

ESTATE PLANNING BOND

APPLICATION FORM FOR APPLICANTS WHO WISH TO APPOINT UTMOST TRUSTEE SOLUTIONS

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

IMPORTANT NOTES

This form cannot be used for applications to convert an existing Evolution Bond to a discounted gift trust.

Please be advised that if you are placing the bond into an absolute trust you must complete a copy of the Tax information exchange pack for individuals on the behalf of every beneficiary.

BEFORE YOU BEGIN

Please ensure you have read the current **Estate Planning Bond Product Guide, Key Features Document, Personal Illustration**, any **applicable disclosure documents**, our **Guide to Charges** and **Utmost Trustee Solutions - A guide to our services**. Your financial adviser will also be able to provide you with any relevant supporting literature in relation to your individual circumstances.

The Policy Conditions and Policy Schedule detail the terms and conditions of the contract. Copies are available from us, on request. If you do not wish to appoint Utmost Trustee Solutions Limited as a professional trustee please don't complete this form and instead complete our standard **Estate Planning Bond Application Form**.

ELIGIBILITY

The Estate Planning Bond is not available on either a single basis or as part of a joint application for applicants who are:

- › naturally aged 95, or
- › rated to be aged 95 or over after underwriting.

Please speak to your financial adviser for more details.

We assume that you are UK tax resident for tax purposes and UK domiciled on application for this bond.

HOW TO COMPLETE THIS FORM

Please 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. **Please do not use correction fluid**.

This form is split into 5 sections for ease of completion. A summary of who should complete each section is outlined below:

- › **Section 1:** Estate Planning Bond Application - **Applicant** must complete in all cases
- › **Section 2:** Appointment of Utmost Trustee Solutions - **Applicant** must complete to appoint Utmost Trustee Solutions as trustee
- › **Section 3:** Identification Requirements & Financial Adviser details - **Financial adviser** must complete in all cases
- › **Section 4:** Adviser Charging - This section should **ONLY** be completed if the applicant wishes Utmost to facilitate an initial adviser charge payment outside the bond **AND** before their premium is invested.

For any ongoing charges which may be required to meet the cost of investment advice after the bond is issued, please complete the Nomination of Investment Adviser form along with the Investment Adviser Charges section within the Adviser Charges pack for Utmost Limited.

- › **Section 5:** Optional - Nomination of External Manager and/or Custodian (EMC). Please see page 37 for more details.

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions is the 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 Limited.

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 licenced by the Isle of Man Financial Services Authority. Utmost Services Limited (No 059248C) is not regulated. Each of the above companies has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL British Isles.

The following companies are registered in Ireland: Utmost Ireland dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registered number is 303257 and it has its registered office at: Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland. Utmost PanEurope dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registration number is 311420 and it has its registered office at: Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Its FCA number is 426350. Both companies are authorised by the Financial Conduct Authority in the UK for Conduct of Business Rules.

SIGNATURE This symbol highlights the signature sections within this form which need to be signed (where applicable) by applicants, financial adviser and, if applicable, the authorised signatories.

- › **Applicants** may need to sign pages 23, 27, 28, 30 & 32 depending on their choice of trust arrangement.
- › **Financial adviser** will need to sign page 34 in all cases.
- › If a request to appoint an EMC is made the **applicant** must sign page 43, and the **authorised signatory** on behalf of the External Manager and/or Custodian signs the relevant sections on pages 44-45.

Please ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

ADVISER CHARGES

When you appoint Utmost Trustee Solutions as trustee of a new Estate Planning Bond, ongoing Investment Adviser Charges (IAC) or External Manager and/or Custodian Investment Adviser Charges (EMC IAC) may be agreed by you (the Settlor) on behalf of the Trustee, up to a maximum limit of 0.5% per annum of bond value, or a fixed amount of £500 per year, payable at your chosen frequency. Should you and your adviser(s) wish to agree ongoing investment adviser charge(s) outside these limits, the Trustee's agreement will also be required.

OVERDRAWN DEALING ACCOUNT

In order to avoid an overdrawn balance occurring within the bond's Dealing Account, you should consider whether you wish to leave a cash balance within the Dealing Account to cover the bond charges, adviser charges (where applicable), and the regular withdrawals of capital set up on your bond. You should also consider what amount of cash will be required, e.g. for a period of 6 or 12 months (after the deduction of any initial bond charges) to cover future bond charges and the level of regular withdrawals of capital set up on the bond.

IDENTIFICATION REQUIREMENTS

Under Isle of Man Anti-Money Laundering regulations, we are required to verify the identity and address of each applicant.

We also need the full names, date of birth, address, and nationality of all other parties to the trust (for example, any named beneficiaries).

IMPORTANT INFORMATION ABOUT THIS CONTRACT

You need to satisfy yourself that, under any taxation, exchange control or insurance legislation to which you may be subject, you can take out this bond.

When you submit this application please ensure that you provide us with a completed **Tax information exchange pack for individuals**. Please speak to your financial adviser for details.

The contract could be invalidated by any failure to disclose facts which might influence our assessment of this application. If you have any doubt as to whether a fact is relevant then you should disclose it.

Any additional information should be detailed in the Notes section at the back of this application form, dated and signed by all applicants.

WHAT TO DO NEXT

Using the checklist on page 46 please ensure you have completed all of the relevant sections and that you have attached any supporting documents to submit.

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Limited.

Please send form to: **Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.**

SECTION 1 – TO BE COMPLETED BY ALL APPLICANTS IN ALL CASES

A CONTRACT DETAILS

1 Provide a copy of your personal illustration and/or enter your personal illustration reference 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

2 Territory Guideline decision reference number
(If applicable)

T	G	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---	---	----------------------	----------------------	----------------------	----------------------	----------------------

Please see the associated guide for more explanation on when a Territory guideline decision reference number is required.

3 Welcome Team Case ID reference

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

If the Welcome team produced a Personal Illustration for you, a four digit case ID can be found at the top of page one.

4 Utmost's product management charge

This section is for you to specify how you would like to pay our product management charges.

What is your chosen product management charge (Flex-Charge) option?

<input type="checkbox"/>	Full initial charge	OR	<input type="checkbox"/>	Full ongoing charge	OR	<input type="checkbox"/>	Combination of initial and ongoing
--------------------------	---------------------	-----------	--------------------------	---------------------	-----------	--------------------------	------------------------------------

If you have tick Combination of initial and ongoing, enter your chosen combination to a maximum of 3 decimal places:

<input type="text"/>	%	Initial	<input type="text"/>	%	Ongoing (per annum)
----------------------	---	---------	----------------------	---	---------------------

5 Number of segments

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

If you do not specify the number of segments the bond will automatically default to 60 segments.

The number of segments available is subject to a minimum investment of £500 in each. The maximum number of segments is 9,999.

B POLITICALLY EXPOSED PERSONS


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 refer to the **Guide for Estate Planning Bond applicants** for a definition of 'Politically Exposed Persons'.


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:


C APPLICANT DETAILS


	Applicant 1	Applicant 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3 Surname	<input type="text"/>	<input type="text"/>
4 Maiden name, previous name or any aliases	<input type="text"/>	<input type="text"/>
5 Forenames (in full)	<input type="text"/>	<input type="text"/>
6 What is the relationship of Applicant 1 to Applicant 2?	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil Partner	
7 Nationality	<input type="text"/>	<input type="text"/>
8 Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
9 Country of birth	<input type="text"/>	<input type="text"/>
10 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
11 Full correspondence address (Only required if it differs from the permanent residential address)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
12 Email address	<input type="text"/>	<input type="text"/>
13 Contact telephone number	<input type="text"/>	<input type="text"/>
14 Country/Countries of Tax Residency	<input type="text"/>	<input type="text"/>
15 National Insurance (NI) number	<input type="text"/>	<input type="text"/>
16 US Tax Identification Number (T.I.N)	<input type="text"/>	<input type="text"/>
17 Other tax reference number(s)	<input type="text"/>	<input type="text"/>

Please complete this section for both applicants, if this is a joint case. 

All non-UK applicants require referral to our Welcome team on **+44 (0)1624 653 251**. 

ONLY complete this section if you are a UK tax resident. 

ONLY complete this section if you are a US tax resident. 

ONLY complete this section if you are **NOT** a US or UK tax resident. 


D APPLICANT MEDICAL DETAILS

Please ensure you answer each question fully and accurately indicating 'no' where applicable. **If the answer to any question numbered 7-14 is 'yes', give full details in the boxes provided.** If you are in any doubt if certain information should be provided you are strongly advised to disclose it. Any missing information may delay an underwriting decision. You have a duty to give clear, frank and honest answers to all questions posed and any misstatements could have a detrimental effect on the future Inheritance Tax benefits available to your estate.

In accordance with the Association of British Insurers policy on genetics and insurance, you do not need to tell us about any genetic test result you have had. However, you must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

	Applicant 1		Applicant 2
1 Height (without shoes)	<input type="text"/> ft <input type="text"/> ins		<input type="text"/> ft <input type="text"/> ins
	<input type="text"/> cm		<input type="text"/> cm
2 Weight (in normal indoor clothing)	<input type="text"/> st <input type="text"/> lbs		<input type="text"/> st <input type="text"/> lbs
	<input type="text"/> Kg		<input type="text"/> Kg
3 Has your weight increased or decreased by more than 1 stone (6Kg) in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Have you smoked OR used tobacco OR nicotine replacement products in the past 12 months? (Please provide details of amounts per day)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>		<input type="text"/>
			<small>If yes, please provide details of your daily consumption or in the case of nicotine replacement tell us what you are using, at what frequency and strength.</small>
5 Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the number of units per week	<input type="text"/> Units		<input type="text"/> Units
Has your consumption been greater than this in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Please provide us with the full name, address and postcode of your doctor. A report is required from your doctor and if the full address is not given it may result in a delay in assessment.	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>
a) Telephone number (including international dialling code)	<input type="text"/>		<input type="text"/>
b) Fax number (including international dialling code)	<input type="text"/>		<input type="text"/>

1 measure spirits = 1 unit
Small glass of wine = 1.5 units
Large glass of wine = 2 units
1 pint of lower strength beer = 2 units
You can find more information on www.nhs.uk/livewell

Please tick all appropriate boxes to all of the questions 7 to 14 and provide further details in the boxes provided, if needed INCLUDING THE NATURE AND DATE OF ILLNESS/INJURY, THE TREATMENT GIVEN AND THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE DOCTOR CONSULTED. 

	Applicant 1	Applicant 2
<p>7 Have you ever been advised to reduce or stop alcohol or smoking on health grounds? If yes, please provide details</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8 Do you, or do you intend to, take part in any hazardous sport, activity, pastime or event that involves hazard or risk of injury OR do you intend to travel or reside outside the UK for 12 weeks or more per annum? If yes, please provide details</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9 Have you suffered, or are you suffering, from any major illnesses such as cancer (whether benign or malignant), leukaemia, Hodgkin's disease or lymphoma? If yes, please provide details</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please tick all appropriate boxes to all of the questions 7 to 14 and provide further details in the boxes provided, if needed.



	Applicant 1	Applicant 2
10 Have you suffered, or are suffering, from heart disease including high blood pressure, angina, heart attack, heart defects, valve disorders or irregular heart beat? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Have you suffered, or are you suffering, from a stroke, "mini stroke", transient ischaemic attack (TIA) or brain haemorrhages? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Have you suffered, or are suffering, from Alzheimer's disease or other forms of dementia, multiple sclerosis, Parkinson's disease, paralysis or paraplegia? If yes, please provide details If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No 	<input type="checkbox"/> Yes <input type="checkbox"/> No



Please tick all appropriate boxes to all of the questions 7 to 14 and provide further details in the boxes provided, if needed.

13 In the last 5 years have you had any of the following?

a) Diabetes, a blood disorder or any hormone disorder
If yes, please provide details

Applicant 1

Yes No

Applicant 2

Yes No

b) Kidney disease, bladder disorder or urinary disorder, prostate disorder (males only)
If yes, please provide details

Yes No

Yes No

c) Any mental illness including anxiety, depression, stress for which you have sought medical advice, attempted self-harm or overdose?
If yes, please provide details

Yes No

Yes No

Please tick all appropriate boxes to all of the questions 7 to 14 and provide further details in the boxes provided, if needed.



Applicant 1

Applicant 2

d) Any liver or intestinal disorder including hepatitis, haemachromatosis, Crohn's disease, ulcerative colitis or diverticulitis
If yes, please provide details

Yes No

Yes No

e) Any condition, disease or disorder that you have not mentioned above
If yes, please provide details

Yes No

Yes No

14 Current health

a) Do you have any signs or symptoms of ill health, disability or memory loss/dysfunction for which you have not yet consulted a medical practitioner?
If yes, please provide details

Yes No

Yes No


E TRUST DETAILS

You can apply for a Discretionary and Absolute Estate Planning Bond trust using the same application form only if the two contracts are identical in every respect except the investment amount. If the contract terms differ you will need to complete a separate application form for each one.

- › If you are applying for two trusts using one application form, we will issue two separate bonds on the same contract terms including adviser charges.
- › To appoint Utmost Trustee Solutions to be your trustee, you must complete Section K and sign both powers of Attorney there. You do not have to complete a separate trust form as this will be created for you using the information in this application. You are strongly advised to consult your own legal advisers and obtain taxation advice before proceeding. Specimen trust documents are available on request for you to check they meet your needs and do not conflict with any arrangements already made.
- › If you don't want to appoint Utmost Trustee Solutions please stop completing this form and instead complete the standard Estate Planning Bond application form, you will also need to complete a separate Estate Planning Bond Absolute Trust and/or an Estate Planning Bond Discretionary Trust. All forms are available from your financial adviser on request.

1a) Please tick the box opposite to let us know which trust you are applying for. If you are applying for both, you must indicate in Section F how much of your total investment is to be invested in each.

Estate Planning Bond Absolute Trust
Estate Planning Bond Discretionary Trust

Please tick the box which is appropriate to the type of trust being chosen. 


1b) If you are applying for both trusts, please tick the box beside the trust which is to start first. The one you select will start at least one business day before the other.


Estate Planning Bond Absolute Trust
Estate Planning Bond Discretionary Trust


UTMOST TRUSTEE SOLUTIONS APPOINTMENT FEE

How do you want to pay their appointment fee?

- i)** Enclosed is a cheque for the appointment fee, payable to Utmost Trustee Solutions Limited.
- ii)** Please deduct their appointment fee from the premium, before investment.

Please tick the relevant box. 

Your 'income' payments and the level of charges that apply are based on the premium invested in the bond, after the deduction of the appointment fee. If the deduction of the appointment fee would take the premium below the minimum investment amount, the application will not be processed and we will write to tell you. 

Please see the Utmost Trustee Solutions' Charges Schedule for details of the fee payable. 

F PREMIUM DETAILS

1 Total payment amount

This is the amount you send to us, including any initial adviser charge you specify, in section H, to be deducted outside the bond before the remaining premium is invested.

2 How would you like to pay?

Cheque BACS CHAPS Telegraphic transfer

3 If you are applying for two separate trusts on this application (see section E), please indicate how much of the total premium (after the deduction of any initial adviser charge) is to be put into each trust below. The minimum total premium is £50,000 per trust.

Absolute Trust

Discretionary Trust

We recommend that you do not send the payment until after the underwriting is complete as no interest is currently paid on monies held prior to issue of the bond.

Your bank may charge depending on the payment method chosen.

OUR BANK DETAILS

Address Royal Bank of Scotland International Limited, Floor 2, 2 Athol Street, Douglas, Isle of Man, IM99 1AN, British Isles.
Swift code RBOSIMDX
Sort code 16-58-80
Account number 58098652
Account name Utmost Limited, Premium Collection Account.
IBAN number **GB58RBOS16588058098652**

Please make cheques payable to Utmost Limited.
 Please ensure that the client's name is referenced on all payments.
Example:
 Utmost Limited
 payment reference:
 Mr Example Client
Please note all payments must come from the Applicant(s).

NON UK BANK ACCOUNT DETAILS

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

Name of account holder

Account number

Bank sort code

Bank BIC/Swift code (required for all banks outside the UK)

Name & address of bank

Postcode

G SOURCE OF INVESTMENT (Please complete in all cases)

CURRENT/PREVIOUS EMPLOYMENT DETAILS

This must be completed for all applicants in every instance.

	Applicant 1	Applicant 2		
Occupation and name of employer (if retired previous occupation and name of last employer)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
Year of retirement (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Total annual income	<input type="checkbox"/> up to £20,000	<input type="checkbox"/> £100,001 to £250,000	<input type="checkbox"/> up to £20,000	<input type="checkbox"/> £100,001 to £250,000
	<input type="checkbox"/> £20,001 to £50,000	<input type="checkbox"/> £250,001 to £500,000	<input type="checkbox"/> £20,001 to £50,000	<input type="checkbox"/> £250,001 to £500,000
	<input type="checkbox"/> £50,001 to £100,000		<input type="checkbox"/> £50,001 to £100,000	
If the total annual income is in excess of £500,000 please provide an approximate amount.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		

SOURCE OF WEALTH

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"/> <input type="text"/>
Property sale	<input type="checkbox"/>	<input type="text"/> <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"/> <input type="text"/>
Gift	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Share sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Compensation payment	<input type="checkbox"/>	<input type="text"/> <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"/> <input type="text"/>
Inheritance	<input type="checkbox"/>	<input type="text"/> <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"/> <input type="text"/>
Pension income	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other sources	<input type="checkbox"/>	<input type="text"/> <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 below.

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

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

Source of wealth describes the activities that have generated the applicant(s) funds. All investments are assessed on a case-by-case basis; depending on the answers provided we may request independent evidence of source of wealth. Using the table below will help confirm the necessary details within the application form along with details of where the funds have been held since receipt.

SOURCE(S)	INFORMATION TO BE PROVIDED OVERLEAF
Saving from employment income	<ol style="list-style-type: none"> 1 Name of employer 2 Postcode of employer 3 Nature of employer's business 4 Income last year (approximately) 5 Bonus last year (approximately)
Property sale	<ol style="list-style-type: none"> 1 Address of property sold (inc post code) 2 Amount personally received 3 Date of purchase 4 Date of sale
Competition or gambling win	<ol style="list-style-type: none"> 1 Description of win 2 Total amount won 3 Date of win 4 Name of organisation
Gift	<ol style="list-style-type: none"> 1 Who was the gift from 2 Their address (inc post code) 3 Relationship to the person 4 Reason for gift 5 How were the funds originally accumulated 6 Date gift received

SOURCE(S)	INFORMATION TO BE PROVIDED
Share sale	<ol style="list-style-type: none"> 1 What shares were held 2 Amount of proceeds from sale 3 How were they sold (bank, stockbroker etc) 4 Please provide their address inc postcode (bank, stockbroker etc) 5 Date shares were sold 6 How long were the shares held
Compensation payment	<ol style="list-style-type: none"> 1 Name of payer 2 Amount received 3 Date amount received 4 Reason for payment
Company sale or the sale of your interest in the company	<ol style="list-style-type: none"> 1 Name and address of the company (inc postcode) 2 Company registration 3 Nature of the company's business 4 How much were the sale proceeds 5 How much did you personally receive 6 Date amount received
Inheritance	<ol style="list-style-type: none"> 1 Name of the person who left the inheritance 2 Relationship to this person 3 Amount personally received 4 Date inheritance received
Maturing investments or policy claims	<ol style="list-style-type: none"> 1 Name of company the proceeds came from 2 How long did you hold the investment/policy 3 Amount received 4 Date proceeds were received
Pension income	<ol style="list-style-type: none"> 1 Name of pension organisation 2 Amount of lump sum 3 Date lump sum was received 4 Pension income received last year
Other sources	<ol style="list-style-type: none"> 1 What type of income was this 2 How much was it 3 When did you receive it 4 Details of where the income came from 5 Frequency of income

The bond will not be issued until the information is received and a satisfactory risk assessment is completed.

H INVESTMENT OPTIONS (Please complete in all cases)

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

A) Do you wish to nominate an EMC to manage the investment? Yes No

If **no**, see part B of this section.

If **yes**, turn to page 18 (Section I) to continue with your application. As you wish to nominate an EMC please ensure you complete the **Nomination of External Manager and/or Custodian Section** on page 39 to request the appointment.

If you want Utmost to appoint an EMC to manage your investment you do not need to complete part 2 below. Although you will need to complete and sign Section 5 - Nomination of External Manager and/or Custodian' on page 43.

B) Do you wish to nominate an Investment Adviser to choose or change your investments? Yes No

If **no**, please proceed to part 2.

If **yes**, in addition to completing part 2 below to outline your fund choice, you will also need to complete a separate **Nomination of Investment Adviser** form available from either your financial adviser or on request from us.

PAYING FOR ONGOING INVESTMENT ADVICE

Where ongoing advice is provided by an Investment Adviser their charges for advice and services are called Investment Adviser Charges (IAC). IAC can be paid to the Investment Adviser in one of two ways; directly to the Investment Adviser outside of the bond, or, Utmost can facilitate IAC as a non-taxable withdrawal from the bond.

Where advice is provided by an EMC their charge for advice is called EMC Investment Adviser Charges (EMC IAC). EMC IAC can be paid to the External Manager for their investment advice in a number of ways; the default position will be for these charges to be taken directly from the Externally Managed Account by the EMC. Alternatively, the charges can be paid directly to the EMC outside of the bond, or, Utmost can facilitate EMC IAC as a non-taxable withdrawal from the bond. Should you wish Utmost Limited to facilitate the EMC IAC from the bond, an **Adviser Charging Pack** must be completed requesting the necessary EMC IAC.

Please remember that the Trustee's agreement is also required if you wish to agree ongoing IAC or EMC IAC which exceeds 0.5% of bond value per year, or for fixed monetary charges, £500 per year.

Regardless of the method of payment, EMC IAC and IAC will not be treated as a taxable withdrawal and will NOT count towards the 5% annual tax deferred entitlement. Before completing this section see our **Guide to Charges** for more information and discuss these options with your financial adviser.

PART 2 – FUND SELECTION

Please discuss your fund choice with your financial adviser as fund performance will affect the value of the bond and it's ability to support your chosen level of 'income'. If the value falls to zero, 'income' payments will stop.

If you are applying for both an Absolute Trust and a Discretionary Trust using this application form, your chosen funds and the percentage of the premium to be invested must be identical for each trust. The information below will be used for both contracts.

This section allows the value of the bond to be linked to the performance of numerous funds and cash deposits. Please refer to our website www.utmwealth.com for details of the funds available.

The minimum investment varies according to the fund manager. Your investment will be governed by the rules of the underlying investment as applied by the fund or deposit provider.

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.

Please write the percentage of the net premium to be invested in each chosen fund rather than a monetary amount.

Please refer to our website for details of the funds available and the relevant SEDOL or ISIN codes. Please ensure that the full fund name and SEDOL or ISIN codes are provided, any missing information will result in a delay in the investment.

Certain funds require completion of the **Investor Declaration form** which is available from your financial adviser on request. Please contact our Welcome team on **+44 (0) 1624 653 251** if you need more information.

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

CASH DEPOSITS

Please refer to your financial adviser for details of the cash deposits currently available.

Bank/Building Society	Full name of deposit account	%		

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 with the highest value at the time of sale. Please note that when you choose an external fund to clear a negative debit balance, each sale will be subject to the prevailing dealing fees.

I REGULAR 'INCOME' WITHDRAWALS (Please complete in all cases)

Please complete this section to set up your regular 'income' payments. Please note that the amount, frequency and any rate of increase, as chosen below, cannot be changed during your lifetime(s).

Please speak to the Trustee (Utmost Trustee Solutions) if you wish to take withdrawals which exceed 5% p.a. (or 4% increasing with RPI) as the Trustee will not generally accept trusteeship of a bond with such terms without prior consultation.

Please remember when choosing your required 'income' that ad hoc adviser charges paid to your financial adviser from the bond will count towards the 5% annual tax deferred entitlement.

Where requested VAT can be added automatically (if applicable) to advice payments taken from the bond. The additional VAT will increase the level of withdrawal required and may further impact the tax position described above.

Should the VAT rate change please note we are only able to apply the VAT rate applicable at the date we make the payment and not at the date of any invoice raised by your adviser. To avoid any rate differences your adviser should raise any invoice to align with the payment date due from the bond. We cannot adjust our payments and therefore any under or overpayments must be resolved between you and your adviser. Please speak to your adviser for more information.

Minimum £200 per payment per trust. Payments will only be made in the currency of the bond.

Regular withdrawals will be taken equally across all policy segments.

If you are applying for both an Absolute Trust and a Discretionary Trust using this application, the details in this section will be applied identically to both contracts.

1 Amount required as 'income' % of premium per annum

2 If you would like your 'income' to increase in line with RPI please tick this box. Yes The maximum 'income' level available for this option is 4%.

3 Frequency Yearly Half-yearly Quarterly Monthly

4 Payment to start

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

 As soon as possible

The earliest the first withdrawal can be taken is 30 days after the bond has been issued. Payment method will be BACS transfer for sterling payments to UK clearing banks only or telegraphic transfer for banks outside the UK. A charge will be levied by our bankers for each telegraphic transfer payment which will be deducted from the value of the bond.

PLEASE PROVIDE DETAILS OF THE ACCOUNT THAT YOU WANT PAYMENTS TO BE SENT TO:

BANK/BUILDING SOCIETY DETAILS

1 Account name

2 Account Number
(for BACS payments this must be 8 digits)

3 Bank sort code - - (must be 6 digits)

4 Building Society roll number
(if applicable)

5 Bank BIC/Swift code
(required for all banks outside the UK)

6 IBAN number
(required for all bank accounts to the EU)

7 Bank/Building Society name

8 Address

Postcode

9 Telephone number
(including international dialling code)

10 How long has the account been held? Years

J APPLICANT DECLARATION

It is important that you read this section carefully. This application forms the basis of our agreement with you, along with the policy terms and conditions.

If you do not understand any part of this application, please ask your financial adviser for further information.

Before signing, please also take the time to read the Product Guide, Key Information Document, Guide to Charges, Key Features Document, Utmost Trustee Solutions - a Guide to our Services and personal illustration which explain the key features of and the specific charges applicable to the Estate Planning Bond. They will assist you to be sure you have not relied upon any statement made by your financial adviser which is not supported in the literature. Your financial adviser will provide these documents and copies are also available from us.

In this declaration, "I", "me", "my" and "you" mean the applicant and "the Company", "our", "us" and "we" means Utmost Limited.

The Company proposes that the laws of the Isle of Man shall apply to any contract relating to this application and that the Isle of Man Courts shall be the sole forum to consider disputes in relation to any contract arising from this application. Any decision to alter the Isle of Man Court's jurisdiction shall be at the discretion of the Company.

The Estate Planning Bond will be issued in accordance with the Policy Conditions and Policy Schedule which will be issued by the Company upon acceptance of this application.

The charges laid out in this document should match those shown in your Personal Illustration provided to you by your financial adviser. Should there be any inconsistencies please ask your financial adviser for an updated illustration.

The Company will only issue your bond once we have received all the information and documentation required to satisfy regulatory requirements relating to anti-money laundering and the prevention of tax evasion.

ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

Source of funds – 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.
- 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, 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 the 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.
- 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.

Disclosure of 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.

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 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.

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.

Confirmations and acknowledgements

I understand and agree that this contract is of the utmost good faith and that the information I supply in this application form, together with any supporting information completed or given by me in my name, shall form the basis of the contract with the Company.

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

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 first premium has been received by the Company and the Company has expressly confirmed in writing that it accepts this application.

I accept that:

- › The selection of investments is my responsibility, or where appropriate, that of my investment adviser or any nominated EMC.
- › The Company has no legal responsibility in respect of future performance of such linked assets.

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 and declare that I am habitually tax resident in the jurisdiction entered in Section C, on page 4 of this application form.

How the Company uses your information

We use the information you give us, about yourself and other people, to provide our products and services. In order to support our products and services, we transfer information between different entities within our immediate operating group and to appointed data processors, but we do not transfer information to other parties, unless required to do so by law or regulation. We do not carry out marketing using the information or transfer, or sell, your personal information to others for marketing purposes.

More details about how we use your information, your rights over this information and how you can exercise your rights can be found in the applicable Privacy Notice. We publish our Privacy Notices on our website at www.utmostwealth.com or you can ring us on +44 (0)1624 643 345 and request a copy.

I acknowledge that:

The Company will store, process or pass on my data whether or not my application is accepted.

The Company will in the event of my death obtain such medical or other records from medical practitioners and/or other relevant institutions or authorities regarding my medical history or circumstances relating to my death should it wish to do so.

Access to Medical Records

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 and equivalent legislation. Your rights under the legislation are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following.

› Your current health.

- Any care, medication or treatment you are currently receiving.
- The result of referrals or tests you are waiting for.

› Any time off work in the last three years

› Your past health

Details of any relevant illness, trauma, or referrals for specialist adviser or treatment, hospital admissions, consultations with your doctor or any other medical adviser, therapist or counsellor, in particular whether you have a history of:

- malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) disease;
- musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints of muscles;
- anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
- suicidal thoughts or attempts at suicide; or
- conditions related to drug or alcohol misuse or smoking or chewing tobacco
- details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in last two years, urinalyses (tests on urine), x-rays or other investigations;
- any blood pressure readings in the last three years;
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be a long-term effects on your health; or
- predictive genetic test results unless there is a favourable test results which show that you have not inherited a condition your family suffers from.


The Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Acts 1993 will be relevant to the Company getting a medical report from any medical practitioner who has attended to you (the client) in England, Scotland, Wales, Northern Ireland or the Isle of Man but not, at present (although this may change in the future), the Channel Islands or elsewhere.

For the purposes of the Medical Reports Act 1988 and equivalent legislation:

I consent to the Company, its employees or agents asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my application, you may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.

I understand that I should notify the Company if my health or circumstances change between the date of signing this application form and the date a certified discount certificate is issued.

	Applicant 1	Applicant 2
Do you wish to see the medical report before it is sent to us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to be informed if the underwriting results in a variation to the gift or the discount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Requesting to see the medical report before it is sent to us will cause a delay in the underwriting process. 

	Applicant 1	Applicant 2																	
SIGNATURE	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	SIGNATURE																
Print full name	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>																	
Date	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												

SECTION 2 – APPLICANT MUST COMPLETE TO APPOINT UTMOST TRUSTEE SOLUTIONS LIMITED AS TRUSTEE.

K APPOINTMENT OF UTMOST TRUSTEE SOLUTIONS LIMITED ('THE TRUSTEE')

This section of the application is divided into 3 parts and enables you to appoint Utmost Trustee Solutions Limited ('the Trustee') to act as Trustee of your Estate Planning Bond. Please ensure that you read **Utmost Trustee Solutions - A guide to our services, the Trustee's current Charges Schedule and the relevant Trust Deed alongside the Estate Planning Bond literature**, all of which are available from your financial adviser on request. **You are strongly advised to take professional advice regarding the creation of a trust and an appointment of the Trustee in relation to your personal needs.**

The Trustee is not obliged to accept a request to be appointed and may decline without giving reasons.

IN THIS SECTION

- › 'The Trustee', 'we', 'us' or 'our' refers to **Utmost Trustee Solutions Limited**
- › 'I', 'me' or 'you' refers to you **the applicant or both applicants** if there are two of you
- › 'The policy provider' refers to **Utmost Limited** which offers the Estate Planning Bond and is a separate legal entity from the Trustee

Part 1 deals with the type of trust you wish us to create, your beneficiaries, your Letter of Wishes (if applicable) and your signed authority to enable us to establish the Trust on your behalf. It also asks you to provide brief details of any previous gifts you've made which might affect the inheritance tax position of the trust.

Part 2 contains the Trustee's Investment Statement for an Estate Planning Bond and the terms of the Trustee's delegation of its investment powers to you for your lifetime which you are also required to sign.

Part 3 summarises the terms of the Trustee's appointment and asks you to declare that you have understood these and other key points before confirming your agreement.



Whilst we have taken every care in preparing the documents in this application the Trustee cannot take responsibility for the legal or taxation consequences of using this trust arrangement. You are strongly advised to consult with your own legal advisers and seek taxation advice before proceeding.

PART 1 - TRUST DETAILS

A) ABSOLUTE TRUST

BENEFICIARIES

As the applicant, you must not be included here. Once an Absolute Trust is established it is not possible to change the beneficiaries or their appointed shares.

	Beneficiary 1	Beneficiary 2
1 Name	<input type="text"/>	<input type="text"/>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
3 Telephone number (including international dialling code)	<input type="text"/>	<input type="text"/>
4 Email address	<input type="text"/>	<input type="text"/>
5 Date of birth	<input type="text"/>	<input type="text"/>
6 Nationality	<input type="text"/>	<input type="text"/>
7 Relationship to the Donor	<input type="text"/>	<input type="text"/>
8 Specified share	<input type="text"/>	<input type="text"/>

	Beneficiary 3	Beneficiary 4
1 Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3 Telephone number (including international dialling code)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4 Email address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5 Date of birth	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
6 Nationality	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
7 Relationship to the Donor	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
8 Specified share	<input style="width: 80%; height: 20px;" type="text"/> %	<input style="width: 80%; height: 20px;" type="text"/> %

	Beneficiary 5	Beneficiary 6
1 Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
3 Telephone number (including international dialling code)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4 Email address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5 Date of birth	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
6 Nationality	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
7 Relationship to the Donor	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
8 Specified share	<input style="width: 80%; height: 20px;" type="text"/> %	<input style="width: 80%; height: 20px;" type="text"/> %

B) DISCRETIONARY TRUST

POTENTIAL BENEFICIARIES

A Discretionary Trust does not define the interests of individual beneficiaries. The Trustee will have the discretion to decide, from among the categories of potential beneficiaries described below, who will benefit. If you do not wish to include a particular category of beneficiary please delete it and initial your amendment. You may not delete all of them.

- 1) Any child or descendant of the Settlor whenever born.
- 2) Any spouse/civil partner or former spouse/former civil partner or widow/widower/surviving civil partner of the Settlor (except where such person is also a Settlor).
- 3) Any spouse/civil partner or former spouse/former civil partner or widow/widower/surviving civil partner of any child or descendant of the Settlor whenever born.
- 4) Any children of any spouse of the Settlor whenever born.
- 5) Any brother or sister of the Settlor and their children.
- 6) Any one or more of the persons entitled under the Will of the Settlor (except where that person is also a Settlor).
- 7) Any one or more of the persons entitled under the rules relating to intestacy to any interest in the estate of the Settlor (except where that person is also a Settlor).
- 8) Any person or a charity, **not already included in the categories above**, and other than the Settlor, whose name has been notified to the Trustees in writing by the Settlor during the Settlor's lifetime as being a person the Settlor wishes the Trustees to consider as a Potential Beneficiary.

C) LETTER OF WISHES

In this letter please provide the names of any potential beneficiaries whose circumstances you would like the Trustee to consider as priority when distributing the Trust Fund. You should include any contingencies (such as a child reaching a certain age for example) or any other circumstances you would like the Trustee to take into account before making distributions. We will need the name and address of each person as well as their date of birth and their relationship to you in the boxes provided. Additional space is provided for you to continue your letter on the next page where you also sign it.

Utmost Trustee Solutions Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles

Dear Sirs

Ref. Utmost Estate Planning Bond

This letter of wishes is effective immediately following the start date of my Estate Planning Bond Discretionary Trust and should not be construed as forming part of the terms of the trust. The information I provide is intended to provide insight into my wishes as Settlor when the Trustee is considering distributions from the Trust Fund.

I confirm that I understand that this letter of wishes is not legally binding on the Trustee and that the Trustee should at all times exercise its discretion as it thinks fit given the circumstances of the beneficiaries.

In the future I may want to change these wishes, but I will notify you in writing of any changes. For the time being I should like the Trustee to consider the interests of the following individuals as priority when distributing benefits from the fund.

	Potential Beneficiary 1	Potential Beneficiary 2
1 Name	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<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: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>
3 Telephone number (including international dialling code)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4 Email address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5 Date of birth	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> / <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> / <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>
6 Nationality	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
7 Relationship to the Settlor	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
8 Potential share	<input style="width: 80%; height: 20px;" type="text"/> %	<input style="width: 80%; height: 20px;" type="text"/> %

	Potential Beneficiary 3	Potential Beneficiary 4
1 Name	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
2 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<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: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>
3 Telephone number (including international dialling code)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4 Email address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5 Date of birth	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> / <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> / <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>
6 Nationality	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
7 Relationship to the Settlor	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
8 Potential share	<input style="width: 80%; height: 20px;" type="text"/> %	<input style="width: 80%; height: 20px;" type="text"/> %

LETTER OF WISHES CONTINUATION SHEET

Use this sheet if you need more space to complete your Letter of Wishes to Utmost Trustee Solutions Limited.

Yours faithfully

SIGNATURE of Settlor

D) PREVIOUS TRANSFERS

As we assume you are UK domiciled for Inheritance Tax purposes, please provide us with brief details of any lifetime transfers (excluding exempt transfers) which you have made in the last 7 years in the boxes below. For example, gifts to individuals or absolute trusts (potentially exempt transfers) or gifts to discretionary trusts (chargeable lifetime transfers).

We need to know about these to understand any potential impact on this trust should your gift become chargeable to Inheritance Tax.

You should also be aware that we are required under Inheritance Tax Act 1984 s218(1) to notify HM Revenue & Customs (HMRC) of the creation of any discretionary trusts where the Settlor is UK domiciled.

Type of Gift (e.g. to an individual or type of trust)	Amount Transferred (£)	Date of Transfer							
		d	d	m	m	y	y	y	y
		d	d	m	m	y	y	y	y
		d	d	m	m	y	y	y	y
		d	d	m	m	y	y	y	y
		d	d	m	m	y	y	y	y

FOR SETTLORS OF DISCRETIONARY TRUSTS ONLY

I confirm that any amount I will transfer to create a Discretionary Trust is net of any Inheritance Tax due. Yes

I understand that the Trustee is required to complete and deliver notice of the creation of a Discretionary Trust to HMRC. Yes

E) POWER OF ATTORNEY AUTHORISING THE TRUSTEE TO CREATE THE TRUST

By signing this Power of Attorney I authorise the Trustee to create the Estate Planning Bond trust, using the appropriate specimen Trust Deed ('the Trust Deed') and based on the information I have provided in this application pack.

I hereby appoint the Trustee and/or any of its directors as my Attorney to complete and execute (i) the Trust Deed which I have read and understood and (ii) any other document the Attorney considers necessary or incidental to give full effect to my intention to create the Estate Planning Bond trust.

I agree to ratify each and every act or thing which may be done by the Trustee and/or any of its directors in the exercise of this power to create the trust on my behalf and I agree to reimburse the Trustee and any of its directors for all liabilities, costs and expenses of whatsoever nature which each may incur in accepting this appointment.

	Applicant 1	Applicant 2
1 Executed as a deed by (full name of the applicant)		
2 Applicant's SIGNATURE		
3 Date signed	d d m m y y y y	d d m m y y y y
4 In the presence of (full name of witness)		
5 Witness SIGNATURE		
6 Witness address		
Postcode		
7 Date signed	d d m m y y y y	d d m m y y y y

SIGNATURE

Each signature should be witnessed by an independent person who is aged 18 or over, and is not a party to this Trust or a Beneficiary.

SIGNATURE

PART 2 - INVESTMENT ARRANGEMENTS

This section contains the form by which the Trustee will delegate its investment powers under the trust to you for your lifetime which includes reference to the Trustee's Investment Statement for an Estate Planning Bond trust which is set out below.

THE TRUSTEE'S INVESTMENT STATEMENT

The Trustee is of the view that the investment objective of an Estate Planning Bond is to seek investment returns sufficient to meet the Settlor's fixed withdrawals from the bond during the Settlor's lifetime, net of charges and without undue erosion of capital. At the same time it seeks to preserve and grow capital value for the beneficiaries as far as is reasonably possible, given varying market conditions over time and with regard to the risk characteristics of the underlying investments selected for the bond.

INVESTMENT MANAGEMENT DELEGATION BY POWER OF ATTORNEY

This Power of Attorney appoints you, the Settlor(s), as the Attorney(s) of the Trustee to conduct the investment management powers and duties of the Trust during your lifetime.

By signing this Power of Attorney you accept and acknowledge that:

- a) the Trustee delegates to you certain duties and powers of investment management of the Trust Fund and for which purpose you will act on the Trustee's behalf
- b) you have read and understood the Trustee's non-binding Investment Statement

The Trustee does not have any responsibility for supervising or monitoring your actions or for monitoring whether the delegation of these powers to you is appropriate. Investment management will be your responsibility under the terms of this delegation.

Subject to the conditions of any policy held as part of the Trust Fund, the duties and powers in question are limited to the following:

- a) instructing the policy provider to **appoint or remove** an investment manager, investment adviser, or custodian subject to: the terms of investment guidelines or other restrictions published or required by the policy provider from time to time and including the ability to agree the relevant charges for the provision of such services, and
- b) giving the policy provider **fund purchase, sale or switch instructions**
- c) in relation to **agreeing costs for investment advice** where these are to be met from the Trust Fund, or any policy comprising the Trust Fund, these will be subject to an upper limit of 0.5% of the fund value in any policy year, or in the case of fixed monetary value agreements up to a maximum of £500 per policy year, or such other upper limits as the Trustee may agree in writing from time to time.

You will have sole responsibility for these functions while this Power of Attorney lasts and the Trustee is not liable for any of the consequences of your doing so or failing to do so in relation to those functions.

You undertake to provide to the Trustee on request copies of any correspondence or other records in your possession, custody or control relating to your exercise of these powers and duties.

This delegation has the effect of appointing you (and, if there is more than one of you, both of you or the survivor) for the time being as the Attorney of the Trustee to manage the investment of the Trust Fund in accordance with the terms of this deed as its delegate.

The Trustee will ratify each and every act or thing which may be done by you in the exercise of any power or authority conferred by this deed (except any act which may be construed as fraud or wilful default) and you agree to accept the appointment and delegation and to reimburse and meet the Trustee and any of its directors against all liabilities, costs and expenses of whatever nature which it or they may incur in connection with this appointment and delegation.

The Trustee reserves the right to bring this appointment and delegation to an end for any reason (and without being required to give reasons) at any time in its absolute discretion. If it decides to end the delegation it will give you written notice of its decision where practicable. Once the delegation ends you will have no further power or duty to manage the investment of the Trust Fund on behalf of the Trustee.

INVESTMENT MANAGEMENT DELEGATION BY POWER OF ATTORNEY (continued)

	Applicant 1	Applicant 2																	
1 SIGNATURE	<input type="text"/>	<input type="text"/>	Each signature should be witnessed by an independent person who is aged 18 or over, and is not a party to this Trust or a Beneficiary.																
2 Print full name	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																	
3 Date signed	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d		d	m	m	y	y	y	y	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												
4 In the presence of (full name of witness)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																	
5 Witness SIGNATURE	<input type="text"/>	<input type="text"/>	SIGNATURE																
6 Witness address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																	
Postcode	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td> </tr> </table>					-				<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td> </tr> </table>					-				
				-															
				-															
7 Date signed	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												
	Authorised Signatory 1 For and on behalf of The Trustee	Authorised Signatory 2 For and on behalf of The Trustee																	
SIGNATURE	<input type="text"/>	<input type="text"/>	SIGNATURE																
Date signed	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												

PART 3 - LETTER OF ENGAGEMENT

This section summarises the terms of our appointment as Trustee. If you are unclear about any aspect of our appointment as Trustee please consult with your professional adviser(s).

The Trustee will provide the following services:

- › To establish the Estate Planning Bond trust in accordance with the information you provide in this application.
- › To act as sole Trustee and hold any policies comprising the Trust Fund
- › To administer the trust in accordance with its terms.
- › To undertake annual reviews of the trust, to forward policy valuations and to confirm that the trust information we hold from you remains correct.
- › To consider any letter of wishes submitted by you but this will not be binding on the Trustee.
- › To obtain, consider and verify relevant information to ensure distributions are made appropriately and correctly.
- › To undertake any reporting obligations to the relevant taxation and regulatory authorities in accordance with applicable legislation.

INVESTMENT MANAGEMENT

- › During your lifetime you will be responsible for the way in which the Trust Fund (the bond) is invested and you acknowledge the delegation of the Trustee's investment powers to you. The Trustee can end this arrangement if it decides to do so, for example if it appears that you have lost capacity. Once the delegation is brought to an end, either by your death or earlier, the Trustee will have responsibility for investment management.
- › The Trustee does not guarantee any underlying investment. Unit prices can fall as well as rise. The effect of high capital withdrawals and charges and/or poor investment performance or stock market fluctuations is to increase the risk of capital erosion and beneficiaries may receive less than was originally invested.
- › Your attention is drawn to clauses 4 and 10 of the Trust Deed which limit both the Trustee's duty of care and liability for breaches of trust and loss to the Trust Fund, respectively.

FEES AND CHARGES

- › The Trustee will charge for its services in accordance with its published Charges Schedule, reviewable on an annual basis. Charges will be increased in line with the change in the UK Retail Prices Index on 1 January each year.
- › The Trustee does not receive remuneration from third parties in connection with any transaction effected by the Trustee on behalf of the Trust.

Termination of our appointment as Trustee will be considered subject to the appointment of suitable replacements. We also reserve the right to retire as Trustee where circumstances in our opinion require us to do so.

CLIENT MONIES

- › Prior to investment and/or distribution we may keep client money in a general transaction account. A general client bank account usually holds money of several clients. The money may be held at one bank or the money may be in multiple bank accounts spread across several banks. In the event of a default of a bank where we have a general client bank account, client monies held in all of our general client bank accounts will be pooled (even if money is held in more than one general client bank account and the accounts are held in more than one bank). In this situation, each client who has money in the general client bank account will lose an equal proportion of their money, whether or not the bank your client money is held with is in default. This loss will be adjusted by any compensation arrangements in place.
- › A client bank account is a bank account held by, and in the name of Utmost Trustee Solutions Limited ('the Trustee') in which we will hold your money on trust for you while it remains in the account. All money held in a client bank account is referred to as client money. A client bank account is specially created by us for the purpose of holding your money and the money of other clients.
- › The client bank account is segregated from any other bank account in our name holding money which is our money. All client bank accounts are held at recognised banks. A recognised bank is a bank which holds a licence issued by the Isle of Man Financial Services Authority or is authorised under the law of another acceptable country or territory to carry on activities corresponding to deposit taking (see rule 3.2 of the Financial Services Rule Book 2016 for the full definition).
- › The Trustee may earn interest on money held in the general client bank account and such interest is retained by us.
- › In relation to fiduciary services, please note that an account held in the name of your company, or as trustee of your trust, is not a client bank account. It is mandated to your company or to the trustee of your trust and the company or the trustee is the legal owner of the money held in that account. As the money in these accounts is not classed as client money the details relating to pooling of money in client bank accounts do not apply.

SETTLOR DECLARATIONS

Advice: I confirm that I have taken independent professional advice and understand that the Trustee does not offer such advice and has not provided me with advice before entering this arrangement.

The Trust: I have read the Trust Deed and understand its terms and in particular the effect of clauses 4 and 10 in respect of the Trustee’s duty of care and liability.

The Trustee: I understand the terms the appointment of the Trustee, including the delegation of the Trustee’s investment management powers to me for the time being.

Fees and Charges: I have received a copy of the Trustee’s current Charges Schedule and understand that when the payment of any fee, whether to the Trustee or any other third party, is taken as a withdrawal from the policy this may have UK tax consequences for me and that I have taken taxation advice in this regard.

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

SECTION 3 – FINANCIAL ADVISER MUST COMPLETE IN ALL CASES

L IDENTIFICATION REQUIREMENTS

Under Isle of Man Anti-Money Laundering regulations we are required to verify the identity and address of all individuals related to a contract (e.g. joint applicants, trustees).

Outlined below are the standard minimum requirements. However, we may, in some circumstances, require additional information.

We require **one suitably certified copy document** from **Part 1** together with **one suitably certified copy document** from **Part 2**. If an individual does not hold either of the documents listed in **Part 1** then, under certain circumstances, we **may** be able to accept **two suitably certified copy documents** from **Part 2**, showing verifiable reference numbers. Please also note that if no documentation is supplied from **Part 1**, we need a reason why this is not available.

Please tick the boxes to indicate the identification you have supplied for each party to the policy.

This information is required to satisfy Anti-Money Laundering regulations for the applicants and the trustees.

PART 1 - PERSONAL IDENTITY

	Applicant 1	Applicant 2	*
1 Valid passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 National ID card (with photograph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use one document from Part 1 PLUS one document from Part 2. Alternatively, use two documents from Part 2 and confirm why no ID from Part 1 can be provided. Please always provide originals of verification of address or originally certified copies of all documents.

If you cannot supply an item from **Part 1**, please tell us why in the box below.

PART 2 - VERIFICATION OF ADDRESS

	Applicant 1	Applicant 2	*
1 A recent utility bill, rates or council tax bill The document must be the most recent available and dated no more than 3 months old, and must also be certified. (Mobile bills are not acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 A recent mortgage statement, giving the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 A state pension, benefit or other government produced document showing benefit entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 A recent tax assessment document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 An recent account statement from bank or bank credit card dated and certified within the last 3 months (Store cards are not acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Proof of ownership or rental of the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please complete for any other party to the application for which identification has been provided. Please continue on a separate sheet of paper should there be more individuals to be identified than the space provided.

If there are other parties to the application not quoted on the form, have you enclosed a list of copy evidence submitted and can you confirm that you have seen the originals of such evidence? Yes

Where relevant, please tick this box.

(Please ensure that any separate list quotes the name of the applicants and is signed by the certifier)

The following declaration must be fully completed in all cases, this method of certification is required for Isle of Man regulatory purposes.

I confirm that I have had sight of the original documents and all documents enclosed are true copies of the originals. Yes

Please tick the box if this is correct.

M FINANCIAL ADVISER DETAILS (Please complete in all cases)

1 How and when were you introduced to the applicants?

2 Are the applicants acting as a nominee for someone else? Yes No
(If yes, please give details)

3 Which country was the advice leading to this application given in?

4 Which country was this application signed in?

5 The basis on which the advice was offered is (UK advisers only) Independent Restricted

6 Name of regulatory body

7 Regulatory body membership number


8 Certifier and authorised signatory

9 Print full name

10 Date

11 Financial adviser company name and address (company stamp if possible)

12 Please provide the name of your usual Utmost sales consultant

Please give full details of your authorisation and FCA number. 

SIGNATURE

Please note that we will not be able to start the policy until Sections L and M have been completed and identification provided.

SECTION 4 – APPLICANT MUST COMPLETE IF THEY WOULD LIKE UTMOST TO FACILITATE ANY INITIAL ADVISER CHARGE PAYMENTS

N ADVISER CHARGES

Adviser charges are agreed between you and your adviser to pay for the advice and related services you receive and should match the information shown in the Personal Illustration provided to you, by your adviser. You, or where applicable the trustees, can choose to pay adviser charges in one of the following ways:

› **Direct** – The adviser charges are paid by you directly to your adviser.

Or facilitated by us:

› **Outside of the bond** – The initial adviser charge is paid as a flat amount through Utmost Limited before the premium is invested into the bond. The premium must meet the minimum investment requirements after adviser charges have been deducted.



Please note, tax rules may change in the future and are subject to individual circumstance.

For detailed information about initial adviser charges and how these may be applicable to you, or where applicable the trustees, please see our **Guide to Charges** available on our website www.utmostwealth.com or from your financial adviser on request. Your financial advisers will also be able to answer any questions you may have.

AGREEMENT TO PAY ADVISER CHARGES

Initial payment only. On-going Adviser Charges are not available for the Estate Planning Bond where Utmost Trustee Solutions are appointed.

BEFORE YOU BEGIN

Please be aware that the monetary amount should be entered excluding VAT. If the adviser charge attracts VAT, please tick the relevant box to indicate VAT applies. For example, if the adviser charge is 1% plus VAT, please enter 1% rather than 1.2% assuming 20% VAT is included.

INITIAL ADVISER CHARGE

Please complete this section if you would like us to facilitate the initial adviser charge payment to your financial adviser outside of the bond before your premium is invested.

TRANSACTION TYPE	MONETARY AMOUNT
Adviser charge to be paid outside of the bond by taking it from the initial payment, with the remaining balance being invested as a premium into the bond.	<input type="text" value="£"/> . <input type="text" value=""/> <input type="text" value=""/>
Does the initial adviser charge attract VAT? (If yes, this will be applied in addition to that stated above)	<input type="checkbox"/> Yes <input type="checkbox"/> No



IMPORTANT NOTE

Please read this section carefully before you sign it as it affects your rights and creates a legally binding agreement with Utmost Limited in connection with your bond. If you do not understand any aspect of this agreement please ask your adviser to explain its effect to you before you sign the form.

Where I request the company to facilitate an adviser charge payment outside of the bond, I agree and acknowledge that:

- › The facilitation is in consideration of my application for a bond;
- › The payment is subject to my application being accepted;
- › Should my application not proceed then I will be refunded my premium together with the adviser charge and it will be my responsibility to settle any outstanding adviser charges, if any, with my adviser;
- › No interest is payable or owed in respect of adviser charge money held by Utmost Limited to either me or my adviser;
- › The adviser charge relates to advice received in connection with the bond;
- › I cannot cancel an adviser charge after it has been paid, even if I decide to cancel the bond during the cancellation period, and acknowledge I will need to contact my adviser to discuss whether a refund is payable to me directly from my adviser in full or in part, outside of the bond.

By signing this form below I confirm that:

- › The initial adviser charge set out in this form match the Personal Illustration I have received from my adviser.
- › It will create legally binding obligations on me in connection with the bond.
- › This instruction is subject to the terms and conditions of the bond.

	Applicant 1	Applicant 2																	
SIGNATURE			SIGNATURE																
Date	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												

SECTION 5 – ONLY COMPLETE IF YOU WISH TO NOMINATE AN EXTERNAL MANAGER AND/OR CUSTODIAN (EMC)


O NOMINATION OF EXTERNAL MANAGER AND/OR CUSTODIAN

Please complete and sign the following pages if you wish to nominate an EMC to manage an investment portfolio to which the performance of your bond will be linked.

Important notes

- › **Part 1** is for completion by the **applicant**.
- › **Part 2** is for completion by the **authorised signatory** on behalf of the Platform Adviser, where applicable.

P IMPORTANT INFORMATION

 In order to nominate an EMC the bond must hold a minimum value of £50,000.

TYPE OF EXTERNAL MANAGER AND/OR CUSTODIAN (EMC)

External Manager - A suitably qualified investment firm that can be nominated to either manage or advise on assets linked to the Utmost bond. The External Manager may utilise the services of a Custodian (the party that holds the investment assets and cash).


Platform Adviser - The party that carries out transactions on a Platform Account linked to the Utmost Bond. This will usually be the financial adviser managing the bond. The nominated Platform Adviser will manage or advise on the assets held on the Platform, in addition to managing/advising on the Utmost bond's linked assets held off Platform, such as cash held in the Dealing Account.

Platform - A firm that provides the trading platform and arranges custody of the assets linked to the Utmost Bond, potentially in addition to other financial products and investments. The Platform will not provide any services other than those related to the provision of a trading platform and custody of the assets therefore a Platform Adviser must always be nominated where the Utmost bond is to be held on a Platform.

BASIS OF THE NOMINATION

Advisory - On this basis the External Manager or Platform Adviser will recommend investment transactions to you. The nominated firm will require you to confirm all transactions before the purchase or sale can be actioned and must retain evidence of your agreement on record.

Discretionary - On this basis the External Manager or Platform Adviser will make investment decisions without any specific consultation with you.


 **In either instance, the nominated firm must have the necessary regulatory authorisations to perform these services.** If you are nominating a Platform Adviser, they will be asked to confirm this within the **Platform Adviser declaration** where they sign (Section E2).

ASSOCIATED CHARGES

There are charges associated with the nomination of an EMC. For more information on these charges please speak to your financial adviser or see our **Guide to Charges** available from us on request.

Charges for advice - Where an EMC takes charges for advice, these charges **MUST** be taken from the bond unless otherwise agreed with Utmost. You must complete a copy of the **Adviser Charges pack** in all instances, where you can detail any charges agreed.


Where charges for advice are taken or altered you should receive an illustration from your nominated firm clearly reflecting the charges. Your nominated firm should obtain and retain on record your agreement to pay these charges.

 Where there is an existing charge for advice being taken, you should instruct Utmost of its cancellation, otherwise this charge will continue.

Q NOMINATION OF EMC MANDATORY

Please state the basis on which this nomination is being made


- A **Discretionary basis**
 An **Advisory basis**

For an explanation of these terms please see section A. 

This basis cannot be changed without prior written authority from Utmost.

ATTITUDE TO RISK AND INVESTMENT OBJECTIVES


Your investment strategy and risk profiling information is included within the Illustration you should have received. If this has changed please provide details of the revised attitude to risk and investment strategy below.

Unless clearly specified to the contrary, we will rely on the investment strategy and risk profiling information provided within the personal illustration that accompanies this nomination. 

If you are nominating an External Manager, please complete section Q1 only.
If you are nominating a Platform and Platform Adviser, please complete section Q2 only.

Q1 EXTERNAL MANAGER DETAILS

1	Name of the nominated firm	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
2	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: 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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3	Contact name	<input style="width: 100%; height: 20px;" type="text"/>
4	Telephone number (Please include international dialling 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"/> <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"/> <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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5	Facsimile number (Please include international dialling 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"/> <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"/> <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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
6	Email address	<input style="width: 100%; height: 20px;" type="text"/>

If you need any assistance please give us a call on **+44 (0) 1624 643 345.** 

This nomination is subject to any terms agreed between Utmost and the EMC from time to time.

Q2 PLATFORM AND PLATFORM ADVISER DETAILS

If you will be appointing a Platform Discretionary Fund Manager (Platform DM), you must appoint them via the Platform and not on this form.

Note: Platform DM refers to a Discretionary Fund Manager that holds an agreement with your nominated Platform.

1	Name of the nominated Platform	<input style="width: 100%;" type="text"/>
2	Name of the nominated Platform Adviser	<input style="width: 100%;" type="text"/>
3	Address	<input style="width: 100%;" type="text"/>
	Postcode	<input style="width: 100%; text-align: center;" type="text"/>
4	Contact name	<input style="width: 100%;" type="text"/>
5	Telephone number (Please include national dialing code)	<input style="width: 100%; text-align: center;" type="text"/>
6	Facsimile number (Please include international dialling code)	<input style="width: 100%; text-align: center;" type="text"/>
7	Email address	<input style="width: 100%;" type="text"/>

Details only required for Platform Adviser, NOT the Platform

The nominated Platform Adviser must now sign Section R2.

R1 POLICYHOLDER DECLARATION

MANDATORY

I request and agree the EMC I have specified in section Q is appointed in accordance with my wishes set out in that section, to advise and/or manage the External Account (the Account) to which the performance of my bond is linked. The EMC, Utmost or I may terminate this appointment at any time by giving written notice to all other parties.

I am aware this appointment will be based on terms agreed between the EMC and Utmost. Some of the most important terms have been set out below.

I confirm my understanding and agree that where applicable:

- › My adviser has explained Utmost’s charges associated with this nomination.
- › Utmost will recover any necessary money from the Account to cover Utmost’s fees and expenses, as detailed in the Policy Schedule, Provisions and fund rules.
- › Utmost shall not be responsible for any loss or liability to the Account (a) resulting from this appointment, or (b) from services rendered or procured by the EMC to Utmost.
- › There are risks associated with the appointment of an EMC, where the EMC is responsible for the selection and/or safe keeping of the assets linked to the bond.
- › Utmost is, and must remain, the beneficial owner of all assets linked to the bond. Further to this, Utmost has the right to place trading instructions directly with the EMC at any time without requiring my approval. This may affect the value of the bond. Where there are conflicting instructions, Utmost’s instructions override my or EMC instructions.
- › I have no legal right to the investments held by the EMC. Apart from agreeing or rejecting recommendations given to me where an advisory basis has been selected, I may not give any direct instructions to the EMC regarding the investments, including instructions relating to the selection of assets, or with respect to withdrawals or surrenders. Further I may not give any legal charge, pledge or lien over the Account, nor may I instruct the EMC to give any guarantee, indemnity or counter-indemnity in favour of any person or company.
- › Utmost extend a Limited Power of Authority (LPOA) on my behalf which enables me to agree certain charges (not linked to advice), investment strategy and risk profile. My financial adviser and I can also obtain valuation statements directly from the EMC. If I am nominating a Platform and Platform Adviser, I am also given limited powers to agree the appointment of a Platform DM who hold agreements with the Platform and Platform Adviser. Utmost retains the right to decline any such appointment.
- › The investment objectives and attitude to risk information set out in section Q is held by Utmost for its information only. The EMC will be responsible for ensuring compliance with the objectives and risk information.
- › Utmost’s ability to sell, reinvest or pay cash in a timely manner can be restricted by certain types of assets your EMC can hold. Utmost reserves the right to delay settlement or reinvest at its discretion.

I agree and understand that the EMC:

- › May take charges for services other than advice, including those for transactions and/or custody services provided, as detailed under the standard charges section of their terms and conditions or as agreed separately with me. The EMC will deduct such charges for transactions and/or custody services directly from the Account.
- › Is authorised by Utmost to take the agreed fees from the Account and make any separate investment management service payments on its behalf.

I promise that I will be responsible for reimbursing Utmost for any costs, losses and/or expenses incurred by Utmost as a result of any legal claims, complaints or proceedings brought by any party in respect of loss arising from the services and performance of the EMC, including those described above.

I confirm that the above statements have been explained to me by my adviser and that I understand and agree to them.

Policyholder(s) signature(s)

	Individual/Trustee/Authorised Signatory 1	Individual/Trustee/Authorised Signatory 2																
SIGNATURE	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>																
Print full name	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>																
Date	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											


If you do not understand any part of this declaration please speak to your financial adviser or your EMC as appropriate.

If there are charges for advice, other than Investment Adviser Charges relating to the assets linked to the Utmost bond, they will be treated as withdrawals that form part of your 5% annual tax deferred entitlement.

Please ensure that ALL policyholders sign here.

R2 PLATFORM ADVISER DECLARATION

MANDATORY

 This declaration should be signed by the Platform Adviser nominated within this document to confirm acceptance of the appointment and to confirm understanding and agreement to the terms and responsibilities set out below.

Please indicate which of the following regulatory authorisations are currently held by the Platform Adviser:

- | | | | | |
|---|---------|--------------------------|--------------------------|---|
| 1. FCA permission Managing Investments (article 37) | | | | <input type="checkbox"/> |
| 2. FCA permission Advising on Investments (article 53) | | | | <input type="checkbox"/> |
| 3. FCA permission Arranging safeguarding and administration of assets (article 40) | | | | <input type="checkbox"/> |
| 4. Isle of Man FSA regulated | Class 2 | <input type="checkbox"/> | Class 3 | <input type="checkbox"/> |
| 5. Jersey FSC regulated | Class B | <input type="checkbox"/> | Class C | <input type="checkbox"/> |
| 6. Guernsey FSC regulated Category 1 and 2 Restricted Activities held to | | Advise on investments | <input type="checkbox"/> | Act as discretionary manager <input type="checkbox"/> |

1. I, the undersigned, being an authorised signatory of the Platform Adviser, **agree on behalf of the Platform Adviser** to manage and/or advise on (as applicable) Utmost's Account with the Platform named in section **Q2** on the basis stated in section **Q**.

2. **I agree and understand** that this appointment will be on terms agreed between the Platform and Utmost, and that my/our operation of the Account is subject to these terms, and to the terms specified in this document which, among other things, shall include the following terms to which I undertake to fully adhere to through the signing of this document:

- › By way of this appointment, the Platform Adviser is being authorised to buy and sell assets within the Platform Account on behalf of Utmost. Unless written authorisation stating otherwise is provided by Utmost, all investments must be in accordance with the Investment Parameters provided to the Platform Adviser by Utmost. Utmost is not responsible for monitoring the assets held within the Account, or for any costs resulting from a breach of these restrictions. Utmost reserves the right to update the Investment Parameters from time to time.
- › Utmost at all times reserves the right to refuse individual assets for investment and to override instructions given by the Platform Adviser in relation to investment or any other function of the Account. Utmost may at any time at its sole discretion give instructions directly to the Platform without notice and without requiring the Platform Adviser's approval. In the event that instructions given by Utmost conflict with instructions given by the Platform Adviser, Utmost's instructions shall have priority.
- › The Account is legally owned by Utmost, and Utmost is the sole beneficial owner of all assets within the Account. Neither the Platform Adviser nor the Policyholder have any claim or ownership over the Account or the assets within. The Platform Adviser is being appointed by Utmost upon the Account to instruct trades directly with the Platform on a restricted basis.
- › Changes to the basis of this appointment, between discretionary, advisory or otherwise, may only be made with Utmost's prior written authority.
- › The Platform Adviser may accept instructions from the Policyholder to appoint one of a restricted list of Discretionary Fund Managers who have a direct agreement with the Platform (Platform DM). Written evidence of the instruction and/or agreement must be retained and made available to Utmost on request. The Platform Adviser will retain its responsibility for adherence to the Investment Parameters even where an additional Platform DM is selected.
- › The Account will not be more than 100% invested (i.e. no overdrawn positions shall be created), nor any other commitments made beyond the amount of the cash available in the Account without Utmost's prior written authority.
- › Where charges for general advice or investment advice are agreed the Platform Adviser **is not permitted to take such charges from the Account** unless Utmost has given prior written consent.
- › The Platform Adviser is not permitted to arrange any transfers of cash or investments into or out of the Account, except where cash is to be returned to the Utmost bond to a bank account designated in writing by Utmost, or as a part of supporting regular trading or settlement activity.

- › Manufacturing costs relating to trading transactions, custody fees and discretionary fund management costs can be charged to the Account as a fund expense.
 - › Where the conditions of this appointment conflict with the Platform Adviser's standard terms and conditions applicable to its operation of the Account, these conditions will prevail.
- 3. I agree and understand** that by accepting this appointment, the Platform Adviser will be appointed as an Investment Adviser to manage the Utmost bond's linked assets which include the management of the Policyholder's Utmost Dealing Account. It is the Platform Adviser's responsibility to ensure that there is sufficient cash in the Dealing Account to cover the cost of any charges or withdrawals. Debit interest will be charged on any negative balance.
- 4. I agree and understand** that the Platform Adviser is solely responsible for ensuring that it acts within the limits of the authority set out in this appointment and the terms agreed with the Platform.

By signing below the Platform Adviser confirms that:

- › It has the necessary authorities under the legislation and regulations in its regulatory jurisdiction to act in the capacity of this nomination and will remain authorised and comply with the rules of the appropriate regulatory bodies whilst acting in this capacity. The Platform Adviser shall notify Utmost of any changes to its regulatory authorisation, including any disciplinary action taken against it, relevant to this nomination. The Platform Adviser confirms it is willing and able to select and/or hold assets in the Account in accordance with the investment strategy and/or objectives agreed with the Policyholder where applicable.
- › It accepts full responsibility and legal liability for loss, damages or expenses which it or any other party may suffer or incur, directly or indirectly, as a result of acting outside the limits of this authority and promised to reimburse Utmost for any costs, claims, damages or liabilities incurred by Utmost as a result of acting in its appointed capacity.
- › It promises not to make or bring any formal or informal legal claims, complaints or proceedings against Utmost in respect of its activities under this limited investment authority.

Signature on behalf of the nominated Platform Adviser

<p>SIGNATURE Authorised signature on behalf of the nominated firm</p>	<p>Platform Adviser</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>SIGNATURE</p>								
<p>Date</p>	<table border="1" style="border-collapse: collapse; width: 100%;"><tr><td style="text-align: center;">d</td><td style="text-align: center;">d</td><td style="text-align: center;">m</td><td style="text-align: center;">m</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td></tr></table>	d	d	m	m	y	y	y	y	
d	d	m	m	y	y	y	y			

P NOTES

Q CHECKLIST

We want to process your application as quickly as possible, to help us do this please remember that on completion of this form please ensure you have provided the following:

- › If you are placing the bond into an Absolute trust, we require you to complete a **Tax Information Exchange Pack for Individuals** on behalf of every beneficiary.
- › Certified copies of the identification and address verification documents for the applicants.
- › If you wish to nominate an Investment Adviser to be appointed, then please enclose a fully completed and signed **Nomination of Investment Adviser** form (available on request from us or your financial adviser).
- › If you wish for your policy to be externally managed, please fully complete and sign Section 5 of this form.
- › If you would like Utmost to facilitate the initial adviser charge payment outside of the bond to your financial adviser for the advice provided, please ensure you complete and sign Section 4.
- › If you would like us to facilitate ongoing investment adviser charges please complete and sign the relevant investment advice charges section of the separate **Adviser Charges Pack** alongside the **Nomination of Investment Adviser** form.
- › If you are sending any additional instructions or documentation, please securely attach them to the back of the form.

WHAT TO DO NEXT

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Limited. Utmost's address is: **Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.**