alternatively contact Utmost International's International Relationship Management Team directly on +44 (0)1624 655 009.

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

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.

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 Managed Pension Account or Managed Savings Account.

PART B - INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

1. Name	<input style="width: 100%;" type="text"/>		
Capacity	<input style="width: 100%;" type="text"/>		
Type of document (✓)	Passport	National Identity card	
Document reference	<input style="width: 100%;" type="text"/>		
2. Name	<input style="width: 100%;" type="text"/>		
Capacity	<input style="width: 100%;" type="text"/>		
Type of document (✓)	Passport	National Identity card	
Document reference	<input style="width: 100%;" type="text"/>		

Reason why documents are not provided (if applicable)

PART C - PROOF OF RESIDENCE INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

These must be less than six months old

1 2

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

Please contact us if you are unable to supply any of the above-mentioned documents.

I FINANCIAL ADVISER/SUITABLE CERTIFIER DECLARATION

This section must be completed in all instances.

► **This method of certification is required for Isle of Man regulatory purposes.**

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.

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
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Regulatory body authorisation number (if applicable)

Regulator name

Utmost International financial adviser account number

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

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d	d	m	m	y	y	y	y
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[illegible]

	%
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Visa

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

[illegible]

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

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

IMPORTANT NOTES

1. Please check with your credit card issuer that your credit card is authorised for international transactions and advise them of the expected payments to avoid delays.
2. Utmost International reserves the right to vary the service charge at any time. Should the service charge be increased, Utmost International will notify the cardholder in advance.
3. Payment by credit card is not permitted where the credit cards are American Express, JBC or Diner's Club.
4. This form authorises Utmost International to collect up to a maximum of three months' outstanding premiums from the above credit card on the account holder(s) chosen collection date.
5. Maximum amount to be collected by credit card is £3,500, US\$5,000 or €5000, per payment transaction.
6. If Utmost International is unable to collect a premium via the credit card, you must forward the overdue amount to Utmost International's Premium Collection Department, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.
7. The renewal collection date will be the date specified above, or if it is not a working day, the collection will take place on the next available working day.
8. On your credit card statement the narrative will read UIIOM for your contribution payment.
9. If you are, or you become, a resident of the United States of America or its territories, then Utmost International will refuse to accept payment.

REMITTING BANK DETAILS

Please note that the payment frequency below must be the same as your regular contribution frequency.

To: The Manager

Name of your bank

Address of your bank

Postcode	Country

Please transfer the sum of

Amount of any lump sum contribution plus initial contribution.

Currency (✓)

£

US\$

€

Other

Contributions will be in the same currency as your account.

On the

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

(Please allow at least 14 days to set up)

Followed by a subsequent
regular amount of

Currency (✓)

£

US\$

€

Other

(Please quote policy account number with each payment)

on the same day: (✓)

Monthly

Quarterly

Half-yearly

Yearly

(Please note that the payment frequency above must be the same as your regular contribution frequency)

Please refer to the banking details and important notes stated overleaf.

Policy number

MANAGED PENSION OR SAVINGS ACCOUNT
APPLICATION FORM - NEW BUSINESS AND TOP-UP

Please charge the amount of the payment, together with any bank and agent bank's charges, to my/our account.

Full name(s)

Bank account holder
(Name as stated on bank account)

Bank account number/IBAN*

Sort code** (if applicable) - -

SWIFT or BIC code**
(if applicable)

Payment reference
(policy number if known or name)

Personal address of
bank account holder(s)

Postcode Country

SIGNATURE

Bank account holder(s)

Bank account holder(s)

Date

* 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.

MANAGED PENSION OR SAVINGS ACCOUNT
APPLICATION FORM - NEW BUSINESS AND TOP-UP

BANKING DETAILS

STERLING PAYMENTS

From UK banks (CHAPS* payments)		From non-UK banks (SWIFT** payments)	
Swift code:	55-91-00	SWIFT code:	RBOSIMD2XXX
Bank:	Isle of Man Bank, East Region, 2 Athol Street, Douglas, Isle of Man	Sort code:	55-91-00
Beneficiary:	Utmost International Isle of Man Limited	Bank:	Isle of Man Bank, East Region, 2 Athol Street, Douglas, Isle of Man
IBAN***:	GB89NWBK 559100 10934022	Beneficiary:	Utmost International Isle of Man Limited
BACS payment account number::	10934022	IBAN:	GB89NWBK 559100 10934022

OTHER CURRENCY PAYMENTS (SWIFT PAYMENTS)

Payments should be made to Utmost International Isle of Man Limited's accounts held with National Westminster Bank, London.

SWIFT code:	NWBKGB2LXXX
Bank:	National Westminster Bank, London
IBAN:	(select as applicable, see below)
1. US dollar	IBAN - GB69 NWBK 607301 67505139
2. Euro	IBAN - GB11 NWBK 607202 57005028

* CHAPS is an electronic bank-to-bank same day value payment made in the UK in pound sterling (£).

** SWIFT is an acronym for Society for Worldwide Interbank Financial Telecommunications.

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

IMPORTANT

- › Please make sure that the accountholder's name and/or account 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 spaces should be excluded from the IBAN numbers.
- › All bank charges, such as telegraphic transfer charges, are the responsibility of the accountholder, not Utmost International.