

# SPANISH COLLECTIVE INVESTMENT BOND



## APPLICATION FORM - NEW BUSINESS AND TOP-UP

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac

For the individual, joint and corporate investor under Spanish law

For Spanish resident applicants only

THIS DOCUMENT WAS LAST UPDATED IN MAY 2025.

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 the applicant	4	<input type="checkbox"/>
C Details of the Life/Lives Assured (if different from the individual applicant)	9	<input type="checkbox"/>
D Investment details	10	<input type="checkbox"/>
E Asset choice	11	<input type="checkbox"/>
F Employment and source of funds	12	<input type="checkbox"/>
G Regular withdrawals (optional)	18	<input type="checkbox"/>
H Number of policies	19	<input type="checkbox"/>
I Fund adviser	20	<input type="checkbox"/>
J Utmost PanEurope charges	20	<input type="checkbox"/>
K Mutual stipulations (mandatory section for all joint policies)	20	<input type="checkbox"/>
L Nomination of beneficiaries	21	<input type="checkbox"/>
M Appointment of beneficiary(ies) – for single policy holders only	22	<input type="checkbox"/>
N Declaration and application	23	<input type="checkbox"/>
O Identification requirements	27	
P Financial Adviser/suitable certifier declaration	29	

CUSTOMER ID NUMBER(S)

If known please enter the Customer ID number(s)

Applicant 1

Applicant 2

FINANCIAL ADVISER DETAILS

Utmost PanEurope account reference

Adviser ID

Name of Financial Adviser

Company name

Address

Telephone number

Fax number

E-mail address

Utmost PanEurope 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 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 PanEurope. You are responsible for their actions or omissions.**

**Please sign and return your completed form to our administration centre at King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU.**

All references to **Utmost PanEurope, we, us** and **our** in this application form mean Utmost PanEurope dac.

YOUR RIGHT TO CANCEL

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

ONLINE SERVICE ACCOUNT ON WEALTH INTERACTIVE

For individual applicants, when you apply for your Utmost PanEurope product, we will automatically set you up with an Online Service Account on our Wealth Interactive service. You will receive an email from us containing a link that lets you activate this service.

Once your policy and your Online Service Account are live, you can sign in to Wealth Interactive whenever you want to review your policy and carry out key transactions. You can also find all the information you need about your investment with us in one place.

When we need to send you communications, such as policy valuations for example, we will generally do this through your Online Service Account, although there will be times when we still need to correspond with you by post.

If you would prefer to receive communications from us by post rather than online, please tick here (✓)

COMPLETING THE FORM

To complete this form:

- › use CAPITAL LETTERS only
- › use blue or black ink
- › specify choices as appropriate
- › complete all relevant sections
- › do not use correction fluid; any amendments should be crossed out and initialled by the applicant.

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

Type of client

Individual      Joint      Corporate

Reason for investment  
(for example saving for  
retirement)

ADDITIONAL PREMIUM

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

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▶ Unless your details have changed, you only need to complete the full forename(s) and surname of each Policyholder and Life Assured (if applicable) in section B and C. You must also complete sections D, E, F and N.

POLICY CURRENCY

I wish my policy to be valued in (✓)

£      US\$      €      Other (state currency)

Please note if no currency is entered your policy currency will be Euros (€). The policy currency cannot be changed after the policy is set up.

APPOINTMENT OF AN AUTHORISED CUSTODIAN

Please tick if you would like us to consider appointing an Authorised Custodian (✓)

Name of custodian

Address of custodian


If you have ticked above, you need to complete the appropriate authorised custodian form which is available from your Financial Adviser.

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LEAD POLICYHOLDER (MUST BE APPOINTED FOR AN ONLINE SERVICE ACCOUNT) FOR CORPORATE APPLICANTS ONLY

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**Corporate applicant** - Under appropriate authority the company must appoint an individual as the Lead Policyholder to access and transact online on behalf of the company.

The company appoints  to act as the Lead Policyholder of the policies comprising its Portfolio Bond

in accordance with the Policy Terms.

Full name

Telephone number  E-mail address

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LEAD POLICYHOLDER (MUST BE APPOINTED FOR AN ONLINE SERVICE ACCOUNT) FOR JOINT CASES ONLY

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We appoint  to act as the Lead Policyholder of the policies comprising the Portfolio Bond in accordance with the Policy Terms.

The specific e-mail address which will be used for the Online Service Account is:

(Please note each client must have a unique e-mail address. An e-mail address cannot be shared by users on Wealth Interactive.)

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INDIVIDUAL POLICYHOLDERS

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Policyholder name

Telephone number  E-mail address

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CORPORATE POLICYHOLDERS

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Policyholder name

Telephone number  E-mail address

**B** DETAILS OF THE APPLICANT

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B1 DETAILS OF THE INDIVIDUAL APPLICANT

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In this section, please give details of the **individual applicant**. Joint applicants are only accepted if a mutual stipulation is completed under section Section K page 20. The applicant must be at least 18 years old and the maximum age is 80. The maximum age for a Life Assured is 80.

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



TAX DETAILS

You **must** complete the relevant separate Tax Declaration

For individuals: **Tax Declaration and Self Certification for Individual Investors**

For individual trustees: **Tax Declaration and Self Certification for Trusts**

For corporate entities: **Tax Declaration and Self Certification for Entity Investors (Corporate and Trustee Investors)**

B2 DETAILS OF THE CORPORATE APPLICANT

<b>1</b>	Company name	<input type="text"/>	
<b>2</b>	Company registration number	<input type="text"/>	
<b>3</b>	Registered address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	Postcode
<b>4</b>	State the jurisdiction in which the company is liable for tax	<input type="text"/>	
<b>5</b>	Full correspondence address	<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	Postcode
<b>6</b>	If the correspondence address is different from the registered address, give a reason	<input type="text"/>	
<b>7</b>	Is this investment in respect of employee benefits?	Yes	No
<b>8</b>	Is the company an investment company controlled by persons residing in the UK?	Yes	No
<b>9</b>	Is the company a trading company?	Yes	No
	If "Yes", state its main business	<input type="text"/>	
<b>10</b>	Is the company in the process of being dissolved, struck off, wound up or terminated?	Yes	No
<b>11</b>	Is the company quoted on a recognised stock exchange?	Yes	No
	If "Yes", which one?	<input type="text"/>	

For this purpose, a holding company or a collective investment scheme is not an investment company.

**12** Has the company been established or owned by a Government Department, Political Party, Local Council Authority, Trade Union or State Owned Industry?

Yes No

If "Yes", give a description.

Question 12, refer to our separate document **Politically Exposed Persons**

List all the current directors of the company (continue as necessary on a separate sheet).

FULL NAME	DATE OF BIRTH							
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y
	d	d	m	m	y	y	y	y

**Directors**

From the list, supply the details of two directors, including at least one executive director. You will need to provide suitable verification of their identity and residential address at Section **O2**.

	Executive Director		Director													
<b>1</b> Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>													
<b>2</b> Full forename(s)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>													
<b>3</b> Surname	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>													
<b>4</b> Do you have a maiden name, a previous name or alias?	Yes	No	Yes	No												
<b>5</b> If "Yes", provide the other name(s)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>													
<b>6</b> Gender	Male	Female	Male	Female												
<b>7</b> Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>													
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>													
	<input style="width: 100%;" type="text"/> Postcode		<input style="width: 100%;" type="text"/> Postcode													
<b>8</b> Please list all nationalities/ citizenships held	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>													
<b>9</b> Date of birth	d	d	m	m	y	y	y	y	d	d	m	m	y	y	y	y
<b>10</b> Place of birth	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>													

**Shareholders**

If there is a corporate shareholder or any of the shares are held within a Trust, contact our Welcome Team on **+44 (0) 1624 653 251**.

For private companies, provide details of all **shareholders holding 25% or more** of the issued share capital at the date of the application.

	Shareholder 1	Shareholder 2
<b>1</b> Percentage share	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>2</b> Title (Mr, Mrs, Miss or Other)	<input style="width: 45%;" type="text"/>	<input style="width: 45%;" type="text"/>
<b>3</b> Full forename(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>4</b> Surname	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>5</b> Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes      No	Yes      No
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>6</b> Gender	Male      Female	Male      Female
<b>7</b> Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Postcode	Postcode
<b>8</b> Please list all nationalities/citizenships held	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>9</b> Date of birth	d d m m y y y y	d d m m y y y y
<b>10</b> Place of birth	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<b>Shareholder 3</b>	<b>Shareholder 4</b>
<b>1</b> Percentage share	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>2</b> Title (Mr, Mrs, Miss or Other)	<input style="width: 45%;" type="text"/>	<input style="width: 45%;" type="text"/>
<b>3</b> Full forename(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>4</b> Surname	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>5</b> Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes      No	Yes      No
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>6</b> Gender	Male      Female	Male      Female
<b>7</b> Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Postcode	Postcode

**8** Please list all nationalities/citizenships held

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**9** Date of birth

d	d	m	m	y	y	y	y	d	d	m	m	y	y	y	y
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**10** Place of birth

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Proof of identity and verification of addresses will be required for the above-named shareholders. The required documents are outlined in Section I of this application. Further details of these requirements are available from us on our website [www.utmostinternational.com](http://www.utmostinternational.com)

**AUTHORISED SIGNATORIES**

Please confirm the minimum number of authorised signatories of the company needed to give instructions

**The company directors/authorised signatories of the company must complete and sign the declaration in section O.**

► **Additional documents are needed to evidence the identity of at least two directors, one of whom must be an executive director of the company. Plus, if different to this, we also need to verify the identity of those who have signed the application form.**

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

We are required to identify persons associated with this application who could be classed as a Politically Exposed Person ("PEP"). A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities. For example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary or the Military, a senior employee of a State-Owned Corporation, or a board member of a Central Bank. Family members or close associates of a PEP must also be considered PEPs themselves.

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

If "Yes" provide details

**B4 EXISTING CONTRACTS**

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

Type of contract	<input style="width: 150px;" type="text"/>	Type of contract	<input style="width: 150px;" type="text"/>
Policy number	<input style="width: 150px;" type="text"/>	Policy number	<input style="width: 150px;" type="text"/>

**The applicant must complete and sign the declaration in section L**

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

**C DETAILS OF THE LIFE/LIVES ASSURED (IF DIFFERENT FROM THE INDIVIDUAL APPLICANT)**

Please note you do not need to complete this section if the individual applicant is going to be the only Life/Lives Assured, if that is the case please just tick where indicated in section B.

The maximum age for a Life Assured is 80.

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

► **If there are two or more Lives Assured the policy will end on the death of the last of the Lives Assured**

SPANISH COLLECTIVE INVESTMENT BOND  
APPLICATION FORM - NEW BUSINESS AND TOP UP

	<b>First additional Life Assured (if any)</b>	<b>Second additional Life Assured (if any)</b>
Title (✓)	Mr      Mrs      Miss Other <input style="width: 150px; height: 15px;" type="text"/>	Mr      Mrs      Miss Other <input style="width: 150px; height: 15px;" type="text"/>
Full forename(s)	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
Surname	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
Do you have a maiden name, a previous name or alias? If "Yes", provide the other name(s)	Yes      No <input style="width: 250px; height: 20px;" type="text"/>	Yes      No <input style="width: 250px; height: 20px;" type="text"/>
Gender (✓)	Male      Female	Male      Female
Address	<input style="width: 250px; height: 20px;" type="text"/> <input style="width: 250px; height: 20px;" type="text"/> Postcode <input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/> <input style="width: 250px; height: 20px;" type="text"/> Postcode <input style="width: 150px; height: 20px;" type="text"/>
Tax reference number	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
Date of birth	<input style="width: 20px; height: 20px;" type="text"/> d <input style="width: 20px; height: 20px;" type="text"/> d <input style="width: 20px; height: 20px;" type="text"/> m <input style="width: 20px; height: 20px;" type="text"/> m <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y	<input style="width: 20px; height: 20px;" type="text"/> d <input style="width: 20px; height: 20px;" type="text"/> d <input style="width: 20px; height: 20px;" type="text"/> m <input style="width: 20px; height: 20px;" type="text"/> m <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y
Place of birth	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
Please list all nationalities/ citizenships held.	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
Residential address (We are unable to accept PO Box or C/O addresses)	<input style="width: 250px; height: 20px;" type="text"/> <input style="width: 250px; height: 20px;" type="text"/> Postcode <input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/> <input style="width: 250px; height: 20px;" type="text"/> Postcode <input style="width: 150px; height: 20px;" type="text"/>
Country of residence	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>

	<b>First additional life assured</b>	<b>Second additional life assured</b>
<b>SIGNATURE</b>	<input style="width: 250px; height: 40px;" type="text"/>	<input style="width: 250px; height: 40px;" type="text"/>
Date	<input style="width: 20px; height: 20px;" type="text"/> d <input style="width: 20px; height: 20px;" type="text"/> d <input style="width: 20px; height: 20px;" type="text"/> m <input style="width: 20px; height: 20px;" type="text"/> m <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y	<input style="width: 20px; height: 20px;" type="text"/> d <input style="width: 20px; height: 20px;" type="text"/> d <input style="width: 20px; height: 20px;" type="text"/> m <input style="width: 20px; height: 20px;" type="text"/> m <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y <input style="width: 20px; height: 20px;" type="text"/> y

**D INVESTMENT DETAILS**

**PREMIUM PAYMENT**

Currency (✓)	€      £      US\$	Other (state currency)	<input style="width: 100%; height: 20px;" type="text"/>
Premium amount	<input style="width: 250px; height: 20px;" type="text"/>		
Payment method (✓)	Electronic bank transfer	Asset transfer	

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

Where you have chosen an authorised custodian, are you remitting your premium to be paid: (✓)  
to Utmost PanEurope; or                      by cash transfer from the Authorised custodian

**E ASSET CHOICE**

Please use this section to list funds from the Spanish Collective Investment Bond fund list, which in addition to those funds listed in the Asset Transfer Form, should form the investment of your portfolio fund in your policy.

Please indicate your investment choice. Please use whole percentages only. A minimum of €3,750/£2,500/\$3,750 or currency equivalent, must be invested in any fund selected.

It is your responsibility to ensure you are able to meet portfolio fund changes or withdrawals, please refer to the Policy Terms for further information.

We do not provide investment advice and have no responsibility for the performance of your selection of investments. It is for you and your fund adviser to choose the investments most suitable for you.

For full details of investment restrictions, please refer to the Policy Terms. You can only invest in funds listed on the Spanish Collective Investment Bond fund list.

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

ASSET CHOICE					
SECURITY IDENTIFIER ISIN	SECURITY/FUND NAME - PLEASE ENTER NAMES IN FULL.	ACCUMULATION/ INCOME UNIT REQUIREMENT (IF APPLICABLE)	SHARE CLASS (IF APPLICABLE, FOR EXAMPLE A, B OR C)	BASE CURRENCY OF SECURITY/FUND (EG GBP, USD)	INVESTMENT % (UP TO 2 DECIMAL PLACES ONLY)
					%
					%
					%
					%
					%
					%
					%
					%
					%
					%
					%
					%
					%
					%
			<b>Total (must add up to 100%)</b>		

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

Contact name	<input style="width: 100%;" type="text"/>		
Telephone number including area code (daytime)	<input style="width: 200px;" type="text"/>	Telephone number including area code (evening)	<input style="width: 200px;" type="text"/>
Fax number	<input style="width: 200px;" type="text"/>	E-mail address	<input style="width: 200px;" type="text"/>

**F EMPLOYMENT AND SOURCE OF FUNDS**

This section must be completed in all instances.

**F1 BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM**

► The premium payment must come from an account held in the name of the applicant

► If you are making multiple payments, please photocopy this page, attach the details and the reason why multiple payments are being made with this application form and tick here (✓)

Payment amount  Payment currency

Bank account holder (name as stated on bank account)

Bank account number/IBAN

Sort code (If applicable)  -  -

SWIFT or BIC code (If applicable)

Bank name

Bank address

Country

How long have you held this account  years  months

- › Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.
- › Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN).

**F2 EMPLOYMENT DETAILS**

Role	Applicant 1			
	<input type="text"/>		<input type="text"/>	
<b>1</b> Employment status	Employed	Self Employed	Employed	Self Employed
	Retired	Unemployed	Retired	Unemployed
	Homemaker		Homemaker	
Date of retirement or unemployment or became homemaker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2</b> Occupation	<input type="text"/>		<input type="text"/>	
<b>3</b> Last year's annual income/salary	Currency <input type="text"/>	Amount <input type="text"/>	Currency <input type="text"/>	Amount <input type="text"/>
<b>4</b> Do you receive income other than from your occupation? If "Yes" please provide details including amount and source	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	

5 Employer/business name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
6 Employer/business Address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 85%;" type="text"/> Postcode	<input style="width: 85%;" type="text"/> Postcode



Include previous occupation where you are retired, unemployed or a homemaker.

Income details are required for Know Your Client and AML requirements and failure to complete will result in a delay in processing the application.

**F3 ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED**

Utmost PanEurope dac 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:**

**All investments are assessed on a case-by-case basis. Independently certified documentary evidence of source of funds may be required in order to proceed with the application.**

**1. Savings from employment income (including salary, bonus and fees)**

Total amount received	Currency <input style="width: 80%;" type="text"/>	Amount <input style="width: 80%;" type="text"/>
Number of years income accumulated	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> years	
Institution holding the funds	<input style="width: 95%;" type="text"/>	
Name of account where earned income accumulated	<input style="width: 95%;" type="text"/>	
Account number	<input style="width: 95%;" type="text"/>	
Sort code	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	
Length of time funds have been in this account	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> years <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> months	
Main occupation during the accumulation period (e.g. Director)	<input style="width: 95%;" type="text"/>	
Industry/Business sector	<input style="width: 95%;" type="text"/>	
Main employer's name	<input style="width: 95%;" type="text"/>	
Employer's address	<input style="width: 95%;" type="text"/>	
	<input style="width: 60%;" type="text"/> Postcode	<input style="width: 35%;" type="text"/> Country
Date employment commenced	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	
Average annual salary over the accumulation period	Currency <input style="width: 80%;" type="text"/>	Amount <input style="width: 80%;" type="text"/>
Average annual bonus over the accumulation period	Currency <input style="width: 80%;" type="text"/>	Amount <input style="width: 80%;" type="text"/>

## 2. Compensation payment

Name of organisation or individual that paid compensation

Reason for compensation

Country compensation was awarded

Total amount received Currency  Amount

Date received

## 3. Competition win

Name of competition organiser

Description of competition

Country competition was held in

Total amount won Currency  Amount

Date of win

## 4. Gift

Full name of person who gave the gift

Date of birth

Nationality

Address

Postcode  Country

Relationship to applicant

Reason for gift

Description of gift

Total amount received Currency  Amount

Date received

Details of the activity that generated the amount received

Country gift was accumulated in

### 5. Inheritance

Deceased's full name

Relationship to applicant

Date of death

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

Amount received Currency  Amount

Date received

Details of the activity that generated the amount received

Country inheritance was accumulated in

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

Solicitor/lawyer's firm name

Solicitor/lawyer's firm address

Postcode  Country

### 6. Loan

Name of loan provider

Address of loan provider

Postcode  Country

Total amount borrowed Currency  Amount

Date of loan

Purpose of loan

**7. Maturing policy/policy claim/replacement policy/pension**

**If the source of funds is the sale of an investment rather than maturity, please complete 8 instead.**

Name of policy provider

Address of policy provider

Postcode  Country

Policyholder's full name

Length of time policy held  years  months

Amount of the original investment

Details of the activity that generated the original investment

Reason for policy claim or replacement policy (if applicable)

Total amount received Currency  Amount

Surrender penalty (if applicable)

Date received

**8. 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 7 instead.**

Description of asset portfolio or investment (e.g. government bonds, equities etc.)

Name of the company that held it

Registered address of company

Postcode  Country

Account name

Length of time asset portfolio or investment held  years  months

Amount of the original investment

Details of the activity that generated the original investment

Date of sale

Net amount received Currency  Amount

**9. Company sale or sale of interest in company**

Company name	<input style="width: 100%;" type="text"/>										
Industry/business sector	<input style="width: 100%;" type="text"/>										
Address of company	<input style="width: 100%;" type="text"/>										
	<input style="width: 100%;" type="text"/>										
	Postcode	Country									
Your connection with the company For example: owner, partner or shareholder	<input style="width: 100%;" type="text"/>										
Date connection with the company began	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <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				
Average year dividend/income from the company over the previous three years	<input style="width: 100%;" type="text"/>										
Date of sale	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <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				
Sale amount	Currency	<input style="width: 50%;" type="text"/>	Amount <input style="width: 50%;" type="text"/>								
Net amount received i.e. the amount you have received after any deductions such as fees and taxes.	Currency	<input style="width: 50%;" type="text"/>	Amount <input style="width: 50%;" type="text"/>								

**10. Property sale**

**If you are not the beneficial owner of this property, please select a different option for source of funds that is more appropriate.**

Address of property sold (including postcode if applicable)	<input style="width: 100%;" type="text"/>										
	Postcode		Country								
Length of time property owned	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	years	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> months								
Source of funds for the original property purchase	<input style="width: 100%;" type="text"/>										
Was the property your main residence?	Yes	No									
If "Yes" was an alternative main residence purchased?	Yes	No									
If "Yes" please confirm Purchase price	<input style="width: 100%;" type="text"/>										
Address of new residence	<input style="width: 100%;" type="text"/>										
	<input style="width: 100%;" type="text"/>										
	Postcode		Country								
Date of sale	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <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				
Total sale amount	Currency	<input style="width: 50%;" type="text"/>	Amount <input style="width: 50%;" type="text"/>								
Net amount applicant received from sale	Currency	<input style="width: 50%;" type="text"/>	Amount <input style="width: 50%;" type="text"/>								

**11. Other income sources**

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			
	years		
		months	
Proceeds received from the activity			
	Currency	Amount	

**G REGULAR WITHDRAWALS (OPTIONAL)**

**WITHDRAWAL AMOUNT**

Amount to be withdrawn each year	
or	
Percentage of premium to be withdrawn each year %	%
Withdrawal frequency (✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly

Please note that a monthly withdrawal is only available for premiums over €150,000 or currency equivalent.

Date of first payment. (If your plan is not active on the due date then your first payment will be made on the next payment date according to the frequency chosen.)	d	d	m	m	y	y	y	y
--	---	---	---	---	---	---	---	---

**Please note that there may be tax implications to taking Regular Withdrawals. We suggest that you discuss the above with your Financial Adviser before selecting your option.**

**NOMINATED ASSET(S)**

If you would like us to pay regular withdrawals from specific assets held in your bond, please clearly indicate the percentage of each security/fund to be sold below. This will only apply where an authorised custodian has not been appointed.

► There may be a dealing charge for each sale made depending on the charging package selected.

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

Please note that you are required to keep a sufficient balance in your nominated asset to cover all withdrawals and fees debited to your policy. Therefore we are unable to pay any withdrawals or fees if there is an insufficient balance in your nominated asset.

ISIN		Name		%
ISIN		Name		%
ISIN		Name		%
ISIN		Name		%

PAYEE DETAILS

We will pay withdrawals to Policyholders only. Please note that third party payments are not permitted.

**Please select your preferred payment method:**

**Telegraphic Transfer**

Please be advised that payments incur a bank transfer charge.

**BACS direct credit**

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

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

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

Do you want your withdrawals to be made to the same bank account detailed in section F Yes      No

'Source of funds'

If "No" please complete your chosen bank details below.

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

Bank account holder (name as stated on bank account)

Bank account number/IBAN

Sort code (applicable to UK accounts)  -  -

SWIFT or BIC code

(SWIFT code needed for bank accounts outside Europe; BIC code needed for European accounts with an IBAN)

Bank name

Bank address

Postcode

Country

**H** NUMBER OF POLICIES

NEW CONTRACTS ONLY

Please enter the number of policies you would like

**The number of policies cannot be changed after the Bond is set up.**

► We will issue 60 Policies per contract unless you request a different number of policies here. If you require more or less, insert the number required.

**I FUND ADVISER**

APPOINTING A FUND ADVISER TO YOUR UTMOST PANEUROPE PORTFOLIO BOND

Please tick as appropriate (✓)

I have not appointed a Fund Adviser and I will act on an "execution only basis" (where I have requested the appointment of an Authorised Custodian in section A, I also include a complete 'letter of authority'); or.

I appoint a Fund Adviser and enclose a completed 'appointing a fund adviser to your Utmost PanEurope Portfolio Bond' form and, where the Fund Adviser is not linked to any Authorised Custodian I have requested to be appointed in section A, a 'letter of authority'.

**J UTMOST PANEUROPE CHARGES**

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

If you have agreed to pay your Financial Adviser an ongoing commission payment then this will be reflected in the deduction of an additional ongoing Service Charge equivalent to the amount paid.

Please enter the reference code for your chosen Utmost PanEurope charging structure (Your Financial Adviser will be able to provide you with this code).

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Initial commission (if applicable)  %

Ongoing Service Charge (if applicable)  %

**K MUTUAL STIPULATIONS (MANDATORY SECTION FOR ALL JOINT POLICIES)**

The applicants acknowledge that they jointly exercise the rights of the policyholders and that when one of them comes to die, the surviving policyholder can exercise all the rights of the policyholder(s), including the right to appoint and revoke beneficiaries (as long as they have not accepted the benefit), the right to redeem the insurance policy, as well as the right to ask for an advance on the policy or put a pledge or a lien on the policy, and in general to transfer the rights under this insurance policy.

**SIGNATURE**

**Applicant 1**

**Applicant 2**

Date

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

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

**L** NOMINATION OF BENEFICIARIES

APPOINTMENT OF BENEFICIARY(IES) - OPTIONAL FOR JOINT POLICYHOLDERS ONLY

The mutual stipulations wording above ensures that all the rights of the Policyholder(s) pass to the surviving Policyholder on the death of the other Policyholder. The boxes below allow each applicant to nominate a beneficiary to receive all the rights of the Policyholder(s) after both Policyholders die.

Applicant 1 appoints as his/her beneficiary in case he/she survives the other Policyholder:

	<b>Beneficiary 1</b>	<b>Beneficiary 2</b>
Beneficiary name	<input type="text"/>	<input type="text"/>
Share	<input type="text"/> %	<input type="text"/> %
Beneficiary's date of birth	<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
Beneficiary's address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> Postcode

Applicant 2 appoints as his/her beneficiary in case he/she survives the other policyholder:

	<b>Beneficiary 1</b>	<b>Beneficiary 2</b>
Beneficiary name	<input type="text"/>	<input type="text"/>
Share	<input type="text"/> %	<input type="text"/> %
Beneficiary's date of birth	<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
Beneficiary's address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> Postcode

The policyholders appoint as their beneficiary in case they die simultaneously:

	<b>Beneficiary 1</b>	<b>Beneficiary 2</b>
Beneficiary name	<input type="text"/>	<input type="text"/>
Share	<input type="text"/> %	<input type="text"/> %
Beneficiary's date of birth	<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
Beneficiary's address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> Postcode

**M APPOINTMENT OF BENEFICIARY(IES) - FOR SINGLE POLICY HOLDERS ONLY**

**Complete this section if you wish to nominate a beneficiary for your Utmost PanEurope policy if you are BOTH the policyholder and the sole life assured.**

You are able to designate that the benefits of the policy are payable to your chosen beneficiary or beneficiaries in the event of your death. Depending upon your country of residence it may be usual to nominate beneficiaries generically or by name.

If you wish to specify a percentage based division of the benefits please use whole numbers and ensure the total is 100%.

I nominate the following to receive the benefits of my policy in the event of my death:

Share

 %

Beneficiary's date of birth

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

Beneficiary's address

Postcode

**SIGNATURE OF APPLICANT**

--

Date

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

I nominate the following to receive the benefits of my policy in the event of my death:

Share

 %

Beneficiary's date of birth

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

Beneficiary's address

Postcode

**SIGNATURE OF APPLICANT**

--

Date

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

## NOTES

1. Should you wish to avoid delays at claim stage we recommend you supply evidence of identity on named beneficiaries.  
If so, please provide certified evidence of identity and address and complete the 'know your client' form (available from your financial adviser) for each beneficiary.
2. If a beneficiary dies before the applicant, then either the nomination will lapse or their share will pass to any remaining beneficiaries.
3. 'Spouse' means the spouse to whom you are married or in a civil partnership with (and not separated from) at the time the death benefit is payable.
4. We recommend that you obtain tax and legal advice before making any nomination.

## N DECLARATION AND APPLICATION

### DATA PRIVACY STATEMENT

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

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

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

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

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

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

I may ask Utmost International to:

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

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

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

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

Or email: [data.protection@utmost.ie](mailto:data.protection@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: [iomdpo@utmostgroup.com](mailto:iomdpo@utmostgroup.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.

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## IMPORTANT INFORMATION

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Please read the declaration carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Spanish Collective Investment Bond. 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.

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## DECLARATION

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

Utmost PanEurope dac will be referred to as Utmost PanEurope throughout this declaration.

References to the word 'I' in this declaration refer to each applicant named in this application where they are individuals.

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## DECLARATION APPLICABLE TO ALL APPLICANTS

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1. I request that we will have an Online Service Account set up, should we wish to activate it. If we do activate our Online Service Account, whilst we are submitting this application through our financial adviser to your Head Office, we agree that:
  - g. I will apply for and sign onto my Online Service Account; and
  - h. Policy Transactions can be made by me using my Online Service Account where the Online Service allows; and

- i. Communications from Utmost PanEurope can be through my Online Service Account where the Online Service allows.
2. I understand and agree that I am applying to enter a new contract with Utmost PanEurope, it will be subject to the laws of Spain and that the Policy Terms and any other product literature will only be available in the English language.
3. I request that the Lump Sum referred to as a Premium is invested as I have instructed as an initial premium for policies comprising a Spanish Collective Investment Bond and I request Utmost PanEurope to issue the policies in:
  - a. my name, jointly with the other applicants, if applicable; or
  - b. In the name of the Company, if applicable.
4. I declare to the best of my knowledge and belief that the statements made in this application, and any related documents, are true and complete. I have not concealed a material fact. I agree to provide Utmost PanEurope with any further information in respect of this application on request.
5. I confirm that Utmost PanEurope has not provided any investment advice and I or my fund adviser are responsible for the selection of assets to be linked to my Portfolio Fund. I acknowledge that Utmost PanEurope is not responsible for any loss suffered or reduction in the value of my Policy arising from my investment. Utmost PanEurope does not have any responsibility for the management of the underlying assets chosen other than carrying out a treasury function in respect of the Transaction Account and Utmost PanEurope does not recommend any asset as a suitable investment.
6. I confirm that I am not resident or citizen, or the Company is not incorporated in the United States of America or any of its territories. If I become resident or citizen, or the Company becomes incorporated in the United States of America or any of its territories, Utmost PanEurope may not be able to accept any further premiums until after I cease to be a resident or the Company ceases to be incorporated in the United States of America or any of its territories.
7. I confirm that I have received a copy of the following items and I have had the opportunity to read them before reviewing and signing this application: Product Brochure Simply Spanish, the Policy Terms (ref SCIB2), 'Where to find information about units and funds linked to your Utmost PanEurope policy' and Tax and Other Important Information for Spain, Key Information Document (KID) for the policy and Fund Key Information Document(s) (KIDs) and, where appropriate, the Fund Key Investor Information Documents (KIIDs). Furthermore, I agree that where I choose to change assets of the portfolio fund in future, I will ensure that I will obtain Fund Key Information Document(s) for those assets before they are purchased.
8. I am aware of the charges payable on the Policy, including the charges payable in respect of the investments which may be held within it. I understand the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and on-going payments (such as commission) made to my Financial Adviser, where appropriate. These payments could be in addition to any commission payable by the investment provider to the Financial Adviser in respect of the investments held. I understand that Utmost PanEurope may receive payments in the form of fund manager rebates, from an investment provider in respect of the investments held, and which Utmost PanEurope may share with my Financial Adviser.
9. I may wish to invest into professional/non-retail type investment schemes and, if so, I will make sure that I have had the opportunity to read the offering documents for funds of this nature. Where I decide to invest in professional/non-retail type investment schemes, I accept the levels of risk associated with these, including the risk that the investment into such a scheme could result in a loss of a significant proportion, or all, of the sum invested.
10. I understand that in cases where the asset(s) I have selected is/are not redeemable for a certain period of time, you 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;
  - b. the institution may impose penalties and therefore I may get back less than I invested, and/or
  - c. the only way in which to receive value may be through a transfer of the ownership of that asset into the name of the Policyholder.
11. I appoint the Financial Adviser to act on my behalf in accordance with the Policy Terms.
12. I confirm that each Life Assured (or their 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.
13. 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.
14. The application for an Utmost PanEurope 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.

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ADDITIONAL DECLARATIONS APPLICABLE TO CORPORATE APPLICANTS:

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15. I confirm that the Company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.

16. Where the application is made on behalf of a corporate entity, I confirm the Lead Policyholder named in this application has the appropriate authority to act on behalf of the corporate entity.

**APPOINTMENT OF A LEAD POLICYHOLDER - APPLICABLE IF THERE IS MORE THAN ONE APPLICANT OR A CORPORATE APPLICANT**

1. I agree to the appointment of the Lead Policyholder, who is named in this application, for the policies comprising Utmost PanEurope Spanish Collective Investment Bond in accordance with the Policy Terms.
2. I understand that this appointment is revocable and can be changed at any time (as explained in the Policy Terms).
3. I understand that by agreeing to the appointment of the Lead Policyholder I authorise the Lead Policyholder to provide Utmost PanEurope with instructions to carry out and request certain Policy Transactions on behalf of all Policyholders. The instruction or request shall be deemed to have been addressed, sent and authorised on behalf of all Policyholders.
4. I understand that these instructions will be legally binding and that Utmost PanEurope can act on instructions received from the Lead Policyholder.
5. I understand that the Lead Policyholder cannot make additional investments or change the investment choice. I understand that these transactions can only be accepted via my financial adviser or fund adviser to ensure I have received suitable advice.

**Please enter the country where you received advice.**

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, did a third party, such as your Financial Adviser, complete it on your behalf? (✓)**

Yes

No

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

	<b>Applicant 1</b>	<b>Applicant 2</b>
<b>SIGNATURE</b>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<b>Corporate applicant</b>	
<b>SIGNATURE</b>	<input style="width: 100%; height: 40px;" type="text"/>	
Date	<input style="width: 100%; height: 20px;" type="text"/>	

Further copies of the Policy Terms and/or this completed application form are available on request.

**DECLARATION BY EACH LIFE ASSURED (OTHER THAN THE APPLICANT)**

	<b>First additional Life Assured (if any)</b>	<b>Second additional Life Assured (if any)</b>
<b>SIGNATURE</b>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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

Further copies of the Policy Terms and Conditions and/or this completed application form are available on request.

**○ IDENTIFICATION REQUIREMENTS** **MANDATORY**

This Section is required to verify the identity of the Policyholders and to be completed by the Intermediary in conjunction with the Policyholder.

How to certify documents is outlined in the document **Anti Money Laundering and Source of Wealth Pack**

All identification papers must be certified by the Intermediary, a lawyer or a notary public and must include a photograph of the Policyholder(s).

Below you will find the standard minimum requirements. In some circumstances we may request additional information.

For individual Policyholders, we require one suitably certified document from Part 1, together with one suitably certified document from Part 2. **Mobile phone bills and store card statements are not acceptable.**


For corporate and trustee Policyholders, we require the documentation listed in Part 3.

For corporate Policyholders and trustee Policyholders (with corporate trustees), we will require identification verification for at least two directors (one of whom is at an executive level) and individual shareholders that hold 25% or more of the issued share capital.

For trustees, the following parties to the trust must be identified and verified - trustees, settlors, protectors and irrevocable beneficiaries.


**PART 1 PERSONAL IDENTIFICATION**

- 1 Who is being identified?
- 2 Valid passport
- 3 National ID card (with photograph)
- 4 A current driving licence<sup>1</sup> (with photograph)

 Please confirm who is being identified in each section e.g. Policyholder, trustee, executive director, director, beneficial owner, etc. as relevant.

Who is being identified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document reference number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document issuing entity <sup>2</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issue Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Where the Policyholder does not hold an item from Part 1, indicate why in the box below and supply a second document from Part 2.

 Where a driving licence is used to verify identity, it cannot also be used to verify address. The driving licence needs to be current and valid.

<sup>1</sup> Where the driving licence does not confirm nationality this will be requested.

<sup>2</sup> To include entity name and country where the document was issued.

**PART 2 VERIFICATION OF RESIDENTIAL ADDRESS**

- 1 Whose address is being verified? 

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- 2 A recent<sup>3</sup> utility bill dated and certified within the last six months
- 3 A recent<sup>3</sup> mortgage statement, giving the residential address
- 4 A current driving licence
  
- 5 A state pension benefit book or other government produced document showing benefit entitlement
- 6 A recent<sup>3</sup> tax assessment document
- 7 A recent<sup>3</sup> rates or council tax bill
  
- 8 A recent<sup>3</sup> account statement from bank or credit card showing at least one transaction

Whose address is being identified				
Reference number				
Issuing entity				

**PART 3 CORPORATE AND TRUST IDENTIFICATION**

**CORPORATES INCLUDING CORPORATE TRUSTEES**

- A copy of the Certificate of Incorporation
  
- Company Memorandum and Articles of Association
  
- Evidence of the registered office of the company
  
- Copy of annual reports and accounts (only required where not a public company)
  
- An authorised signatory list
  
- A list of all directors and identification and proof of address for two

<sup>3</sup> Recent generally means not more than six months old, if issued on a monthly basis. If the document is issued less frequently, e.g. annually, recent means the most recently issued document (for example mortgage statements are usually issued annually).

Identification and proof of residential address for beneficial owners (a natural person holding more than 25% whether directly or indirectly) and individual shareholders that hold 25% or more of the issued share capital

A certified copy of the Board Resolution authorising the establishment of business relations with Utmost PanEurope and appointment of authorised signatories for this purpose

**TRUSTS**

The trust deed and letter of wishes, including any supplementary deeds, showing the proper appointment of the trustees and classes of beneficiaries

For will trusts a copy of the will together with grant of probate (if applicable)

**P FINANCIAL ADVISER/SUITABLE CERTIFIER DECLARATION**

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

**P1 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 INTERNATIONAL BY THE CLIENT
<b>Valid identity document(s)</b>			
<b>Valid proof of residential address</b>			

**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.
- › I, the undersigned, being an authorised signatory and representative of the Financial Adviser firm named in this Application Form, warrant that I have authority to bind and agree to the terms of this Financial Adviser Declaration in the name of and on behalf of the Financial Adviser. For the avoidance of doubt, the terms of this Declaration will be legally binding on the Financial Adviser firm in their entirety.
- › I understand the current Spanish rules concerning commission payments as established by Royal Decree-law 3/2020, which transposed the Insurance Distribution Directive 2016/97 (IDD).
- › I understand that both Spanish authorised insurance brokers and insurance intermediaries resident or domiciled in other EU Member States carrying out distribution activities in Spain with passporting rights, providing independent advice based on an objective and personalised analysis and distributing unit-linked life insurance products on an advised sales process, are prohibited to accept or withhold commissions, or any other monetary or non-monetary benefits paid by the insurer in relation to policies sold from 5 February 2020 onwards.
- › I understand that non-compliance with the above prohibition would be considered a severe offence attributable to the Financial Adviser acting as an insurance broker from a regulatory perspective in Spain and that it carries a special penalty to insurance mediators in Spain.
- › I have selected a Charge Package for this Spanish Collective Bond policy that is suitable and in line with the above Spanish legislation. I understand that I am solely responsible for ensuring that I select a Charge Package for the Spanish Collective Bond that complies with the above requirements and the particular circumstances of the Financial Adviser firm I represent.
- › I accept that Utmost PanEurope dac accepts no liability for the payment of any commission which is subsequently deemed unlawful, where such payment has arisen as a result of your decision to select a Charge Package which is unlawful under Spanish law by reason of the above requirements and your particular circumstances.
- › I agree to indemnify Utmost PanEurope for any losses, claims or fines suffered or incurred as a result of my decision to select a Charge Package which is unlawful under Spanish law by reason of the above requirements and the particular circumstances of the Financial Adviser Firm I represent.

SPANISH COLLECTIVE INVESTMENT BOND  
APPLICATION FORM - NEW BUSINESS AND TOP UP

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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**SIGNATURE**

**Financial Adviser/suitable certifier**

Full name

Date

d	d	m	m	y	y	y	y
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Financial Adviser stamp

RESET

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

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