

EXECUTIVE LIFE PORTFOLIO



APPLICATION FORM NEW BUSINESS AND TOP-UP

For the Corporate Investor

THIS DOCUMENT WAS LAST UPDATED IN FEBRUARY 2025.

Please confirm with your financial adviser that this is the most up-to-date document for your 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 Financial Adviser | 2 | <input type="checkbox"/> |
| B1 Corporate applicant | 3 | <input type="checkbox"/> |
| B2 Politically exposed person | 5 | <input type="checkbox"/> |
| B3 Existing contracts | 5 | <input type="checkbox"/> |
| C Details of the life/lives assured | 6 | <input type="checkbox"/> |
| D Source of funds | 8 | <input type="checkbox"/> |
| E Investment details | 8 | <input type="checkbox"/> |
| F Asset choice | 8 | <input type="checkbox"/> |
| G Source of funds | 9 | <input type="checkbox"/> |
| H Regular withdrawals (optional) | 15 | <input type="checkbox"/> |
| I Number of policies | 16 | <input type="checkbox"/> |
| J Fund adviser | 16 | <input type="checkbox"/> |
| K Utmost PanEurope charges | 17 | <input type="checkbox"/> |
| L Nomination of beneficiaries - optional | 17 | <input type="checkbox"/> |
| M Declaration and application | 18 | <input type="checkbox"/> |
| N Verification of customer identity for corporate investors - financial adviser to complete | 22 | <input type="checkbox"/> |
| O Financial adviser declaration | 23 | <input type="checkbox"/> |

CUSTOMER ID NUMBER(S)

If known please enter the Customer ID number(s)

Applicant

A FINANCIAL ADVISER

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 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 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.

IMPORTANT INFORMATION FOR CORPORATE APPLICANTS

As a corporate applicant, you will also need to complete a separate form, 'Tax declaration and self-certification - for entity investors (for corporate investors)' or 'Tax declaration and self-certification for Trusts' (where the trustees are all individuals), available from your financial adviser. It is important that the form is completed and sent back to us with your application form as we will not be able to process your application without it.

DECLARATION OF RESIDENCE OUTSIDE IRELAND

A 'Declaration of Residence outside Ireland' is required

YOUR RIGHT TO CANCEL

You have the right to cancel your Executive Life Portfolio or additional investment and obtain a refund of any premium(s) paid, less applicable charges* and any fall in the value of the assets linked to your Executive Life Portfolio. 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 Executive Life Portfolio 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; refer to the checklist at the back of this document for guidance
- › do not use correction fluid; any amendments should be crossed out and initialled by the applicant or all trustees, or corporate signatories.

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.

Reason for investment
(e.g. inheritance tax planning)

ADDITIONAL INVESTMENT

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

- Unless your details have changed, you only need to complete the full name of the corporate applicant in section B and the full forename(s) and surname of each life assured in section C. You must also complete sections D, E, F, G, N and O (please note that new photographic evidence of identification is only required where the previous evidence provided has expired, and new evidence of address is only required if there has been a change of address subsequent to the original application).

POLICY CURRENCY

I wish my policy to be
valued in (✓)

US\$

€

£

Other currency
(state currency)

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

APPOINTMENT OF AN AUTHORISED CUSTODIAN

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

Authorised custodian

Name of custodian

Address of custodian

| | |
|----------------------|----------|
| <input type="text"/> | |
| <input type="text"/> | |
| Country | Postcode |

If you have ticked above, you need to complete the **Request to transfer to an authorised custodian account** form which is available from your financial adviser.

B1 CORPORATE APPLICANT

- As a corporate applicant, you will also need to complete a separate form, **Tax Declaration And Self Certification (for corporate investors)** as part of this application. It is important that the form is completed and sent back to us with your application form as we will not be able to process your application without it.

In this section, please give details of the corporate applicant.

CORPORATE APPLICANT

Please tick (✓) Private company Public company Other

Corporate name

Contact person

Country of registration

Date of incorporation

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

Registered office address
(This information must be provided in full. We are unable to accept PO Boxes and 'care of' addresses)

| | |
|----------------------|----------|
| <input type="text"/> | |
| <input type="text"/> | |
| Country | Postcode |

Correspondence address

| | |
|----------------------|----------|
| <input type="text"/> | |
| <input type="text"/> | |
| Country | Postcode |

Utmost PanEurope accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost PanEurope reserves the right to send correspondence to Registered office address where regulations prevent it being sent to a third party.

Telephone number including area code (daytime)

E-mail address

(Please note each Director and Authorised signatory must have a unique email address. An email address cannot be shared by users on Wealth Interactive.)

Corporate website address

Please state the company's main business (for example manufacturing or trading company)

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 m.

► **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.**

B2 POLITICALLY EXPOSED PERSON

If any 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 politically exposed person, please provide details.

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.

B3 EXISTING CONTRACTS

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

Type of contract

Type of contract

Policy number

Policy number

The applicant must complete and sign the declaration in section M.

Additional documents are needed to evidence your identity.

C DETAILS OF THE LIFE/LIVES ASSURED

The maximum age for a life assured is 85.

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 initialled by the applicant(s).

If there are two or more lives assured the policy will end on the death of the last of the lives assured

| | 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"/> |
| Sex (✓) | Male Female | Male Female |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> Postcode | <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> Postcode |
| Tax reference number | <input type="text"/> | <input type="text"/> |
| 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 |
| Nationality | <input type="text"/> | <input type="text"/> |
| Dual nationality (if applicable) | <input type="text"/> | <input type="text"/> |
| Residential address (We are unable to accept PO Box or C/O addresses) | <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> Postcode | <input type="text"/> <input type="text"/> <input type="text"/> Country <input type="text"/> Postcode |
| Country of residence | <input type="text"/> | <input type="text"/> |

Q1. Do you suffer from, or have you ever undergone treatment, investigations or operations for the following illnesses or conditions (✓)

| | Life Assured 1 | | Life Assured 2 | |
|---|----------------|----|----------------|----|
| Heart Attack | Yes | No | Yes | No |
| Angina or | Yes | No | Yes | No |
| Any other Heart Conditions. | Yes | No | Yes | No |
| Stroke (including Transient Ischaemic Attack) | Yes | No | Yes | No |
| Cancer (including Hodgkin's Disease, Lymphoma or Leukaemia) You do not need to tell us about Basal Cell Carcinoma. | Yes | No | Yes | No |
| Type 1 Diabetes You do not need to tell us about Type 2 or any other type of Diabetes | Yes | No | Yes | No |
| Dementia or Alzheimer's Disease | Yes | No | Yes | No |
| Multiple Sclerosis | Yes | No | Yes | No |
| Amyotrophic Lateral Sclerosis (ALS)/Motor Neurone Disease | Yes | No | Yes | No |
| Significant Respiratory conditions, such as, Emphysema, Chronic Obstructive Airway Disease or Severe Asthma. You do not need to tell us about Non Severe Asthma or minor seasonal complaints. | Yes | No | Yes | No |
| Significant Gastrointestinal conditions, such as, Severe Crohn's Disease or Severe Ulcerative Colitis. You do not need to tell us about Non Severe Crohn's Disease or Ulcerative Colitis. | Yes | No | Yes | No |
| Significant Major Organ conditions, such as Cirrhosis of the Liver, Chronic Pancreatitis, Chronic Renal Failure or Chronic Hepatitis. You do not need to tell us about Acute Pancreatitis, Acute Renal Failure or Hepatitis from which a full recovery has been made. | Yes | No | Yes | No |
| Significant Organ Specific or Systemic Autoimmune Diseases, such as, Pernicious Aneamia, Rheumatoid Arthritis, Systemic Lupus Erythematosus, Mixed Connective Tissue Disease or HIV infection/AIDS | Yes | No | Yes | No |

Q2. In the last 12 months have you smoked cigarettes, chewed tobacco, or used any other tobacco based product (including nicotine replacement products) (✓)

| | Yes | No | Yes | No |
|--|-----|----|-----|----|
|--|-----|----|-----|----|

First Life Assured

Second Life Assured

If Yes, please give full details.

D SOURCE OF FUNDS

This section must be completed in all instances.

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 | <input type="text"/> | Payment currency | <input type="text"/> |
| Bank account holder (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"/> |
| ABA number | <input type="text"/> | Branch code for non-UK banks | <input type="text"/> |
| Bank name | <input type="text"/> | | |
| Bank address | <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 | |

- › 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).

E INVESTMENT DETAILS

PREMIUM PAYMENT

| | | | | | |
|--------------------|--------------------------|---|----------------|---------------------------------|----------------------|
| Currency (✓) | US\$ | € | £ | Other currency (state currency) | <input type="text"/> |
| Premium amount | <input 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
Where you have chosen an authorised custodian, are you remitting your premium to be paid: (✓)

Utmost PanEurope; or by cash transfer via the authorised custodian

F ASSET CHOICE

Please use this section to list any stocks, shares, external funds which, in addition to those funds listed on the 'asset transfer form' (if applicable), should form the investments of your portfolio fund in your policy.

Please indicate your investment choice, using whole percentages only. A minimum of \$3,750/€3 750/£2,500, or other currency equivalent, must be invested in any fund selected. You must maintain a holding in the deposit fund or a bank deposit in your chosen policy currency to meet portfolio fund charges or withdrawals.

Utmost PanEurope does not provide investment advice and has 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. The list below shows examples of the types of investment we might accept/refuse.

Permitted Investments for the Executive Life Portfolio

Collective investment schemes and UCITs, Bank deposits

Non-Permitted Investments for the Executive Life Portfolio Commodities, Any illiquid investments, Any assets that are difficult to value.

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

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

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

Contact name

Telephone number including
area code (daytime)

Telephone number including
area code (evening)

Fax number

E-mail address

G SOURCE OF FUNDS

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,

Belgium, France, Guernsey, Jersey, Spain, Sweden or United Kingdom, the threshold for requiring supporting documentary evidence is GBP 1,000,000.00 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 PanEurope dac version).

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"/> | | | |
| | <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

Reason for compensation

Country compensation was awarded

Total amount received Currency Amount

Date of received

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

Original or suitably certified
copy of one of the following:

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

c. Competition win

| | |
|---------------------------------|---|
| Name of competition organiser | <input type="text"/> |
| Description of competition | <input type="text"/> |
| Country competition was held in | <input type="text"/> |
| Total amount won | Currency <input type="text"/> Amount <input type="text"/> |
| Date of win | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

Original or suitably certified copy of one of the following:

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

d. Gift

| | |
|---------------------------------------|---|
| Full name of person who gave the gift | <input type="text"/> |
| Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Nationality | <input type="text"/> |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Relationship to applicant | <input type="text"/> |
| Reason for gift | <input type="text"/> |
| Description of gift | <input type="text"/> <input type="text"/> |
| Total amount received | Currency <input type="text"/> Amount <input type="text"/> |
| Date received | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

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

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

e. Inheritance

Deceased's full name

Relationship to applicant

Date of death

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

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

Amount received Currency Amount

Date received

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

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 |
|---|---|---|---|---|---|---|---|

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"/> d <input type="text"/> <input type="text"/> <input type="text"/> m <input type="text"/> <input type="text"/> <input type="text"/> y <input type="text"/> <input type="text"/> <input type="text"/> y <input type="text"/> <input type="text"/> <input type="text"/> y |

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 |
| IMPORTANT: Where there is a sale or transfer of assets, the relevant section must be completed to explain how the funds were originally obtained to purchase the assets. | |
| Date of sale | <input type="text"/> <input type="text"/> <input type="text"/> d <input type="text"/> <input type="text"/> <input type="text"/> m <input type="text"/> <input type="text"/> <input type="text"/> y <input type="text"/> <input type="text"/> <input type="text"/> y <input type="text"/> <input type="text"/> <input type="text"/> y |
| 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:

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

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

Original or suitably certified copy of one of the following:

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

i. Sale of interest in company

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

IMPORTANT: Where there is a sale of property, an additional relevant section needs to be completed to explain how the funds were originally obtained to purchase the property.

| | |
|---|---|
| Date of sale | <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"/> |
| 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 | <input type="text"/> |
| Role in relation to above activities | <input type="text"/> |
| Period over which the activities occurred | <input type="text"/> |
| Country in which the activity occurred | <input type="text"/> |
| Date received | <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months |
| Proceeds received from the activity | Currency <input type="text"/> Amount <input type="text"/> |

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

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

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

H REGULAR WITHDRAWALS (OPTIONAL)

WITHDRAWAL AMOUNT

| | |
|---|------------------------|
| Amount to be withdrawn each year | <input type="text"/> |
| or | |
| Percentage of premium to be withdrawn each year % | <input type="text"/> % |

Withdrawal frequency (✓) Monthly Every 2 months Quarterly Half-yearly Yearly

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 |
|---|---|---|---|---|---|---|---|

Where you have requested the appointment of an authorised custodian, do you want Utmost PanEurope to consider allowing the authorised custodian paying regular withdrawals on Utmost PanEurope's behalf to you directly? please tick (✓)

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.

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

This will only apply where you have not chosen an authorised custodian.

PAYEE DETAILS

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

Do you want your withdrawals to be made to the same bank account detailed in Section D
'Source of Funds'

Yes

No

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

I 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 12 policies per contract unless you request a different number of policies here.

J FUND ADVISER

APPOINTING A FUND ADVISER TO YOUR UTMOST PANEUROPE PORTFOLIO BOND

Please tick as appropriate (✓)

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

I/we appoint a Fund Adviser and have completed 'Appointing a fund adviser to your Utmost International Executive Life Portfolio' section at the end of this application form, and where the Fund Adviser is not linked to any Authorised Custodian I/we have requested to be appointed in section A of this application, I have also included a completed 'Letter of Authorisation' form.

K UTMOST PANEUROPE CHARGES

The charging structure for your bond is based upon the reference code provided; 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.

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.

UTMOST PANEUROPE'S CHARGES

Please enter the reference code for your chosen Utmost PanEurope charging structure which you confirm you have received and read in full (Your financial adviser will be able to provide you with this code).

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Please enter allocation percentage for this bond. (if applicable)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|---|
| | | | | | | | | | % |
|--|--|--|--|--|--|--|--|--|---|

Please enter the Ongoing Service Charge (if applicable)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

L NOMINATION OF BENEFICIARIES - OPTIONAL

Complete this section if you wish to nominate the payments to a beneficiary on any death claim.

Please provide the full name, address and date of birth for each beneficiary.

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

As authorised signatory on behalf of the legal owner of the policy, I/we nominate the named individuals below to receive the death benefits in the event of the death of the life/lives assured:

| NAME | ADDRESS | RELATIONSHIP | DATE OF BIRTH | SHARE OF BENEFITS |
|------|---------|--------------|-----------------|-------------------|
| | | | 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 | |

I/we declare that I am/we are legally able to nominate benefits on behalf of the Company.

I/we understand that Utmost PanEurope may require additional information regarding the beneficiaries before any payment is made in order to fulfil their legal and regulatory obligations. For example, verification of identity of the beneficiary under the policy.

SIGNATURE

Authorised Company

| |
|--|
| |
|--|

Authorised Company

| |
|--|
| |
|--|

Date

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

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

NOTES

- Should you wish to avoid delays at claim stage we recommend you supply evidence of identity on named beneficiaries. If you choose to do this, please provide certified evidence of identity and address and a completed 'know your client' form (available from your financial adviser) for each beneficiary.
- If a beneficiary dies before the life assured, then either the nomination will lapse or their share will pass to any remaining beneficiaries.
- We recommend that you obtain legal advice before making any nomination.

M 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 (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: The Data Protection Officer, Utmost PanEurope, 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: 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.

IMPORTANT INFORMATION

Please read the declaration carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Executive Life Portfolio. 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.

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.

DECLARATION - BY THE APPLICANT

A copy of this completed application form is available on request.

References to the word 'I' in this declaration refer to:

each director/authorised signatory on behalf of the Company where the applicant is a company.

Declaration applicable to the applicant

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

1. I understand that where I have selected to set up an Online Service Account in Section A, and that whilst I am submitting this application through my financial adviser to your Head Office I agree that:
 - a. I will apply for and sign onto my Online Service Account; and
 - b. all Policy Transactions will be made by me using my Online Service Account where the Online Service allows; and
 - c. all communications from Utmost PanEurope will be through my Online Service Account where the Online Service allows.
2. I request and agree that I am applying to enter a new contract (or a top up to an existing contract) with Utmost PanEurope, the Policy Terms will be 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 an Utmost PanEurope Executive Life Portfolio and I request Utmost PanEurope to issue the policies.
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 which are invested in accordance with the criteria as published in the relevant fund factsheet and carrying out a treasury function in respect of the Transaction Account and Utmost PanEurope does not recommend any asset as a suitable investment.
6. I confirm that I am not resident or the Company is not incorporated in the United States of America or any of its territories. If I become resident 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:
 - › the at a glance document,
 - › the Policy Terms (ref ELP),
 - › 'Where to find further information about units and funds linked to your Utmost PanEurope policy'
 - › the relevant Tax and Other Important Information document.
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. 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 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.
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.
15. I confirm that the Company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.

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

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.

| | | |
|-----------|------------------------------------|------------------------------------|
| SIGNATURE | Director or Authorised Signatory 1 | Director or Authorised Signatory 2 |
| | <div></div> | <div></div> |
| Date | <div>d d m m y y y y</div> | <div>d d m m y y y y</div> |
| SIGNATURE | Director or Authorised Signatory 3 | Director or Authorised Signatory 4 |
| | <div></div> | <div></div> |
| Date | <div>d d m m y y y y</div> | <div>d d m m y y y y</div> |

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

DECLARATION BY EACH LIFE ASSURED

I declare that the information that I have provided in this application is complete and give my consent to the application.

I understand that any omission or misstatement of a material fact in this application could affect the payment of benefits under the Executive Life Portfolio. I am aware that a material fact is one which is likely to influence the assessment and acceptance of the application.

I confirm that where I am uncertain whether a fact is material I will give full details so that you can assess its possible significance. If I become aware of such a fact while you are considering my application, I will notify you immediately.

| | | |
|-----------|----------------------------|----------------------------|
| SIGNATURE | <div></div> | <div></div> |
| | <div>d d m m y y y y</div> | <div>d d m m y y y y</div> |
| SIGNATURE | <div></div> | <div></div> |
| | <div>d d m m y y y y</div> | <div>d d m m y y y y</div> |

N VERIFICATION OF CUSTOMER IDENTITY FOR CORPORATE INVESTORS - FINANCIAL ADVISER TO COMPLETE

All the following details and documents should be provided for all corporate applicants:

| Please tick (✓) | Private company | Public company | Other |
|---|----------------------|----------------|-------|
| Full name | <input type="text"/> | | |
| Registered number | <input type="text"/> | | |
| Registered office address (in country of incorporation) | <input type="text"/> | | |
| | <input type="text"/> | | |
| | Country | Postcode | |
| Principal business address | <input type="text"/> | | |
| | <input type="text"/> | | |
| | Country | Postcode | |
| A list of names of the directors | <input type="text"/> | | |
| Corporate business (please provide details of yearly profits) | <input type="text"/> | | |

Enclosed(✓)

1. Certified copy of the Certificate of Incorporation or search result from relevant company registry
2. Certified authorised signatory list or extract from board minutes empowering a named person to open/operate an account
3. Verification of identity of two directors of the company
4. Verification of identity of one signatory empowered to give instructions (if not one of the directors identified above)
5. Verification of identity of beneficial owners

| Capacity (✓) | Director | Signatory | Beneficial Owner of 25% or more | Beneficiary |
|--------------|----------------------|-----------|------------------------------------|----------------------|
| 1. Name | <input type="text"/> | | Date of birth | <input type="text"/> |
| Address | <input type="text"/> | | | |
| | <input type="text"/> | | | |
| | Country | Postcode | | |

| Type of document (✓) | Passport | National identity card valid from and to dates | Photographic driving licence |
|---|--|---|---------------------------------|
| Address verification (these must be less than six months old) (✓) | A recent utility, rates or council tax bill (mobile/call phone bills not acceptable) | | |
| | A recent mortgage or bank statement, giving the residential address | | |
| | An extract from the official register of electors | | |

EXECUTIVE LIFE PORTFOLIO
APPLICATION FORM NEW BUSINESS AND TOP-UP

| Capacity (✓) | Director | Signatory | Beneficial Owner of 25% or more | Beneficiary |
|---|--|--|---------------------------------|---|
| 1. Name | <input type="text"/> | | Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Address | <input type="text"/> <input type="text"/> <div>Country <input type="text"/> Postcode <input type="text"/></div> | | | |
| Type of document (✓) | Passport | National identity card valid from and to dates | | Photographic driving licence |
| Address verification (these must be less than six months old) (✓) | A recent utility, rates or council tax bill (mobile/call phone bills not acceptable) A recent mortgage or bank statement, giving the residential address An extract from the official register of electors | | | |

| Capacity (✓) | Director | Signatory | Beneficial Owner of 25% or more | Beneficiary |
|---|--|--|---------------------------------|---|
| 1. Name | <input type="text"/> | | Date of birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Address | <input type="text"/> <input type="text"/> <div>Country <input type="text"/> Postcode <input type="text"/></div> | | | |
| Type of document (✓) | Passport | National identity card valid from and to dates | | Photographic driving licence |
| Address verification (these must be less than six months old) (✓) | A recent utility, rates or council tax bill (mobile/call phone bills not acceptable) A recent mortgage or bank statement, giving the residential address An extract from the official register of electors | | | |

Important - Please note that all documents evidencing identity, residency, Source of Funds and Source of Wealth must be certified by a registered lawyer or public notary.

○ FINANCIAL ADVISER DECLARATION

This section must be completed in all instances.

DECLARATION BY THE FINANCIAL ADVISER/SUITABLE CERTIFIER

PART 1 - WHO HAS MET THE CLIENT

Please complete one of the following:

I have met my client(s) in person

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

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

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

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

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

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

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

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

PART 3 - THIRD PARTY DETAILS

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

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

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

PART 4 - FINANCIAL ADVISER DECLARATION

I declare that:

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

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

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

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

on

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

Regulatory body authorisation number (if applicable)

Regulator name

Utmost International financial adviser account number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

SIGNATURE

Financial Adviser

Full name of financial adviser

Financial adviser stamp

Date

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

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

Utmost PanEurope dac is regulated by the Central Bank of Ireland. Registered No 311420.

Administration Centre for correspondence: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.
Tel: +353(0)1 479 3900 Fax: +353(0)1 475 1020.

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.

UPEQ PR 11759 | 02/25

APPOINTING A FUND ADVISER TO YOUR EXECUTIVE LIFE PORTFOLIO

THIS DOCUMENT WAS LAST UPDATED IN FEBRUARY 2025.

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

Please use CAPITAL LETTERS only and use blue or black ink.

You can use this form to appoint a fund adviser for the portfolio bond detailed below. The form must be completed by you, the bond owner(s), and your fund adviser.

All references to Utmost PanEurope in this form mean Utmost PanEurope dac.

Bond means the policy or group of policies issued to the bond owner(s) following their application for an Executive Life Portfolio.

1 CLIENT AGREEMENT - FOR COMPLETION BY THE BOND OWNER(S)

Bond number

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Fund adviser details

Name of firm

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Address

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| | Postcode |

Country

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APPOINTMENT OF FUND ADVISER

The Company hereby appoints the fund adviser detailed above to act on its behalf for the purpose of making investment decisions in respect of its bond. The Company understands that the fund adviser is acting as its agent and not as an agent for Utmost PanEurope.

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

Option 1 - Investment adviser authority

The Company has agreed with the fund adviser that they will discuss any proposed alterations to the investment composition of the bond with us and that he/she must have our prior written agreement before any changes are made.

The Company authorises the fund adviser to submit written instructions to Utmost PanEurope on its behalf.

Option 2 - Discretionary investment manager authority

The Company has delegated all investment decision-making to the fund adviser. This means the fund adviser has complete discretionary authority, without consulting us, to make all investment decisions, to buy or sell assets, hold cash or other investments. **The Company authorise Utmost PanEurope to act upon the investment instructions of the fund adviser.**

The Company understands that Utmost PanEurope may need to:

- › verify the identity of the fund adviser;
- › confirm that the fund adviser is regulated by any appropriate regulatory authority; and
- › check that he/she has any qualifications required by law or by regulation for the activity to be carried out.

The Company acknowledges and agrees that such confirmation is to enable Utmost PanEurope to comply with its regulatory duties as an authorised insurer in Ireland. The Company understands that this is not, and should not be construed as, any endorsement of a fund adviser by Utmost PanEurope and that Utmost PanEurope does not warrant the fund adviser's suitability or regulatory credentials.

The Company agrees that Utmost PanEurope is not responsible for any loss or liability to our bond arising from this appointment. The Company confirms that the Company takes full responsibility for the acts or omissions of the fund adviser, including any loss in the bond as a result of their acts or omissions (including, but without limitation, failure on the part of the fund adviser to produce a reasonable investment return in relation to the bond).

Further, the Company for itself and its estate(s) indemnify Utmost PanEurope against all claims, demands and actions against Utmost PanEurope relating to any such loss suffered. This includes all costs and expenses arising from or in respect of the activities and performance of the fund adviser (including, but without limitation, the cost of defending in any court of law any such claim demand or action against Utmost PanEurope).

The Company confirms that the bond owner(s) is/are legally entitled to effect any of the policy options contained in the Policy Terms and Conditions applicable to the bond.

The Company authorises the fund adviser to exercise on behalf of the bond owner(s) any of the options available under the Policy Terms and Conditions applicable to the bond relating to the investment allocations and/or investment conversion.

Where the Company has chosen option 1, the Company undertakes to approve any changes effected by the fund adviser.

The Company accepts that this authority shall not take effect until such time as written notice is received by Utmost PanEurope at its Administration Centre.

The Company agrees to notify Utmost PanEurope in writing of any changes which affect the appointment or authority of the fund adviser and understands that Utmost PanEurope will continue to accept instructions from the fund adviser unless and until the Company advise Utmost PanEurope of a change in the fund adviser's appointment or authority.

The Company understands that the Company can terminate the appointment of the fund adviser by giving notice in writing to both the fund adviser and Utmost PanEurope.

The Company agrees that if the Company submits instructions directly to Utmost PanEurope, then the Company will provide explicit confirmation at the time of submission whether these should supersede/replace instructions previously given by the fund adviser.

Fund adviser's fee

The Company agrees to pay the fund adviser's fees at the current rates specified here: Payment will be based on the value at the end of the previous quarter.

% a year

Where AIVA does not provide support services to the fund adviser, the Company agrees that such fees shall be payable by Utmost PanEurope to the fund adviser on receipt by Utmost PanEurope of this authority, which hereby authorises Utmost PanEurope to debit its bond with an equivalent amount which will be paid quarterly at each valuation date for the fund adviser's fees. The fund adviser's fee will be treated as partial surrenders of the policy/policies.

Where AIVA provides support services to the fund adviser, the Company agrees that such fees shall be payable by Utmost PanEurope to AIVA for acting on behalf of the fund adviser on receipt by Utmost PanEurope of this authority, which hereby authorises Utmost PanEurope to debit its bond with an equivalent amount which will be paid quarterly at each valuation date for the fund adviser's fees. A portion of the fund adviser's fee will be retained by AIVA to reflect the support services provided by them to the fund adviser. The fund adviser's fee will be treated as partial surrenders of the policy/policies.

It is agreed that all assets are held in the name of Utmost PanEurope and all trades must be done in the name of Utmost PanEurope.

Signature of bond owner(s) (As the bond owner is a corporate applicant, the minimum number of required authorised signatories must sign.)

The Company confirms that the individual named on page 26 is the fund adviser the Company wishes to appoint as per its appointment request.

SIGNATURE

Director or Authorised Signatory

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Full name

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Date

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Director or Authorised Signatory

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PAYMENT DETAILS FOR FUND ADVISER FEES

Preferred payment currency*

or Base currency of the bond*

**Delete as applicable*

Bank account holder (name as
stated on bank account)

Bank account number/IBAN

[illegible]

SWIFT or BIC code

[illegible]

Bank name

Bank address

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NOTE

Payment of fund adviser fees will be approximately 6-8 weeks after the quarter end.

BASIS ON WHICH THIS AUTHORITY IS GIVEN (✓) TICK ONE OPTION ONLY

Investment adviser authority (bond owner has selected option 1).

I confirm that I hold appropriate authorisation to provide ongoing investment advice to the bond owner(s) in accordance with the regulations which apply in the jurisdiction in which I am giving the advice. **I understand that I must obtain a written agreement of the bond owner(s) to any investment advice given and that I may be asked to provide evidence of such to Utmost PanEurope if requested.**

Discretionary investment manager authority (bond owner has selected option 2).

I confirm that I hold appropriate authorisation for the jurisdiction in which I offer this service. **This authority enables me to provide investment instructions to Utmost PanEurope and I confirm that I have the agreement of the bond owner(s) to issue investment instructions on his/her/their behalf.**

Where AIVA does not provide support services to me, I request that payment of the fund adviser fee is paid to me, using the bank details above. I confirm that payment of the fund adviser fee to the payment details above discharges Utmost International from any loss or liability from making this/these payment(s).

Where AIVA does provide support services to me, I request that payment of the fund adviser fee is made to AIVA, using the bank details above. I understand that a portion of the fee deducted will be retained by AIVA in respect of the support services they provide to me. I confirm that payment of the fund adviser fee to the payment details above discharges Utmost International from any loss or liability from making this/these payment(s).

I attach a copy of the proof of my authorisation to be able to carry out discretionary investment management. I confirm that I am aware of any asset restrictions that may apply in the country in which the bond owner is resident and will not advise or instruct on any non-permitted assets.

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

| | |
|------------------------|---|
| SIGNATURE | Fund Adviser |
| | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |
| Full name of signatory | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Position | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Date | <div style="display: flex; border: 1px solid black;"> <div style="border-right: 1px solid black; padding: 2px 5px;">d</div> <div style="border-right: 1px solid black; padding: 2px 5px;">d</div> <div style="border-right: 1px solid black; padding: 2px 5px;">m</div> <div style="border-right: 1px solid black; padding: 2px 5px;">m</div> <div style="border-right: 1px solid black; padding: 2px 5px;">y</div> <div style="border-right: 1px solid black; padding: 2px 5px;">y</div> <div style="border-right: 1px solid black; padding: 2px 5px;">y</div> <div style="padding: 2px 5px;">y</div> </div> |

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

A WEALTH *of* DIFFERENCE

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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