

WEALTH PORTFOLIO APPLICATION FORM

For individual, corporate and trustee investors

THIS DOCUMENT WAS LAST UPDATED IN JUNE 2022.

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

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

SECTION	PAGE	COMPLETED
A Type of application	3	<input type="checkbox"/>
B1 Details of the applicant(s)/trustee	4	<input type="checkbox"/>
B2 Corporate/corporate trustee applicant	5	<input type="checkbox"/>
B3 Details of the trust (if applicable)	7	<input type="checkbox"/>
B4 Politically exposed person	7	<input type="checkbox"/>
B5 Existing contracts	8	<input type="checkbox"/>
C Details of the life/lives assured	8	<input type="checkbox"/>
D Utmost International charges	9	<input type="checkbox"/>
E Investment details	9	<input type="checkbox"/>
F Source of Funds	10	<input type="checkbox"/>
G Request for Utmost International to appoint a discretionary asset manager	18	<input type="checkbox"/>
H Regular withdrawals	19	<input type="checkbox"/>
I Number of policies - new contracts only	20	<input type="checkbox"/>
J Declarations and application	20	<input type="checkbox"/>
K Financial crime - risk rating	25	<input type="checkbox"/>
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M Financial adviser/suitable certifier declaration	30	<input type="checkbox"/>

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

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

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

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

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

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

ULQ PR 13685 | 10/22

FINANCIAL ADVISER DETAILS

Utmost International account number	<input type="text"/>
Adviser company name	<input type="text"/>
Name of financial adviser	<input type="text"/>
Adviser company address	<input type="text"/>
	<input type="text" value="Postcode"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Utmost International only accepts business introduced by financial adviser companies which have Terms of Business with us.

NOTES - BEFORE YOU COMPLETE YOUR APPLICATION

We only sell our products through financial advisers as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser, you need to bear in mind that they are acting on your behalf and not on behalf of Utmost International. You are responsible for their actions or omissions.

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

IMPORTANT INFORMATION FOR YOU - THE APPLICANT

Please note this application form must not be used by applicants resident in the UK, Hong Kong, Singapore or the United States of America or its territories.

Before completing the application form, please make sure you have received and read through the relevant product literature:

- › the brochure entitled 'Create a financial future that travels with you',
- › the policy terms 'Details of your Wealth Portfolio - Redemption' (ref WPR) or 'Details of your Wealth Portfolio - Life' (ref WPL)
- › the 'Wealth Portfolio - Redemption at a glance' or the 'Wealth Portfolio - Life at a glance',
- › the 'charge sheet', which confirms the charges that will apply to your Wealth Portfolio.

Your financial adviser will be able to provide you with the relevant product literature.

NOTE

Key Information Document (KID)

A KID is a short document that describes the product's key features and target market, as well as the cost of owning the product and the key risks associated with investment. It allows you to make comparisons with similar products from Isle of Man Financial Services Authority authorised insurers.

Under the Isle of Man Financial Services Authority's Insurance (Conduct of Business) (Long Term Business) Code 2021, Utmost International is required to provide you with a KID if you are applying for a new bond or adding to an existing bond. You should make sure you read your KID before completing this application. It can be obtained from your financial adviser.

If you are starting a new bond, you must sign and return the KID to Utmost International before we can accept your application.

If you are adding to an existing bond, you do not need to return the KID to us.

YOUR RIGHT TO CANCEL

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

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

COMPLETING THE FORM

To complete this form:

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

Please ensure that you complete all relevant sections.

We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

NOTE

Taxation Information

Under Automatic Exchange of Information (AEOI) regulations Utmost International is required to obtain information about an applicant's tax status. To enable us to comply with these regulations, when submitting this application form you must also submit the **'Taxation information and self-certification - for entity investors'** or **'Tax declaration and self-certification for Trusts (where the trustees are all individuals)'** form. Completion and submission of a self-certification is mandatory and failure to provide one could result in your Portfolio being reported under AEOI by default. If any of the information contained in the self-certification changes please advise Utmost International promptly so we can determine if a new self-certification is required.

A TYPE OF APPLICATION

TYPE OF APPLICATION

Type of client (✓) Individual Joint Corporate/Corporate trustee Trustee

If this is an application for a NEW BOND, please indicate which type of bond you are applying for: (✓)

Life assurance This is called the Wealth Portfolio - Life.

Capital redemption This is called the Wealth Portfolio - Redemption.

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

ADDITIONAL INVESTMENT

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

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NOTE

Unless your details have changed, you only need to complete the full forename(s) and surname of each policyholder and life assured (if applicable) in section B1 if you are an individual applicant/trustee, or the name of the company in B2 if you are a corporate applicant, and C. The other relevant sections must also be completed.

POLICY CURRENCY

I wish my policy to be valued in (✓) £ US\$ € Other (state currency)

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

B1 DETAILS OF THE APPLICANT(S)/TRUSTEE

In this section, please give details of all individual applicant(s). Applicants must be at least 18 years old and the maximum age is 89. The maximum age for a life assured is 89.

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

NOTE

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

	Applicant/trustee 1 - lead policyholder	Applicant/trustee 2 (if any)																
Title (✓)	Mr Mrs Miss Other <input type="text"/>	Mr Mrs Miss Other <input type="text"/>																
Full forename(s)	<input type="text"/>	<input type="text"/>																
Surname	<input type="text"/>	<input type="text"/>																
Maiden name, previous name or alias	<input type="text"/>	<input type="text"/>																
Gender (✓)	Male Female	Male Female																
Date of birth	<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<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											
Nationality	<input type="text"/>	<input type="text"/>																
Dual nationality (if applicable)	<input type="text"/>	<input type="text"/>																
Passport number/national identity card number	<input type="text"/>	<input type="text"/>																

Residential address
(Where you are currently living.
We do not accept c/o and PO
Box addresses)

Country	Postcode

Country	Postcode

Correspondence address
(If left blank we will
use the residential
address for correspondence)

Country	Postcode

Country	Postcode

Utmost International accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International reserves the right to send correspondence to your residential address where regulations prevent it being sent to any other address.

We can only accept one correspondence address for the bond and will default to Applicant/Trustee 1 residential address if this is blank.

Telephone number including
area code (daytime)

Telephone number including
area code (evening)

Email address
(Please note each client must
have a unique email address)

B2 CORPORATE/CORPORATE TRUSTEE APPLICANT

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

CORPORATE/CORPORATE TRUSTEE APPLICANT

Please tick (✓) Private company Public company Other

Corporate name

Contact person

Country of registration

Date of incorporation

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

Country	Postcode

Correspondence
address (If left blank we will
use the residential address
for correspondence)

Country	Postcode

Utmost International accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost International reserves the right to send correspondence to your residential address where regulations prevent it being sent to any other address.

We will default to the registered office address if the correspondence address field is blank.

Telephone number including area code (daytime)	<input type="text"/>
Email address (Please note each client must have a unique email address.)	<input type="text"/>
Corporate website address	<input type="text"/>
Please state the company's main business (for example manufacturing or trading company)	<input type="text"/>

EMPLOYMENT DETAILS

This section must be completed in all instances.

Please give details of your employer or your own company, if self-employed.

If you have retired or are not currently employed please include details of your previous employer or your own company. Please also enter your final year's salary/income and bonus if any. If you have never been employed, please state N/A.

	Applicant/trustee 1		Applicant/trustee 2 (If any)	
Employment status (✓)	Employed	Self Employed	Employed	Self Employed
	Retired	Not employed	Retired	Not employed
Date of retirement/ unemployment (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of employer or your own company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of employer or your own company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode		Postcode	
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Website address of employer or your own company (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (including role, e.g. Director and sector, e.g. Accountancy. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited occupations as confirmed on our Source of Funds and Source of Wealth guidelines)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last year's gross salary/ income amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Currency (✓)	£	US\$	€	£
	US\$	€	US\$	€
	Other (state currency)	<input type="text"/>	Other (state currency)	<input type="text"/>
Last year's bonus amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Currency (✓)	£	US\$	€	£
	US\$	€	US\$	€
	Other (state currency)	<input type="text"/>	Other (state currency)	<input type="text"/>

AUTHORISED SIGNATORIES

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

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

NOTE

Additional documents are needed to evidence the identity of at least two directors, one of whom must be an executive director of the company.

If there is only a sole director we will require evidence of identity for this individual and at least one other authorised signatory.

B 3 DETAILS OF THE TRUST (IF APPLICABLE)

In this section, please give the following details: the name of the trust (for example, 'the Mary Jones Policy Trust dated 1 April 1990', 'the John Brown Will Trust') and the date the trust was created on.

The trust name is

The trust was created on

Trust details
(Please explain the reason for the establishment of the trust, what type of trust it is and detail the source/origin of the trust assets and the country of origin.)

TRUST ASSETS

Please provide an indication of the total value of the trust's assets

Currency (✓) £ US\$ € Other (state currency)

Amount

B 4 POLITICALLY EXPOSED PERSON

If the applicant(s), or any other party connected to this application either now or in the past/future, could be classed as a politically exposed person (PEP), or connected with a PEP, please provide details.

	Applicant/trustee 1	Applicant/trustee 2
PEP Name	<input type="text"/>	<input type="text"/>
Connection to applicant	<input type="text"/>	<input type="text"/>
Details of why they are considered a PEP	<input type="text"/>	<input type="text"/>

If a client is a PEP, or is linked to a PEP, Source of Funds evidence must be provided with the application and funding must come from the applicant's bank account. Due to the increased risk of accepting business from PEPs and the specific regulatory requirements relating to them, Utmost International will require Source of Wealth information which can be provided using the Source of Wealth Questionnaire, and may also require Source of Wealth evidence.

B 5 EXISTING CONTRACTS

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

Type of contract	<input type="text"/>
Policy number	<input type="text"/>

Type of contract	<input type="text"/>
Policy number	<input type="text"/>

All applicants must complete and sign the declaration in section J

C DETAILS OF THE LIFE/LIVES ASSURED

NOTE

This section should only be completed if you have selected the life assurance option, i.e., the Wealth Portfolio - Life, in section A.

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

Is/Are the applicant(s) also going to be a life assured? (✓)

applicant 1

applicant 2

The maximum age for a life assured is 89.

Please note you do not need to complete this section if the applicant(s) is/are going to be the only life/lives assured.

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

Title (✓)	First/additional life assured (If Any)			Second/additional life assured (If Any)		
	Mr	Mrs	Miss	Mr	Mrs	Miss
	Other <input type="text"/>			Other <input type="text"/>		
Full forename(s)	<input type="text"/>			<input type="text"/>		
Surname	<input type="text"/>			<input type="text"/>		
Maiden name, previous name or alias	<input type="text"/>			<input type="text"/>		
Gender (✓)	Male	Female		Male	Female	
Date of birth	<input type="text" value="d d m m y y y y"/>			<input type="text" value="d d m m y y y y"/>		
Nationality	<input type="text"/>			<input type="text"/>		
Dual nationality (if applicable)	<input type="text"/>			<input type="text"/>		
Residential address (Where you are currently living. We do not accept c/o and PO Box addresses)	<input type="text"/>			<input type="text"/>		
	Postcode <input type="text"/>			Postcode <input type="text"/>		
Country of residence	<input type="text"/>			<input type="text"/>		
Relationship of life assured to applicant	<input type="text"/>			<input type="text"/>		

D UTMOST INTERNATIONAL CHARGES

NOTE

Before completing this section, please ask your financial adviser for a copy of the charging structure details recommended to you.

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

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

UTMOST INTERNATIONAL'S CHARGES

Please enter the code for the Utmost International charge package that your financial adviser has explained will apply to your Wealth Portfolio. The appropriate Utmost International charging code should be used. Failure to provide the right code could result in the incorrect package being applied and/or delays.

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Please enter Allocation Percentage for this bond (if applicable)

 %

Please enter the Ongoing Service Charge (if applicable)

 %

E INVESTMENT DETAILS

PREMIUM PAYMENT

Currency (✓) £ US\$ € Other (state currency)

Amount to be invested

Payment method (✓) Electronic bank transfer Cheque

NOTE

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

The minimum initial investment amount is £100,000 (US\$150,000/€150 000 or other currency equivalent) and the minimum additional investment is £5,000 (US\$7,500, €7 500 or other currency equivalent). Please enclose your copy of receipt of your electronic bank transfer payment with this application form.

STERLING PAYMENTS

From UK banks (CHAPS' payments)

Sort code: 55-91-00
 Bank: Isle of Man Bank, East Region,
 2 Athol Street, Douglas, Isle of Man
 Beneficiary: Utmost International Isle of Man Limited
 IBAN***: GB89NWBK 559100 10934022

From non-UK banks (SWIFT payments)**

SWIFT code: RBOSIMD2XXX
 Sort code: 55-91-00
 Bank: Isle of Man Bank, East Region,
 2 Athol Street, Douglas, Isle of Man
 Beneficiary: Utmost International Isle of Man Limited
 IBAN: GB89NWBK 559100 10934022

OTHER CURRENCY PAYMENTS (SWIFT PAYMENTS)

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

SWIFT code:	NWBKGB2LXXX
Bank:	National Westminster Bank, London
IBAN:	(select as applicable, see below)
1. US Dollar	IBAN - GB05NWBK60730167544800
2. EURO	IBAN - GB63NWBK60720267545858
3. Australian Dollar	IBAN - GB18NWBK60730167535836
4. Canadian Dollar	IBAN - GB80NWBK60730167521916
5. Danish Krone	IBAN - GB22NWBK60730167545270
6. Hong Kong Dollar	IBAN - GB52NWBK60730167555691
7. Japanese Yen	IBAN - GB40NWBK60730167538835
8. New Zealand Dollar	IBAN - GB26NWBK60730167576141
9. Norwegian Krone	IBAN - GB23NWBK60730167568823
10. Singapore Dollar	IBAN - GB53NWBK60730167598838
11. Swedish Krona	IBAN - GB69NWBK60730167554997
12. Swiss Franc	IBAN - GB14NWBK60730167541534

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

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

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

IMPORTANT

Please make sure that the applicant name and/or policy number is/are quoted in the payment field.

F SOURCE OF FUNDS

BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM

The premium payment must come from an account held in the name of the applicant(s) and **NOT** a third party.

If multiple payments are being received, please complete this section for each payment (further space available on following page).

Bank details 1

Payment currency	£	US\$	€	Other (state currency)	<input type="text"/>
Payment amount	<input type="text"/>				
Name as stated on bank account	<input type="text"/>				
Sort code (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"/> <input type="text"/>
ABA number	<input type="text"/>				
Branch code for non-UK	<input type="text"/>				
Account number/ IBAN	<input type="text"/>				
SWIFT or BIC code (If applicable)	<input type="text"/>				
Bank name	<input type="text"/>				

Bank's full address

 Country Postcode

How long have you held this account years months

FURTHER PAYMENTS - IF APPLICABLE

Bank details 2

Payment currency £ US\$ € Other (state currency)

Payment amount

Name as stated on bank account

Sort code (if applicable) - -

ABA number

Branch code for non-UK

Account number/ IBAN

SWIFT or BIC code (If applicable)

Bank name

Bank's full address

 Country Postcode

How long have you held this account years months

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

Bank details 3

Payment currency £ US\$ € Other (state currency)

Payment amount

Name as stated on bank account

Sort code (if applicable) - - Branch code for non-UK

ABA number

Account number/ IBAN

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

Total amount received Currency Amount

Number of years income accumulated years

Institution holding the funds

Name of account where funds have been held

Account number

Length of time funds have been in this account years months

Nature of business

Main occupation during the accumulation period (e.g. Director. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited documents as confirmed on our [Source of Wealth and Source of Funds Guidelines](#))

Main employer's name

Employer's address

Postcode

Average annual salary over the accumulation period Currency Amount

Average annual bonus over the accumulation period Currency Amount

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

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

- › Last three month's payslips; **or**
- › Three months of account statements showing declared income being credited; **or**
- › Letter on headed paper from employer confirming last year's annualised earned income; and, where applicable, bonus payment **or**
- › Tax statement e.g. P60 for the UK, IRAS for Singapore etc.; **or**
- › Copy of latest accounts if self-employed

b. Compensation

Name of organisation or individual that paid compensation

Reason for compensation

Country compensation was awarded

Total amount received Currency Amount

Date of received

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

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

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

c. Competition win

Name of competition organiser

Description of competition

Country competition was held in

Total amount won Currency Amount

Date of win

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

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

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

d. Gift

Full name of person who gave the gift

Date of birth

Nationality

Address

Postcode

Relationship to applicant

Reason for gift

Description of gift

Total amount received Currency Amount

Date received

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

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

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

e. Inheritance

Deceased's full name

Relationship to applicant

Date of death

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

Amount received Currency Amount

Date received

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

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

Solicitor/lawyer's firm name

Solicitor/lawyer's firm address

Postcode

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

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

- › Grant of probate (with a copy of the will) which must include the value of the estate; **or**
- › The will relating to the inheritance; **or**
- › A signed letter from the regulated solicitor dealing with the estate on letter-headed paper confirming the information supplied in this application

f. Loan

Name of loan provider

Address of loan provider

Postcode

Total amount borrowed Currency Amount

Date of loan

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

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

- › A signed letter from the lender on letter-headed paper confirming the name of borrower, amount of loan and date of draw-down; or,
- › A loan statement confirming the details provided in this form

g. Maturing policy/policy claim/replacement policy

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

Name of policy provider

Address of policy provider

 Postcode

Policyholder's full name

Length of time policy held years months

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

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

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

If the investment/policy being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the investment/policy. Please complete an additional relevant section to confirm this.

Reason for policy claim or replacement policy (if applicable)

Total amount received Currency Amount

Surrender penalty (if applicable)

Date received

h. Sale of asset portfolio or investment

If the source of funds is a maturing investment rather than one that you are choosing to sell, please complete g instead.

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

Name of the company that held it

Registered address of company

 Postcode

Account name

Length of time asset portfolio or investment held years months

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

Original or suitably certified copy of one of the following:

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

If the portfolio/investment being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the portfolio/investment. Please complete an additional relevant section to confirm this.

Date of sale

Net amount received Currency Amount

i. Sale of interest in company

Company name

Business sector

Address of company

Postcode

Your connection with the company For example: owner, partner or shareholder

Date of sale

Sale amount Currency Amount

Net amount received The amount you have received after any deductions such as fees and taxes. Currency Amount

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

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

- › Signed letter on company headed paper from solicitor/ lawyer validating the information confirmed in this section of the application form; **or**,
- › Signed letter on company headed paper from regulated accountant validating the information in this section of the application form; **or**,
- › Copy of contract of sale and bank statement in the name of the client showing payment of the proceeds into an account in the name of the applicant; **or**,
- › Copies of media coverage of the sale (if applicable) as supporting evidence that the information is in this section of this application form

j. Sale of property

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

Address of property sold (including postcode if applicable)

Postcode

Length of time property owned years months

If the property being sold has been owned for less than 5 years, we need to understand the Source of Funds immediately prior to the purchase of the property. Please complete an additional relevant section to confirm this.

Date of sale

Total sale amount Currency Amount

Net amount applicant received from sale Currency Amount

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

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

- › Signed letter on headed paper from solicitor; or lawyer handling the sale or from regulated accountant; **or**
- › Signed letter on headed paper from estate agent (if applicable); **or**
- › Copy of contract of sale detailing the details included in the application form

k. Other

Description of the activity that generated the funds

Role in relation to above activities

Period over which the activities occurred

Country in which the activity occurred

Date received years months

Proceeds received from the activity Currency Amount

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

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

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

G REQUEST FOR UTMOST INTERNATIONAL TO APPOINT A DISCRETIONARY ASSET MANAGER

Discretionary Asset Manager name

Discretionary Asset Manager address

Name of financial adviser

Postcode

Discretionary Asset Manager country

DISCRETIONARY ASSET MANAGER CHARGE

Please enter the Discretionary Asset Manager charge that your financial adviser has explained will apply to your Wealth Portfolio.

The charges for this service (inclusive of VAT or other applicable tax, if any) are as follows:

% per year of the value of the portfolio fund to be taken quarterly.

Please refer to your Policy Terms for further information on Discretionary Asset Manager charges.

H REGULAR WITHDRAWALS

This section should only be completed if you wish to take regular withdrawals from your policy.

NOTE

Please note that the minimum amount for any regular withdrawal payment, regardless of frequency, is £500/\$750/€750 (or other currency equivalent).

WITHDRAWAL AMOUNT

Amount to be withdrawn each year

or

Percentage of premium to be withdrawn each year

 %

Withdrawal frequency (✓)

Monthly

Every two months

Quarterly

Every four months

Half-yearly

Yearly

NOTE

What about tax?

We strongly suggest you contact your financial adviser before making a decision to take regular withdrawals, in order to make sure that this is the most suitable withdrawal option for you, and also to find out if this will have any tax consequence.

Date of first payment

(If your Policy has not been accepted by us on the due date then your first payment will be made on the next payment date according to the frequency chosen.)

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

PAYEE DETAILS

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

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

Yes

No

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

Please select your preferred payment method:

Telegraphic Transfer

Please be advised that payments incur a bank transfer charge.

BACS direct credit

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

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

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

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

Bank account holder (name as stated on bank account)	<input type="text"/>		
Bank account number/IBAN	<input type="text"/>		
Sort code (applicable to UK accounts)	<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"/>	Branch code for non-UK payments	<input type="text"/>
ABA number	<input type="text"/>		
SWIFT or BIC code (SWIFT code needed for bank accounts outside Europe; BIC code needed for European accounts with an IBAN)	<input type="text"/>	ABA number	<input type="text"/>
Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Country	<input type="text"/>
		Postcode	<input type="text"/>

I NUMBER OF POLICIES - NEW CONTRACTS ONLY

The number of policies cannot be changed after the wealth portfolio is set up.

If you do not specify the number of policies we will issue the bond with 250 policies.
If you require more or less than this, please enter the number of policies you would like.

The minimum investment amount for each individual policy is £400, US\$600 or €600.
If the investment is £250,000 the maximum number of policies available is 625.

J DECLARATIONS AND APPLICATION

If there are more than two applicants, please photocopy all of this section, attach the details with this application form and tick here (✓)

NOTE

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

DATA PRIVACY STATEMENT

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

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

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

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

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

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

I may ask Utmost International to:

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

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

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

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

Or email: dataprotection@utmost.ie

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Data Protection Officer, Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

Or email: IOM.DPO@Utmostinternational.com

If I have a complaint about the processing of my personal information and Utmost International is unable to provide a satisfactory response I may contact the appropriate regulator:

For Utmost PanEurope dac: The Ireland Data Protection Commissioner, Canal House, Station Road, Portlaoine, R32 AP23 Co. Laois, Ireland.

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, British Isles, IM1 1ET.

As the Isle of Man is not part of the United Kingdom, our Appointed Representative in the United Kingdom is an establishment of Utmost Services Limited based at Saddlers House, 5th Floor, 44 Gutter Lane, London, EC2V 6BR.

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to Utmost International either in this application or within accompanying documentation.

WARNING

Please read the following declarations carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Wealth Portfolio - Redemption or Wealth Portfolio - Life. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that we can assess its possible significance. If you become aware of such a fact while we are considering your application, you should notify us immediately.

You should satisfy yourself that you are able to effect the proposed contract under any taxation, exchange control or insurance law to which you may be subject. You are responsible for any tax reporting and liability in relation to your Policy required by the relevant tax authorities. Your country of residence could vary how your Policy is taxed, and you should seek professional tax advice before moving to a new country.

A. APPOINTING THE DISCRETIONARY ASSET MANAGER

These Discretionary Asset Manager, Investment Mandate and Wealth Portfolio declarations are made by each applicant/policyholder for individual applicants/policyholders, the trustees jointly for a trustee applicant/policyholder, or authorised signatory on behalf of a corporate applicant/policyholder.

1. I hereby request that the Discretionary Asset Manager be appointed by Utmost International as Discretionary Asset Manager to manage the composition of the assets/investments of the portfolio fund in respect of my policy.
2. I understand that the management of the portfolio fund shall be at the discretion of the Discretionary Asset Manager and the Discretionary Asset Manager may utilise their preferred subcustodian to hold the assets.
3. I understand that the Discretionary Asset Manager charges detailed in this application will be paid by Utmost International. I understand that these charges will be recouped as a portfolio fund charge known as the Discretionary Asset Manager charge and that this charge will be deducted in the policy currency and paid quarterly.
4. I understand that I or any person acting on my behalf will have no influence over the selection of assets chosen by the Discretionary Asset Manager.

B. INVESTMENT MANDATE

The Investment Mandate provides details of the aims, objectives and risk tolerance as well as the anticipated time horizon to help the Discretionary Asset Manager provide and implement a suitable long-term investment strategy.

1. I confirm that all the information in the Investment Mandate is accurate, complete, can be relied upon, and that my investment objectives are as set out in the Investment Mandate.
2. I understand that I must inform Utmost International if the Investment Mandate changes. I understand that Utmost International can accept no responsibility for the effects of any delay or failure to inform them of any such change. I also understand that only three changes can be made to the Investment Mandate in any 12 month period.
3. I request that Utmost International agrees for the Discretionary Asset Manager to send reports to me which cover the investments that they hold. I understand that it will not contain the full valuation of the Wealth Portfolio as this is only provided by Utmost International.
4. I understand that the Discretionary Asset Manager may use expressions in their Investment Mandate which suggest that they are providing investment management services to me because it is easier to understand. I understand that no provision in the Investment Mandate will operate to cause the Wealth Portfolio to be regarded as a Personal Portfolio Bond or for me to have a legal or beneficial interest in any of the Assets of the Wealth Portfolio or for me to have a contractual relationship with the Discretionary Asset Manager.
5. **I confirm that I have received a copy of the Policy Terms (in particular the asset restrictions) and had the opportunity of reading them before completing this application form.**

C. DECLARATION FOR THE APPLICATION OF THE WEALTH PORTFOLIO

A copy of the policy terms for your application are contained on the Utmost International website www.utmostinternational.com.

1. I understand that Utmost International has designated the Wealth Portfolio - Life and Wealth Portfolio - Redemption as suitable only for Professional Investors as defined by Utmost International in the Policy terms and conditions.
2. I confirm that I meet the definition of a Professional Investor. I understand that Utmost International do not have any details of my circumstances or characteristics, will not undertake any investigations as to whether I meet this definition, and will rely solely on my confirmation, as part of their application acceptance criteria, that I meet the definition of a Professional Investor.
3. I understand that the Policy allows the Discretionary Asset Manager to invest into various types of Assets and some of these Assets are only suitable for Professional Investors. I accept the level of risk associated with these Assets including the risk that the investment into such an Asset:
 - a. could provide a lesser degree of investor protection and regulatory safeguards; and
 - b. could result in a loss of significant proportion of some or all of the sums invested; and
 - c. may have a minimum duration, impose significant redemption penalties or are illiquid.
4. I understand that I should read the offering documents for Assets suitable for Professional Investors.
5. I understand that if I consider myself to be a Retail Investor in the future, Utmost International will not restrict the choice of Assets available under the Wealth Portfolio - Life or Wealth Portfolio Redemption. I also understand that it will be my responsibility to complete a new Investment Mandate and send this to Utmost International.
6. I understand and agree that I am applying to enter into a new contract (or a top up to an existing contract) with Utmost International, it will be subject to the laws of the Isle of Man and the Policy Terms will be in the English language.
7.
 - a. If a bond number is not shown in section A of this form, I request that the amount shown in section E be invested as an initial premium for policies comprising a Utmost International Wealth Portfolio, and request Utmost International to issue the policies in my/company/corporate trustee name, and jointly with the other applicants, if any; or
 - b. I request that the amount shown in section E be invested as an additional premium for the policies currently in force bearing policy numbers consisting of the bond number, as shown in section A of this form.
8. I declare to the best of my knowledge and belief that the statements made in this application, and any related documents, are true and complete. I have not concealed a material fact. I agree to provide Utmost International with any further information in respect of this application on request.
9. I confirm that Utmost International has not provided any investment advice and I understand that the Discretionary Asset Manager appointed by Utmost International is responsible for the selection of assets to be linked to my Wealth Portfolio. I acknowledge that Utmost International and the Discretionary Asset Manager are not responsible for the investment performance of any asset. The provider of the underlying assets is responsible for the management of any assets. Utmost International is responsible for carrying out a treasury function in respect of the Transaction Account held with Utmost International and Utmost International does not recommend any asset as a suitable investment.
10. I confirm that I am not a resident, in, nor is the company/the corporate trustee incorporated in the United States of America or any of its territories. If I become resident or the corporate/the corporate trustee becomes incorporated in the United States of America or any of its territories, Utmost International may not be able to accept any further premiums until after I cease to be a resident or the corporate/the corporate trustee ceases to be incorporated in the United States of America or any of its territories.
11. I confirm that I have received a copy of the policy terms 'Details of your Wealth Portfolio - Redemption' (ref WPR) or 'Details of your Wealth Portfolio - Life' (ref WPL), the brochure entitled 'Create a financial future that travels with you', the 'Wealth Portfolio - Redemption at a glance' or the 'Wealth Portfolio - Life at a glance' and I have had the opportunity to read them before reviewing and signing this application.
12. I am aware of the charges payable on the Wealth Portfolio, including the charges payable in respect of the assets which may be held within it. I understand that the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and ongoing payments (such as commission) made by Utmost International to my financial adviser. I understand that Utmost International may receive payments in the form of fund manager rebates, from an asset provider in respect of the assets held, and which Utmost International may share with my financial adviser.
13. I authorise and request Utmost International to effect the Regular Withdrawals detailed in section H and confirm that such payments will discharge Utmost International from all liabilities and claims arising from those regular withdrawals. I understand that this authority supersedes any authority previously given.

14. I understand that in cases where the asset(s) the Discretionary Asset Manager has selected is/are not redeemable for a certain period of time, you may not be able to return that part of my payment until the end of that period. The description of the funds and/or assets the Discretionary Asset Manager has chosen will give details if this applies. The Discretionary Asset Manager may invest immediately into non daily dealing funds and I understand that in the event of cancellation or requiring early access:
- I may not get my money back immediately and payment may be delayed for some time;
 - the institution may impose penalties and therefore I may get back less than I invested, and/or
 - the only way in which to receive value may be through a transfer of the ownership of that asset into the name of the Policyholder.
15. Where applicable, I confirm that each life assured (or their parent where parental consent is required) consents to this application, and agrees to my acting as their agent for the purpose of the information provided in this application.
16. The premium detailed in this application and any other premium tendered in respect of this application are derived solely from the source of funding provided and have, where required, been declared to the relevant tax authority in my country of residence for taxation.
17. The application for a Utmost International policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes I am obliged to pay.
18. I have read and understood the Data Privacy Statement set out in this section and will make it available to other individuals whose Personal Data has been provided to Utmost International either in this application or within accompanying documentation.

For individual investors. I declare:

19. I am resident for taxation only in the country or countries shown in section B1 and am not resident for taxation elsewhere.
20. I am a national/citizen of the country (or countries in the case of dual nationality/citizenship) detailed in this application and am not a national or citizen of any other country.

Additional declarations applicable to Corporate applicants:

21. I confirm that the Company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.
22. The Company confirm that the Company shares are not held in bearer form and will not be converted to bearer share form.
23. I confirm that investment into the Utmost International Wealth Portfolio is within the investment powers available to the directors of the Company.

Additional declarations applicable to trust applicants, including trust companies:

24. I confirm that the Trust Company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.
25. I confirm that investment into the Utmost International Wealth Portfolio is within the investment powers available to the trustees of the trust.

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

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

Did you complete this application form yourself? (✓) Yes No

If No, did a third party, such as your financial adviser, complete it on your behalf? (✓) Yes No

By signing the Declarations in this Section J of the Wealth Portfolio application you confirm that you have read them and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

**Applicant 1/Trustee 1/
Authorised Signatory 1**

SIGNATURE

Date

**Applicant 2/Trustee 2/
Authorised Signatory 2**

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

K FINANCIAL CRIME - RISK RATING

FINANCIAL CRIME - RISK RATING - FOR ALL APPLICANTS - TO BE COMPLETED BY YOUR FINANCIAL ADVISER

NOTE

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

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

In order to decide what risk rating applies to your client's investment you need to take into account the following factors:

- a. your client's country of residence
- b. which country the premium is paid from

(a) + (b) = total risk rating

APPLICANT	CLIENT'S COUNTRY OF RESIDENCE (A)	COUNTRY THAT THE CONTRIBUTION IS PAID FROM (B)	TOTAL RISK RATING

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

If you are unsure about a particular application, please contact your Utmost International business consultant in the first instance, or alternatively contact Utmost International's International Sales Support team directly on +44 (0)1624 655010.

L VERIFICATION OF CUSTOMER IDENTITY

Please send the following supporting documentation with your signed and completed application.

VERIFICATION OF CUSTOMER IDENTITY - FOR INDIVIDUAL INVESTORS

Please note we will not be able to issue your policy until the necessary identification documents have been provided.

We require one document from Part A and one from Part B below.

PART A - Individual whose identity is being verified

Valid in-date Passport

National ID card

PART B - Individual whose residential address is being verified

These must be less than six months old,

- › A recent utility bill (electricity, gas, water), rates or council tax bill (excluding mobile/cell phone bills)
- › A bank, mortgage or credit card statement (excluding store cards)
- › An extract from the official register of electors
- › State pension, benefit or other government produced document showing benefit entitlement
- › A recent tax assessment document
- › Proof of ownership or rental of the residential address

DOCUMENT CERTIFICATION

Certification must state **'I hereby confirm that this document is a true copy of the original which I have sighted and the photograph represents a good likeness of the client'** and include the date of certification, the Certifier's full name, signature and job title.

FURTHER DOCUMENTARY EVIDENCE

We may require further documentary evidence in addition to the documents already requested to support your application, particularly in relation to your country of residence and investment amount, before we can process the application. Your financial adviser can establish if further documentary evidence is needed by referring to our Source of Funds and Source of Wealth Guidelines or contacting us before sending in your application form.

Please enter what documentary evidence you are enclosing with this application form.
(if applicable)

NOTE

Please note that we will not be able to commence the policy until this section has been completed and you have provided the necessary identification documentation.

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

Individual trustees

Enclosed
(✓)

1. Verification of the identity and address of all individual trustees - please complete parts A and B on the following pages.
2. Verification of the identity and address of the protector (where appropriate).
3. Evidence of the appointment of trustees (for example a certified copy of an extract from the trust deed, but not the whole deed) if the application is in respect of an existing trust.
4. The trustees (settlor(s) where policies to be settled into trust) should provide the name, current residential address and date of birth or death for all the parties to the trust, for example settlor/donor, protector, beneficiaries. If the beneficiaries are not named you must provide the class of beneficiaries, for example grandchildren. Please continue on a further sheet if necessary.

Capacity

Settlor/Donor

Protector

Beneficiary

Name

Date of birth or death

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

Birth

Death

Residential address

Country		Postcode
---------	--	----------

Capacity

Settlor/Donor

Protector

Beneficiary

Name

Date of birth or death

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

Birth

Death

Residential address

Country		Postcode
---------	--	----------

Capacity

Settlor/Donor

Protector

Beneficiary

Name

Date of birth or death

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

Birth

Death

Residential address

Country		Postcode
---------	--	----------

Capacity

Settlor/Donor

Protector

Beneficiary

Name

Date of birth or death

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

Birth

Death

Residential address

Country		Postcode
---------	--	----------

Class of beneficiary if not named (an extract of the deed may be provided)

You may also wish to provide identification documentation at the time of application/assignment for the named parties to the trust in order to avoid delays on subsequent transactions where documentary evidence is required, e.g. for beneficiaries.

Corporate and corporate trustees

Enclosed
(✓)

1. A list of directors' names.
2. Verification of the identity of at least two directors, one of whom must be an executive director.
3. A list of authorised signatories, specimen signatures and evidence of their signing power(s).
4. The corporate or corporate trustee's Certificate of Incorporation or other official registration document.
5. Evidence of the registered office of the corporate or corporate trustee.
6. Trading company – a copy of the latest annual reports and accounts. Non-trading company – evidence of the source of funds.
7. Private limited companies – verification of the identity of all shareholders holding 25% or more of the issued share capital as at the date of application. Where the shareholders are not individuals we will require verification of the identity of the ultimate beneficial owner of those entities and their relationship to the company.

All information should be provided on letterhead.

Confidentiality

Any information given by the client(s) or their Financial Adviser will be used solely by members of the Utmost Group of companies.

Verification of identity of individuals

We require one document from part A and one from part B. If neither document in part A is available, please provide two formal documents showing appropriate personal details and verifiable reference numbers from part B. Identification documentation must be current and valid. Evidence of address should be the latest available, but no more than six months old.

NOTE

Please tick (✓) to indicate the identification you have supplied for each individual party to the bond. If a fund adviser has been appointed we may need to verify the identity of the appointee.

PART A INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

1 Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	Passport	National identity card	
Document reference	<input type="text"/>		
2 Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	Passport	National identity card	
Document reference	<input type="text"/>		
3 Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	Passport	National identity card	
Document reference	<input type="text"/>		
4 Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	Passport	National identity card	
Document reference	<input type="text"/>		

PART A - REASON WHY DOCUMENTS ARE NOT PROVIDED (IF APPLICABLE)

PART B INDIVIDUAL WHOSE RESIDENTIAL ADDRESS IS BEING VERIFIED

These must be less than three months old	1	2	3	4
1 A recent utility, rates or council tax bill (mobile/cell phone bills not acceptable)				
2 A recent mortgage statement, giving the residential address				
3 An extract from the official register of electors				
4 A state pension, benefit or other government produced document showing benefit entitlement				
5 A recent tax assessment document				
6 A recent account statement from bank or credit card (store cards not acceptable)				
7 Proof of ownership or rental of the residential address				

M FINANCIAL ADVISER/SUITABLE CERTIFIER DECLARATION

This section must be completed in all instances.

DECLARATION BY THE FINANCIAL ADVISER/SUITABLE CERTIFIER

PART 1 - WHO HAS MET THE CLIENT

Please complete one of the following:

- I have met my client(s) in person
- I have met my client(s) face-to-face via secure live video stream
- I have not met my client(s) face-to-face

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

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

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

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

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

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

PART 3 - THIRD PARTY DETAILS

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

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

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

PART 4 - FINANCIAL ADVISER DECLARATION

I declare that:

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

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

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

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

on

d	d	m	m	y	y	y	y
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Regulatory body authorisation number (if applicable)

Regulator name

Utmost International financial adviser account number

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SIGNATURE

Financial Adviser

Full name of financial adviser

Date

d	d	m	m	y	y	y	y
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Financial adviser stamp