

ADDITIONAL SINGLE PREMIUM INVESTMENT

APPLICATION FORM FOR INDIVIDUAL POLICYHOLDERS WHO HAVE AN INTERNATIONAL PORTFOLIO BOND OR SELECTION BOND

Please refer to our **Selection Guide for Additional Single Premium for Individual applicants**.

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

Throughout this application, 'I' 'me' and 'my' mean the applicant and 'the Company' means Utmost PanEurope dac.

Once complete, please send this form and any supporting documents to the following address: **Utmost PanEurope dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland**.

BEFORE YOU BEGIN

Please complete this form if you want to make an additional investment into your existing contract. Before completing this application form, please ensure you have read the relevant **Product Guide**, your **Personal Illustration, Key Features Document**, our **Guide to Charges** and the **Selection Guide for Additional Single Premium for Individual Applicants**.

This application has been split into two parts, mandatory and appendices. Please ensure you complete all mandatory questions and appendices where necessary.

PART 1 - TO BE COMPLETED IN ALL CASES

PAGE	SECTION	COMPLETED
2	A – Contract details	<input type="checkbox"/>
2-3	B – Additional Investment Amount & Source of Premium	<input type="checkbox"/>
4	C – Source of Wealth	<input type="checkbox"/>
5-6	D – Investment options	<input type="checkbox"/>
7	E – Identification requirements	<input type="checkbox"/>
7	F – Politically exposed persons	<input type="checkbox"/>
7	G – Financial Adviser details	<input type="checkbox"/>
8-9	H – Adviser charging	<input type="checkbox"/>
10-12	J – Declaration	<input type="checkbox"/>

PART 2 - TO BE COMPLETED ONLY WHERE DETAILS HAVE CHANGED

PAGE	APPENDIX	DESCRIPTION	NO	YES
13	K – Policyholder details	Have your personal details changed?	<input type="checkbox"/>	<input type="checkbox"/>
13-14	L – Regular withdrawals	Do you wish to set up or amend withdrawals?	<input type="checkbox"/>	<input type="checkbox"/>

A WEALTH *of* DIFFERENCE

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

The following companies are registered in the Isle of Man: Utmost Limited (No 056473C), Utmost Administration Limited (No 109218C) and Utmost Trustee Solutions Limited (No 106739C) which are regulated or licensed by the Isle of Man Financial Services Authority. Utmost Services Limited (No 059248C) is an appointed representative of Utmost Limited. Each has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles. Utmost Limited is authorised in the UK by the Financial Conduct Authority (160418).

Utmost PanEurope dac (No 311420), trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.

All promotional material has been approved by Utmost Limited who is authorised in the UK by the Financial Conduct Authority.

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A CONTRACT DETAILS

MANDATORY

1 I apply to increase the existing investment under policy numbered

2 Please provide a copy of the personal illustration that you have been given or enter your personal illustration reference number here.

3 Bond charge

What is your chosen **Utmost Product Management Charge** (Flex-Charge) option?

Full initial charge

OR

Full ongoing charge

OR

Combination of initial and ongoing

Please note that this is not the adviser charge (please see page 7 for more details of adviser charges).

If you choose a **combination of initial and ongoing** Product Management Charge, please enter your chosen combination to a maximum of 3 decimal places:

%

Initial

%

Ongoing (per annum)

The Product Management Charge for each new premium is based on the total premiums paid, therefore an additional premium may have lower charges than the initial premium. Flex-charge may not be available on some pre RDR policies.

B ADDITIONAL INVESTMENT AMOUNT & SOURCE OF PREMIUM

MANDATORY

ADDITIONAL SINGLE PREMIUM AMOUNT

£/US\$/€*

(*delete as applicable)

The additional premium must be paid to Utmost PanEurope dac in the same currency as the bond.

OUR BANK DETAILS

FOR PAYMENTS SENT IN GBP

Address Citigroup Centre, 25-33 Canada Square, Canary Wharf, London, E14 5LB
Swift Code CITIGB2L
Sort Code 18-50-08
IBAN GB45CITI18500811802267
Account Number 11802267
Account Name Utmost PanEurope dac - Premium

Please make cheques payable to Utmost PanEurope dac. Please ensure that the client's name is referenced.

Example:
Utmost PanEurope dac payment reference:
Mr Example Client

FOR PAYMENTS SENT IN EUR

Address Citigroup Centre, 25-33 Canada Square, Canary Wharf, London, E14 5LB
Swift Code CITIGB2L
IBAN GB23CITI18500811802178
Account Number 11802178
Account Name Utmost PanEurope dac - Premium

If you are Resident Non Domiciled in the UK and do not wish to make a remittance in the UK to pay your premium, please request our Irish bank account details from your intermediary or contact our Customer Support Team on 0845 6029281 or email info@utmostwealthsolutions.ie.

FOR PAYMENTS SENT IN USD


Address Citigroup Centre, 25-33 Canada Square, Canary Wharf, London, E14 5LB
Swift Code CITIGB2L
IBAN GB67CITI18500811802356
Account Number 11802356
Account Name Utmost PanEurope dac - Premium

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NON PERSONALISED AND NON UK BANK ACCOUNT DETAILS

Please **ONLY** complete this section if the premium is being paid from a non personalised or non UK bank account.

Name of account holder	<input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Name & address of bank	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

The term 'Non Personalised account' describes any account owned by a corporate entity making payment on behalf of the applicant. 

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C SOURCE OF WEALTH **MANDATORY**

Please confirm the source of your investment. You should tick all appropriate boxes and enter the percentage from each, then answer the relevant questions on the following pages. If necessary, continue on a separate sheet of paper. Applicants are required to sign the sheet and attach it to this form.

SOURCE(S)	TICK BOX	%
Savings from employment income	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Property sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Competition or gambling win	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Gift	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Share sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Compensation payment	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Company sale or the sale of your interest in the company	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Inheritance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Maturing investments or policy claims	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Pension income	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Other sources	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>

All investments are assessed on a case by case basis; depending on the answers provided in this application we may request independent evidence of source of wealth. We are able to accept scanned copies of source of wealth evidence.

Please provide as much detail as possible, if it is unclear how the money was accumulated, we will request further information.

SOURCE INFORMATION

Please provide details in regard to the source of your investment in accordance with the table on pages 4-5 of the Guide to Additional Single Premium for Individual Applicants.

- 1
- 2
- 3
- 4
- 5
- 6

Please also advise where the funds for this investment have been held since receipt.

PART 1 – NOMINATION OF INVESTMENT ADVISER OR EXTERNAL
MANAGER AND/OR CUSTODIAN (EMC)

A) Do you wish to change an existing investment adviser or nominate a new one to choose or change your investments on the bond? Yes No

If **no**, please see B below.

If **yes**, please complete a separate **Nomination of investment adviser** form available from either your financial adviser or on request from us. To avoid any delay in processing the application, **you will still need to complete the fund selection on this form after consulting with your investment adviser.**

B) Is this additional single premium to be managed by an EMC? Yes No

If **no**, please give details of your initial fund selection in Part 2 below.

If **yes**, Part 2 of this section is not required.

- › If you would like to request the nomination of a **new** EMC, please ensure that you have completed the separate **Nomination of External Manager and/or Custodian for Use with Selection Bonds Only** form. This form is also available from your financial adviser or on request from us;
- › If you would like to request the nomination of an **existing** EMC already linked to your policy then please supply the details of the EMC below.

Name of Firm

How much of this additional single premium would you like to invest with your existing EMC?

If you have more than one EMC linked to your policy and you wish for your additional investment to be split, please photocopy this page.

(*delete as applicable)

Where an investment adviser is nominated using the Nomination of Investment Adviser form any charges for investment advice will not form part of the 5% annual tax deferred entitlement. Similarly, any investment advice facilitated by the EMC (where permissible) will also not form part of the 5% annual tax deferred entitlement. Please see our **Guide to Charges** for more information.

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PART 2 – FUND SELECTION

FUND/CASH DEPOSIT SELECTION

Please refer to our website www.utmostwealthsolutions.ie for details of funds we currently trade in and the relevant fund codes. Any missing information will result in a delay in investment. Requests to invest into any fund in which we have not previously traded will firstly need to go through our Asset Onboarding process. Investment cannot be made until this process is complete.

Where relevant we will purchase accumulation units unless otherwise instructed. If income units are selected, the fund manager will be requested to pay all income as cash which will be credited to the dealing account.

Certain funds require completion of the **Investor Declaration** form which is available from your financial adviser on request.

For further information regarding available deposits, please refer to your financial adviser.

Please contact our Customer Support team on **0845 602 9281** if you need more information.

Fund name (please give full fund name)	Fund reference/SEDOL/ISIN	%

Bank/Building Society & full name of deposit account(s)	%

Please ensure the total adds up to 100%

= 100%

DEALING ACCOUNT

All transactions (including charges and withdrawals) will go through this Dealing Account and it may become overdrawn from time to time. In these circumstances we will sell sufficient funds to clear the negative debit balance.

Please indicate in the box below which funds you would like us to sell in these circumstances.

If no funds are selected, we will automatically sell units from the fund within the portfolio which is redeemable and has the highest value at the time of sale.

If you choose an external fund to clear a negative debit balance, each sale will be subject to the prevailing dealing fees.

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E IDENTIFICATION REQUIREMENTS **MANDATORY**

Under Anti-money laundering regulations we are required to verify the identity and address of all individuals related to a contract (e.g. policyholders, trustees, power of attorney).

It is likely that we already hold appropriate documentation on our files, however if this is not the case or your details have changed we will require you to provide the relevant documentation as detailed in our **Anti-Money Laundering and Source of Wealth Pack**, available on our website.

In addition to the above, we may also already hold appropriate tax information on file. If this is not the case, we will require completion of the **Tax Information Exchange Self-Certification Form for Individual Policyholder**, also available on our website, www.utmostwealthsolutions.ie

If you are unsure whether we already hold the necessary documents/information please contact the Customer Support Team on **0845 602 9281**.

This information is required to satisfy Anti-Money Laundering regulations. 

F POLITICALLY EXPOSED PERSONS **MANDATORY**


Under our current Anti-Money laundering obligations we are required to identify any 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.

Please provide details in the box below of any persons that could be considered to be a PEP (as defined above) in relation to this application, non-completion confirms that there are no associated politically exposed persons:

G FINANCIAL ADVISER DETAILS **MANDATORY**

I confirm that this application was signed in the United Kingdom.

1 Financial Adviser Firm name	<input style="width: 100%;" type="text"/>
2 FCA number	<input style="width: 100%;" type="text"/>
3 Firm address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> - <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>
4 Type of advice given	<input type="checkbox"/> Independent <input type="checkbox"/> Restricted
5 Certifier and authorised signatory	<input style="width: 100%; height: 40px;" type="text"/>
6 Print full name	<input style="width: 100%;" type="text"/>
7 Date	<input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>

SIGNATURE
Refer to the **Guide for Additional Single Premium Applicants** for further information. 

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H ADVISER CHARGING

MANDATORY

INITIAL ADVISER CHARGE

Do you wish for Utmost PanEurope dac to facilitate an Initial Adviser Charge? Yes No

If **no**, please see Existing Investments section below.

If **yes**, please select one of the following payment options

Transaction type	Monetary amount (£, US\$, €, other)
1a Adviser charge to be paid outside of the bond by taking it from the payment, with the remaining balance being invested as an additional premium into the bond.	<input type="text"/> . <input type="text"/> <input type="text"/>
1b Adviser charge to be taken inside the bond, taking it from the value of the additional single premium following investment. (not available for all pre RDR bonds)	<input type="text"/> . <input type="text"/> <input type="text"/>

* The amount you enter will be deducted in the currency of your bond.

PRE RDR INVESTMENTS

Commission: Refers to Adviser fees paid to the adviser on premium(s) invested before 31 December 2012 where a 'disturbance event' has not occurred. The rules for disturbance events are contained in the FCA Conduct of Business Sourcebook under COBS 6.1A.4AA

Any commission currently payable should:

i) continue to be paid

ii) be turned off

If there are no commission charges currently applied to your existing investment, please ignore this section and proceed to **Ongoing Adviser Charge**.

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ONGOING ADVISER CHARGE

Do you wish for Utmost PanEurope dac to facilitate an Ongoing Adviser Charge? Yes No

If **no**, please proceed to the Declaration.

If **yes**, complete this section to make regular payments to your financial adviser for ongoing advice.

Adviser Charge: Refers to Adviser fees paid to the adviser on any premium(s) invested from 1 January 2013.

Apply ongoing adviser charges stated below to:

- i) all premiums
- ii) all premiums invested from 1 January 2013
- iii) specific premiums in the table below

	Premium amount	Date invested							
		d	d	m	m	y	y	y	y
Premium 1									
Premium 2									
Premium 3									
Premium 4									
Premium 5									
Premium 6									

You can find the date that each premium was invested on your Policy Schedule or any subsequent Additional Premium Statement. If you have more than six premiums that you would like adviser charging to be applied to please photocopy this page, complete, and attach securely to this pack.

IMPORTANT NOTE

If you tick (i) within **Existing Investments** and also indicate that the same premium should be subject to adviser charging within the table above then both commission and adviser charges will apply. Further, please be aware that if you select that adviser charging should be apply to any (or all) premiums stated in the table above, this will override any adviser charging instructions already in place.

1 Please select the frequency Yearly Half-yearly Quarterly Monthly

2 Please specify the total annual amount as either a monetary figure or a percentage value:

Monetary amount (£/US\$/€) £/US\$/€* **OR** % of additional premium %

3 Ongoing adviser charge start date As soon as possible

For example, if you wish to pay £500 on a half-yearly basis, the amount you should state here is £1,000 as the annual total. If you wish to pay 0.1% on a half-yearly basis, the amount you should state is 0.2% as the annual total.

I PRIVACY STATEMENT

MANDATORY

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customer have about how we use that information. You can find a copy on our website www.utmostwealth.com/privacy-statement or you can ring our Customer Service Team on 0845 602 9281 and request a copy.

J DECLARATION

This is our standard client declaration upon which we intend to rely. For your own benefit and protection you should read these terms and the data protection notes section of this form carefully before signing below.

Please read carefully the Product Guide, Guide to Charges, a Personal Illustration and Key Features Document, all of which should have been provided to you, as they contain important information about the bond.

If you do not understand any part of these terms, the Data Protection notes or the product literature listed above, please ask your adviser to explain it to you before signing below.

In this declaration, "I", "me" and "my" mean the policyholder or policyholders and "the Company" means Utmost PanEurope dac.

I apply for an additional investment to my existing contract in accordance with the Policy Terms & Conditions and Policy Schedule.

I hereby confirm that I have not relied upon any statement made by my adviser which is not supported in the literature.

I confirm and declare that I have been advised to obtain appropriate professional advice in respect of the applicable taxation requirements, effects and legislation.

ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of funds - policyholder statement of truth

I truthfully confirm that:

- i) all funds invested in the bond applied for have been or will be properly declared to the relevant tax authorities in the jurisdiction of my tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and
- ii) none of the funds invested derive, directly or indirectly, from illegal activities or sources and/or tax evasion.

Potential Consequences of Misleading the Company - I fully acknowledge and agree that if the Company discovers that I misled the Company in respect of any part of the statements confirmed above, that the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the contractual ability to:

- i) terminate the bond immediately and, regardless of the actual date of bond termination, impose the maximum encashment and any other relevant charges which may be imposed on me under the bond as if the bond had been encashed immediately after issue. Such charges shall be applied to the extent that they cover any costs, expenses or losses caused by the Company being misled, without limiting the Company's ability to seek additional recompense from me in respect of any shortfall.
- ii) notify relevant government authorities and provide all information considered necessary or appropriate at the Company's discretion concerning me and/or the bond; and
- iii) if considered appropriate after consultation with government authorities and/or legal counsel, either
 - a) subject to satisfying the Company's further reasonable requirements, refund my premium(s) and other amounts paid to the Company to the date of such termination less applicable encashment and other charges in accordance with clause (i) above (the 'Refund Amount'), or
 - b) if legally required to do so by competent government authorities, freeze or pay over to relevant government authorities all or a portion of the Refund Amount or take such other actions as competent government authorities may legally require.

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Consent to disclose information to Tax and other Government Authorities

I have been advised that the Utmost Group and the Company have a longstanding policy of co-operating with tax and other government authorities to combat money laundering, tax evasion or other illegal activities.

I understand and agree that the Company may collect information about each investor's tax residency in accordance with regulations created to enable automatic exchange of information, including Foreign Account Tax Compliance Act provisions contained in the US H.I.R.E Act 2010, and various agreements to improve international tax compliance entered into between Ireland, the US and other countries.

I also understand and agree that in certain circumstances the Company may be obliged to share this information with the Central Bank of Ireland.

I agree to inform the Company immediately should any information within this application change, **and understand** that I am obliged to do so.

I consent and agree that in cases where the Company suspects that the funds invested in the bond are wholly or partly derived from illegal activities/sources and/or tax evasion, then the Company shall, to the fullest extent permitted by applicable law and regulation, without limiting the Company's legal remedies or options, have the ability to disclose to my/our home country tax and/or other government authorities my identity and any relevant information considered necessary or appropriate, in the Company's discretion, concerning the bond.

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

Further consents and confirmations

I hereby confirm that all the information that I have provided, whether handwritten or otherwise, in this application form is complete and accurate to the best of my knowledge and belief. I agree that this information, together with all other questionnaires, statements, reports or other information completed or given by me in my name, shall form the basis of the contract with the Company.

I understand that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to the Company by me or on my behalf was misleading or incomplete, then this might invalidate my contract and adversely affect my right to the payment of policy benefits. I understand the requirement to provide accurate and relevant information in my dealings with the Company is continuous and binding upon me or any subsequent holder of the policy.

I understand that no contract shall be issued in respect of this application and the Company shall be under no obligation in respect of this application until the additional premium has been received by the Company and the Company has expressly confirmed in writing that it accepts the additional investment.

I accept that selection of investments is my responsibility (or, where appropriate, that of my investment adviser or any appointed EMC) and the Company makes no representations or guarantees in relation to the future performance of any assets linked to the bond and accordingly has no legal responsibility in respect of future performance of such linked assets.

I understand that the Company and I have a free choice about the law that can apply to any contract relating to this application. The Company proposes to choose the laws of England and Wales and by completing this application form I agree that the laws of England and Wales shall apply and that the Courts of England and Wales shall be the sole forum to consider disputes in relation to any contract arising from this application.

I agree that any decision to alter the Courts of England and Wales jurisdiction shall be in the discretion of the Company such discretion being exercised reasonably.

I agree that a copy of my agreement given in this Declaration will have the validity of the original. I understand that my financial adviser is acting as my agent and not an agent of the Company.

I confirm that I am not ordinarily resident in Ireland and I am resident (that is I normally live) in the UK and confirm that, to the best of my knowledge and belief, I am not subject to any legislation which would make such an investment unlawful. I hereby undertake to inform the Company of any change in my country of residence during the lifetime of the bond.

I confirm and declare that I am tax resident in the jurisdiction(s) entered in Section C on page 4 of this application form, and that if I am a US tax resident, I have indicated this in Section C and have provided my T.I.N.

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	Policyholder 1	Policyholder 2
SIGNATURE	<input type="text"/>	<input type="text"/>
Print full name	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Date	<input type="text"/> d d m m y y y y	<input type="text"/> d d m m y y y y

SIGNATURE

If there are more than two policyholders please photocopy this page and after signing the additional copies attach it securely to the form.



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PART 2 – TO BE COMPLETED ONLY WHERE DETAILS HAVE CHANGED

APPENDIX K - POLICYHOLDER DETAILS

Only complete this page if your details have changed since the time of application.

	Policyholder 1	Policyholder 2
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3 Forenames (in full)	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
4 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"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Postcode	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
5 Correspondence address If your correspondence address is the same as your residential address, please tick here. <input style="width: 20px; height: 20px;" type="checkbox"/>	<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"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Postcode	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>

If there are more than two policyholders please photocopy this section, complete all the details for the additional policyholders and attach securely to this form.

If your anti-money laundering documents differ to what we hold on file, please ensure you provide us with up to date documentation.

APPENDIX L - REGULAR WITHDRAWALS

Complete section A if you wish to set up a regular withdraws or amend an existing withdrawal instruction currently in place. For new instructions you will need to supply bank details within section B. You can also use this page to change the bank details on an existing instruction.

A - SET UP WITHDRAWALS / AMEND EXISTING WITHDRAWALS

I do not currently take withdrawals and I would like to set them up

I currently take withdrawals and I would like to amend this figure

If you have any existing withdrawals, these will cease and be replaced with the new amount/percentage stated below.

1 Amount to be withdrawn from the whole bond	per annum <input style="width: 100%;" type="text"/> %	or	per payment <input style="width: 100%;" type="text"/>
2 Frequency of payments	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly
3 Payment to start	<input style="width: 20px;" type="text"/> d <input style="width: 20px;" type="text"/> d <input style="width: 20px;" type="text"/> m <input style="width: 20px;" type="text"/> m <input style="width: 20px;" type="text"/> y <input style="width: 20px;" type="text"/> y <input style="width: 20px;" type="text"/> y <input style="width: 20px;" type="text"/> y <input type="checkbox"/> As soon as possible		

Changes to your regular withdrawals could potentially cause a chargeable gain. Please speak to your financial adviser for further information.

If you are setting up new withdrawals, the earliest the first withdrawal can be taken is 30 days after the additional single premium documents have been issued.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT
**INDIVIDUAL POLICYHOLDERS WHO HAVE AN INTERNATIONAL
 PORTFOLIO BOND OR SELECTION BOND**

B - WITHDRAWAL BANK/BUILDING SOCIETY DETAILS

Please tick as appropriate:

- › I am setting up a new withdrawal instruction and my bank details are below
- › I am amending an existing withdrawal instruction and my bank details have changed as below
- › I am amending an existing withdrawal instruction and my bank details remain the same
- › I am providing you with new bank details for my existing withdrawal instruction

1 Name of account holder	<input style="width: 95%;" type="text"/>
2 Account Number <small>(for BACS payments this must be 8 digits)</small>	<input style="width: 95%; height: 20px;" type="text"/>
3 Bank sort code	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>(must be 6 digits)</small>
4 Building Society roll number <small>(if applicable)</small>	<input style="width: 95%; height: 20px;" type="text"/>
5 Bank BIC/Swift code <small>(required for all banks outside the UK)</small>	<input style="width: 95%; height: 20px;" type="text"/>
6 IBAN <small>(required for all bank accounts in the EU)</small>	<input style="width: 95%; height: 20px;" type="text"/>
7 Bank/Building Society name	<input style="width: 95%; height: 20px;" type="text"/>
8 Address	<input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>
Postcode	<input style="width: 40%; height: 20px;" type="text"/>

Further customer due diligence may be required for foreign payments.

If an IBAN is not supplied for an EU bank account, due to EU regulations we will be unable to process your payment.