

SPANISH COLLECTIVE INVESTMENT BOND



APPLICATION FORM - NEW BUSINESS AND TOP-UP

For the individual, joint and corporate investor under Spanish law

For Spanish resident applicants only

THIS DOCUMENT WAS LAST UPDATED IN DECEMBER 2022.

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

USING THE EDITABLE FIELDS?

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

SECTION	PAGE	COMPLETED
A Type of application	4	<input type="checkbox"/>
B1 Details of the applicant	5	<input type="checkbox"/>
B2 Details of the applicant	6	<input type="checkbox"/>
B3 Details of the applicant	7	<input type="checkbox"/>
B4 Politically exposed person - this section refers to all applicant types	8	<input type="checkbox"/>
B5 Existing contracts	8	<input type="checkbox"/>
C Details of the Life/Lives Assured (if different from the individual applicant)	9	<input type="checkbox"/>
D Source of funds	10	<input type="checkbox"/>
E Investment details	10	<input type="checkbox"/>
F Asset choice	10	<input type="checkbox"/>
G Source of funds	11	<input type="checkbox"/>
H Regular withdrawals (optional)	17	<input type="checkbox"/>
I Number of policies	18	<input type="checkbox"/>
J Fund adviser	19	<input type="checkbox"/>
K Utmost PanEurope charges	19	<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 PanEurope dac is regulated by the Central Bank of Ireland. Registered No 311420.

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

Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

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

UPEQ PR 14433 | 12/22

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SECTION	PAGE	COMPLETED
L Mutual stipulations (mandatory section for all joint policies)	19	<input type="checkbox"/>
M Nomination of beneficiaries	20	<input type="checkbox"/>
N Appointment of beneficiary(ies) – for single policy holders only	21	<input type="checkbox"/>
O Declaration and application	22	<input type="checkbox"/>
P1 Verification of customer identity for individual investors – Financial Adviser/suitable certifier to complete	26	<input type="checkbox"/>
P2 Verification of customer identity for corporate investors – Financial Adviser/suitable certifier to complete	28	<input type="checkbox"/>
Q Financial Adviser/suitable certifier declaration	29	<input type="checkbox"/>

CUSTOMER ID NUMBER(S)

If known please enter the Customer ID number(s)

Applicant 1

Applicant 2

FINANCIAL ADVISER DETAILS

Utmost PanEurope account reference

Adviser ID

Name of Financial Adviser

Company name

Address

Telephone number

Fax number

E-mail address

Utmost PanEurope only accepts business introduced by companies which have Terms of Business with us.

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

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

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

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 **'Tax declaration and self-certification - for individual investors'** for applications by individuals, or **'Tax declaration and self-certification - for entity investors'** for corporates. 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.

For ease of reference we have used an arrow ► to highlight certain facts.

YOUR RIGHT TO CANCEL

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

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

ONLINE SERVICE ACCOUNT ON WEALTH INTERACTIVE

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

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

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

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

COMPLETING THE FORM

To complete this form:

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

Please ensure that you complete all relevant sections. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

A TYPE OF APPLICATION

Type of client

Individual

Joint

Corporate

Reason for investment
(for example saving for
retirement)

ADDITIONAL PREMIUM

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

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

POLICY CURRENCY

I wish my policy to be
valued in (✓)

£

US\$

€

Other (state currency)

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

APPOINTMENT OF AN AUTHORISED CUSTODIAN

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

Name of custodian

Address of custodian

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

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

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

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

in accordance with the Policy Terms.

Full name

Telephone number

E-mail address

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

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

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

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

INDIVIDUAL POLICYHOLDERS

Policyholder name	<input type="text"/>		
Telephone number	<input type="text"/>	E-mail address	<input type="text"/>

CORPORATE POLICYHOLDERS

Policyholder name	<input type="text"/>		
Telephone number	<input type="text"/>	E-mail address	<input type="text"/>

B1 DETAILS OF THE APPLICANT

In this section, please give details of the **individual applicant**. Joint applicants are only accepted if a mutual stipulation is completed under section Section L page 19. The applicant must be at least 18 years old and the maximum age is 80. The maximum age for a Life Assured is 80.

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

Relationship between applicants	Applicant 1				Applicant 2 (If any)			
Title (✓)	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"/>			
Sex (✓)	Male	Female			Male	Female		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>				<input type="text"/>			
Town/City of birth	<input type="text"/>				<input type="text"/>			

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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"/>

If you are unsure about what information to include below, please contact your Financial Adviser.
Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities.

Country of habitual residence	<input type="text"/>	<input type="text"/>
Spanish tax identification number (NIE/DNI)	<input type="text"/>	<input type="text"/>
Residential address (Where you are currently living. We are unable to accept PO Box or C/O addresses)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Correspondence address (if left blank we will use the residential address for correspondence)	<input type="text"/>
	<input type="text"/>

Is the applicant(s) also going to be a Life Assured? (✓)	Yes	No	Yes	No
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Utmost PanEurope accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost PanEurope reserves the right to send correspondence to my residential address where regulations prevent it being sent to a third party.

Telephone number including area code (daytime)	<input type="text"/>	<input type="text"/>
Telephone number including area code	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>

B2 DETAILS OF THE APPLICANT

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

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.
If you have never been employed, please state N/A. Please also enter your final year's salary/income and bonus if any.

Employment details	Applicant 1		Applicant 2 (If any)	
Employment status (✓)	Employed	Self Employed	Employed	Self Employed
	Retired	Not employed	Retired	Not employed
Date of retirement / unemployment	<input type="text"/>		<input type="text"/>	
Name of employer or your own company	<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"/>	
	<input type="text"/>		<input type="text"/>	

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Country	<input type="text"/>	<input type="text"/>
Website address of employer or your own company (if any)	<input type="text"/>	<input type="text"/>
Occupation (including role eg Director and sector eg 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"/>
Last year's gross salary/ income amount	<input type="text"/>	<input type="text"/>
Currency (✓)	£ US\$ €	£ US\$ €
	Other (please state) <input type="text"/>	Other (please state) <input type="text"/>
Last year's bonus amount (if applicable)	<input type="text"/>	<input type="text"/>
Currency (✓)	£ US\$ €	£ US\$ €
	Other (please state) <input type="text"/>	Other (please state) <input type="text"/>
If you receive income from another source, please provide full details here. (eg Dividend, Investment, rental income including their nature and source)	<input type="text"/>	<input type="text"/>

B3 DETAILS OF THE APPLICANT

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

Corporate applicant

Please tick (✓)	Private company	Public company	Other <input type="text"/>
Corporate name	<input type="text"/>		
Contact person	<input type="text"/>		
Country of registration	<input type="text"/>		
Date of incorporation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Registered office address (This information must be provided in full. We are unable to accept PO Boxes and 'care of' addresses)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Postcode <input type="text"/>		
Correspondence address	<input type="text"/> <input type="text"/> <input type="text"/>		
	Postcode <input type="text"/>		

Utmost PanEurope accepts no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently. Utmost PanEurope reserves the right to send correspondence to the Registered office address where regulations require.

Telephone number including area code (daytime)	<input type="text"/>
E-mail 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"/>

AUTHORISED SIGNATORIES

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

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

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

B4 POLITICALLY EXPOSED PERSON - THIS SECTION REFERS TO ALL APPLICANT TYPES

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

If a client is a PEP, or is linked to a PEP, Source of Funds and Origin of Wealth 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.

B5 EXISTING CONTRACTS

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

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

The applicant must complete and sign the declaration in section M

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

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

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

The maximum age for a Life Assured is 80.

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

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

	First additional Life Assured (if any)	Second additional Life Assured (if any)
Title (✓)	Mr Mrs Miss Other <input type="text"/>	Mr Mrs Miss Other <input type="text"/>
Full forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Sex (✓)	Male Female	Male Female
Address	<input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> Postcode <input type="text"/>
Tax reference number	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
Nationality	<input type="text"/>	<input type="text"/>
Dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
Residential address (We are unable to accept PO Box or C/O addresses)	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>

D SOURCE OF FUNDS

This section must be completed in all instances.

BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM

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

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

Payment amount	<input type="text"/>	Payment currency	<input type="text"/>
Bank account holder (name as stated on bank account)	<input type="text"/>		
Bank account number/IBAN	<input type="text"/>		
Sort code (If applicable)	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>
SWIFT or BIC code (If applicable)	<input type="text"/>		
Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>		
How long have you held this account	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>
			months

› Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.

› Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN).

E INVESTMENT DETAILS

PREMIUM PAYMENT

Currency (✓)	€	£	US\$	Other (state currency)	<input type="text"/>
Premium amount	<input type="text"/>				
Payment method (✓)	Electronic bank transfer		Asset transfer		

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

Where you have chosen an authorised custodian, are you remitting your premium to be paid: (✓)

to Utmost PanEurope; or

by cash transfer from the Authorised custodian

F ASSET CHOICE

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

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

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

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

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

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

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

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

Contact name	<input type="text"/>		
Telephone number including area code (daytime)	<input type="text"/>	Telephone number including area code (evening)	<input type="text"/>
Fax number	<input type="text"/>	E-mail address	<input type="text"/>

G SOURCE OF FUNDS

ACTIVITY WHICH GENERATED AMOUNT TO BE INVESTED

Utmost International is required to record details of how the funds being invested have been accumulated.

Where your funds come from more than one source, you should complete all relevant sections to give us the full picture of its origin.

Documentary evidence requirements:

If **all** of the following apply:

- › you are resident in; **and**
- › you are funding from; **and**
- › your financial adviser is regulated in,

Belgium, France, Guernsey, Jersey, Spain, Sweden or United Kingdom, the threshold for requiring supporting documentary evidence is GBP 1,000,000.00 of total premiums paid to date to Utmost International.

Where the above doesn't apply, your financial adviser will tell you if additional documentary evidence is required by referring to our [Source of Funds and Source of Wealth Guidelines](#) (the Utmost PanEurope dac version).

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

Total amount received	Currency	<input type="text"/>	Amount	<input type="text"/>
Number of years income accumulated	<input type="text"/> <input type="text"/>	years		
Institution holding the funds	<input type="text"/>			
Name of account where funds have been held	<input type="text"/>			
Account number	<input type="text"/>			
Length of time funds have been in this account	<input type="text"/> <input type="text"/>	years	<input type="text"/> <input type="text"/>	months
Nature of business	<input type="text"/>			
Main occupation during the accumulation period (e.g. Director. If you have retired please include your occupation before retirement. Please check that the occupation is not on our list of prohibited documents as confirmed on our Source of Wealth and Source of Funds Guidelines)	<input type="text"/>			
Main employer's name	<input type="text"/>			
Employer's address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Average annual salary over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>
Average annual bonus over the accumulation period	Currency	<input type="text"/>	Amount	<input type="text"/>

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

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

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

b. Compensation

Name of organisation
or individual that paid
compensation

Reason for compensation

Country compensation
was awarded

Total amount received

Currency

Amount

Date of received

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

Original or suitably certified copy
of one of the following:

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

c. Competition win

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

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

Original or suitably certified copy of one of the following:

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

d. Gift

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

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	<input type="text"/>								
Relationship to applicant	<input type="text"/>								
Date of death	<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		
Details of the inheritance Tell us about the assets forming the inheritance (eg. cash, property, shares etc.)	<input type="text"/>								
Amount received	<table border="0"> <tr> <td>Currency</td> <td><input type="text"/></td> <td>Amount</td> <td><input type="text"/></td> </tr> </table>	Currency	<input type="text"/>	Amount	<input type="text"/>				
Currency	<input type="text"/>	Amount	<input type="text"/>						
Date received	<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		
Solicitor/lawyer's (who dealt with the estate) name	<input type="text"/>								
Solicitor/lawyer's firm name	<input type="text"/>								
Solicitor/lawyer's firm address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
	Postcode <input type="text"/>								

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

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

- › 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	<input type="text"/>								
Address of loan provider	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
	Postcode <input type="text"/>								
Total amount borrowed	<table border="0"> <tr> <td>Currency</td> <td><input type="text"/></td> <td>Amount</td> <td><input type="text"/></td> </tr> </table>	Currency	<input type="text"/>	Amount	<input type="text"/>				
Currency	<input type="text"/>	Amount	<input type="text"/>						
Date of loan	<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		

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

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

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

g. Maturing policy/policy claim/replacement policy

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

Name of policy provider	<input type="text"/>
Address of policy provider	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>
Policyholder's full name	<input type="text"/>
Length of time policy held	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months

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

Reason for policy claim or replacement policy (if applicable)	<input type="text"/>
Total amount received	Currency <input type="text"/> Amount <input type="text"/>
Surrender penalty (if applicable)	<input type="text"/>
Date received	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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

- › 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

h. Sale of asset portfolio or investment

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

Description of asset portfolio or investment (i.e. government bonds, equities etc.)	<input type="text"/>
Name of the company that held it	<input type="text"/>
Registered address of company	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>
Account name	<input type="text"/>
Length of time asset portfolio or investment held	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months
IMPORTANT: Where there is a sale or transfer of assets, the relevant section must be completed to explain how the funds were originally obtained to purchase the assets.	
Date of sale	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Net amount received	Currency <input type="text"/> Amount <input type="text"/>

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

Original or suitably certified copy of one of the following:

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

i. Sale of interest in company

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

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

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

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

j. Sale of property

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

Address of property sold (including postcode if applicable)	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Length of time property owned	<input type="text"/>	<input type="text"/>	years	<input type="text"/>	<input type="text"/>	months

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

Date of sale	<input type="text"/>	<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"/>
Total sale amount	Currency	<input type="text"/>	Amount	<input type="text"/>			
Net amount applicant received from sale	Currency	<input type="text"/>	Amount	<input type="text"/>			

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

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

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

k. Other

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

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

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

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

H REGULAR WITHDRAWALS (OPTIONAL)

WITHDRAWAL AMOUNT

Amount to be withdrawn each year

or

Percentage of premium to be withdrawn each year %

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

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

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

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

NOMINATED ASSET(S)

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

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

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

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

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

PAYEE DETAILS

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

Please select your preferred payment method:

Telegraphic Transfer

Please be advised that payments incur a bank transfer charge.

BACS direct credit

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

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

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

Do you want your withdrawals to be made to the same bank account detailed in section D 'Source of funds' Yes No

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

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

Bank account holder (name as stated on bank account)	<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"/>
SWIFT or BIC code	<input type="text"/>
(SWIFT code needed for bank accounts outside Europe; BIC code needed for European accounts with an IBAN)	
Bank name	<input type="text"/>
Bank address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>

I NUMBER OF POLICIES

NEW CONTRACTS ONLY

Please enter the number of policies you would like

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

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

J FUND ADVISER

APPOINTING A FUND ADVISER TO YOUR UTMOST PANEUROPE PORTFOLIO BOND

Please tick as appropriate (✓)

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

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

K UTMOST PANEUROPE CHARGES

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

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

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

--	--	--	--	--	--	--	--

Initial commission (if applicable)

	%
--	---

Ongoing Service Charge (if applicable)

	%
--	---

L MUTUAL STIPULATIONS (MANDATORY SECTION FOR ALL JOINT POLICIES)

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

SIGNATURE

Applicant 1

--	--

Date _____

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

Applicant 2

--	--

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

M NOMINATION OF BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

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

Share

%

Beneficiary's date of birth

d d m m y y y y

Beneficiary's address

Postcode

SIGNATURE OF APPLICANT

Date

d d m m y y y y

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

Share

%

Beneficiary's date of birth

d d m m y y y y

Beneficiary's address

Postcode

SIGNATURE OF APPLICANT

Date

d d m m y y y y

NOTES

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

O DECLARATION AND APPLICATION

DATA PRIVACY STATEMENT

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

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

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

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

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

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

I may ask Utmost International to:

- › provide a copy of personal information held about me and an explanation of how this data is processed;
- › update or correct my personal information;

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

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

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, Portarlington, R32 AP23 Co. Laois, Ireland.

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

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

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

IMPORTANT INFORMATION

Please read the declaration carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Spanish Collective Investment Bond. A material fact is one which is likely to influence the assessment and acceptance of the application.

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

You should satisfy yourself that you are able to effect the proposed contract under any taxation, exchange control or insurance law to which you may be subject.

DECLARATION

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

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

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

DECLARATION APPLICABLE TO ALL APPLICANTS

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

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

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

ADDITIONAL DECLARATIONS APPLICABLE TO CORPORATE APPLICANTS:

15. I confirm that the Company has not been, or is not in the process of being dissolved, struck off, wound up or terminated.
16. Where the application is made on behalf of a corporate entity, I confirm the Lead Policyholder named in this application has the appropriate authority to act on behalf of the corporate entity.

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

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

Please enter the country where you received advice.

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

Did you complete this application form yourself? (✓)

Yes No

If No, did a third party, such as your Financial Adviser, complete it on your behalf? (✓)

Yes No

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

SIGNATURE

Applicant 1

Date

d	d	m	m	y	y	y	y
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Applicant 2

d	d	m	m	y	y	y	y
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SIGNATURE

Corporate applicant

Date

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

DECLARATION BY EACH LIFE ASSURED (OTHER THAN THE APPLICANT)

SIGNATURE	First additional Life Assured (if any)	Second additional Life Assured (if any)
	<input type="text"/>	<input type="text"/>
Date	<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"/>

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

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

P1 VERIFICATION OF CUSTOMER IDENTITY FOR INDIVIDUAL INVESTORS - FINANCIAL ADVISER/SUITABLE CERTIFIER TO COMPLETE

This section must be completed in all instances for individual investors.

► **Please note that we will not be able to set the bond live 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.

We require one document from Part A and one from Part B. If neither document in part A is available, please provide the reason why and provide two formal documents showing appropriate personal details and verifiable reference numbers from part B. When certifying copies of original documents, the suitable certifier must provide the following:

- › a statement to reflect that it is a true copy of the original
- › their name
- › their signature
- › the date of certification

The suitable certifier must also sign and print their name, state their company name/institution, their position within the company/institution and the date. Where available a stamp should be used by the certifier.

Identification documentation should be current and valid. Evidence of address should be the latest available, but no more than six months old.

► **Please tick (✓) to indicate the identification documentation you have supplied. 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	<input type="checkbox"/> Passport	<input type="checkbox"/> National identity card
Document reference	<input type="text"/>	
2. Name	<input type="text"/>	
Capacity	<input type="text"/>	
Type of document	<input type="checkbox"/> Passport	<input type="checkbox"/> National identity card
Document reference	<input type="text"/>	

PART B INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED

These must be less than six months old

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

PART C FINANCIAL CRIME - RISK RATING

To prevent financial crime, Irish authorised life companies may adopt a 'risk-based approach' when obtaining evidence of the source of a client's funds. 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 COUNTRY OF RESIDENCE (A)	COUNTRY OF PREMIUM FUNDING (B)	TOTAL RISK RATING

Utmost PanEurope 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 PanEurope business consultant in the first instance, or alternatively contact Utmost PanEurope's International Sales Support team directly on 01624 655 009.

P2 VERIFICATION OF CUSTOMER IDENTITY FOR CORPORATE INVESTORS - FINANCIAL ADVISER/SUITABLE CERTIFIER TO COMPLETE

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

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

Enclosed (✓)

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

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

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2. Name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>								
	<input type="text"/>								
	Postcode								

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

Q 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 INTERNATIONAL BY THE CLIENT
Valid identity document(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valid proof of residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source of funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source of wealth documents/information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

PART 3 - THIRD PARTY DETAILS

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

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

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

PART 4 - FINANCIAL ADVISER DECLARATION

I declare that:

- › I have taken reasonable steps to ensure that the funding is legitimate and in line with the client's circumstances.
- › To the best of my knowledge, all the information provided with this form and application is true and complete and that I will provide further information if required.
- › I have not made any changes to the application form after the client has signed it
- › I have verified the contents of the original documents where copies have been enclosed and that they are true copies of the original.
- › I, the undersigned, being an authorised signatory and representative of the Financial Adviser firm named in this Application Form, warrant that I have authority to bind and agree to the terms of this Financial Adviser Declaration in the name of and on behalf of the Financial Adviser. For the avoidance of doubt, the terms of this Declaration will be legally binding on the Financial Adviser firm in their entirety.
- › I understand the current Spanish rules concerning commission payments as established by Royal Decree-law 3/2020, which transposed the Insurance Distribution Directive 2016/97 (IDD).
- › I understand that both Spanish authorised insurance brokers and insurance intermediaries resident or domiciled in other EU Member States carrying out distribution activities in Spain with passporting rights, providing independent advice based on an objective and personalised analysis and distributing unit-linked life insurance products on an advised sales process, are prohibited to accept or withhold commissions, or any other monetary or non-monetary benefits paid by the insurer in relation to policies sold from 5 February 2020 onwards.
- › I understand that non-compliance with the above prohibition would be considered a severe offence attributable to the Financial Adviser acting as an insurance broker from a regulatory perspective in Spain and that it carries a special penalty to insurance mediators in Spain.
- › I have selected a Charge Package for this Spanish Collective Bond policy that is suitable and in line with the above Spanish legislation. I understand that I am solely responsible for ensuring that I select a Charge Package for the Spanish Collective Bond that complies with the above requirements and the particular circumstances of the Financial Adviser firm I represent.
- › I accept that Utmost PanEurope dac accepts no liability for the payment of any commission which is subsequently deemed unlawful, where such payment has arisen as a result of your decision to select a Charge Package which is unlawful under Spanish law by reason of the above requirements and your particular circumstances.
- › I agree to indemnify Utmost PanEurope for any losses, claims or fines suffered or incurred as a result of my decision to select a Charge Package which is unlawful under Spanish law by reason of the above requirements and the particular circumstances of the Financial Adviser Firm I represent.

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

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

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

on

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

Regulator name

Utmost International Financial Adviser account number

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SIGNATURE

Financial Adviser/suitable certifier

Full name

Date

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

Financial Adviser stamp