

# DELEGATION ADDITIONAL SINGLE PREMIUM INVESTMENT

## APPLICATION FORM FOR TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

### IMPORTANT NOTES

**Please complete this form if you want to make an additional investment into your existing contract.**

#### BEFORE YOU BEGIN

Before completing this application please ensure you have read the Delegation Product Guide, Personal Illustration, Key Features Document and Guide to charges. Your financial adviser will also be able to provide you with any relevant supporting literature in relation to your individual circumstances. The Policy Conditions and Policy Schedule detail the terms and conditions of the contract. Copies of all items are available from us on request.

#### HOW TO COMPLETE THIS FORM

This form has been designed for trustee and corporate trustee policyholders only. Individual policyholders will need to complete the **Additional Single Premium application form for individual policyholders of Delegation**.

Please complete this form using **black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. Please do not use correction fluid. Please ensure that all sections are fully completed. Please note that in this form words in the singular shall include the plural and vice versa.

This form is split into 3 sections for ease of completion. A summary of who should complete each section is outlined below:

- › **Section 1:** Additional Single Premium application - **Policyholder** must complete in all cases.
- › **Section 2:** Identification Requirements & Financial Adviser details - **Financial adviser** must complete in all cases.
- › **Section 3:** Adviser charges - **Policyholder** should complete if they would like Utmost Ireland to facilitate any adviser charge payments to the financial adviser. For bonds where an Adviser Charging Agreement is already in place for your financial adviser, that agreement will continue for your existing investment. If you wish to change any existing agreement, you must complete Section 1 c) in the separate **Adviser Charges Pack** available from your financial adviser or from us on request.

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

- › **Policyholder** will need to sign page 25 in all cases
- › **Financial adviser** will need to sign page 29 in all cases.

## A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions and Utmost Trustee Solutions are brand names used by a number of Utmost companies. This item has been issued by Utmost Ireland dac.

The following companies are registered in the Isle of Man. Utmost Limited (No 056473C), Utmost Administration Limited (No 109218C) and Utmost Trustee Solutions Limited (No 106739C) are regulated or licensed by the Isle of Man Financial Services Authority. Not regulated: Utmost Services Limited (No 059248C). Each has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.

The following company is registered in Ireland. Utmost Ireland dac (No 303257) is authorised by the Central Bank of Ireland and regulated by the Financial Conduct Authority in the UK for Conduct of Business Rules. Registered office: Block 2, Harcourt Centre, Harcourt Street, Dublin 2, Ireland.

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

### PAYING FOR YOUR ADVICE - ADVISER CHARGING

Where the policyholder is a trustee or corporate trustee, any payments for advice you request to be taken from the bond will need to comply with the terms of the trust, and there may be tax implications. Professional advice should be taken. Your existing investments and any existing adviser charges paid to your financial adviser can continue unaffected.

### IDENTIFICATION REQUIREMENTS

Under Anti-Money Laundering regulations, we are required to verify the identity and address of all parties associated with the policy. The payment of an additional single premium represents a change to the bond, which requires us to ensure the evidence of address and identity are up-to-date and in line with current standards.

If the application is being signed under a Power of Attorney, we will require a certified copy of the Power of Attorney document and the identity and address of the attorney will be verified as well as the policyholder.

We are required to verify the identity and address of all trustees. We also need the full names, date of birth and address of all other parties to the trust (for example, the settlors and beneficiaries).

### IMPORTANT INFORMATION ABOUT THIS CONTRACT

You need to satisfy yourself that, under any taxation, exchange control or insurance legislation to which you may be subject, you can make this additional investment.

When submitting this application please ensure that you provide us with all residency and citizenship information by completing the separate **Tax information exchange pack for entities**. It is available from our website [www.utmostwealth.com](http://www.utmostwealth.com) or your financial adviser on request. If you do not provide the information we are obliged to report your investment to the relevant authorities. Please speak to your financial adviser for details.

The contract for the additional investment could be invalidated by any failure to disclose facts which might influence our assessment of this application. If you have any doubt as to whether a fact is relevant then you should disclose it. Any additional information should be detailed on a separate sheet, dated and signed by the authorised signatories.

### WHAT TO DO NEXT

Using the checklist on the final page please ensure you have completed all of the relevant sections and that you have attached any supporting documents to submit, including the separate **Tax information exchange pack for entities**.

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

Please send the form to: **Utmost Ireland dac, Block E, Iveagh Court, Harcourt Road, Dublin 2, Ireland.**

SECTION 1 – POLICYHOLDERS MUST COMPLETE IN ALL CASES

**A CONTRACT DETAILS**

1 We apply to increase the existing investment under the **policy numbered**

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

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**3 Bond charge**

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

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

Please note that this is not the adviser charge (please see page 30 for more details of adviser charges).

The Product Management Charge for each new premium is based on the total premiums paid, therefore an additional premium may have lower charges than the initial premium.

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

%	Initial	%	Ongoing (per annum)
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**Please note that the Personal Illustration provided to you should match the investment details mentioned in this application. If there have been any changes in the investment details between the date of that illustration and the submission of this additional application, please ask your financial adviser for an updated illustration.**

**B POLITICALLY EXPOSED PERSONS**

We are required to identify Politically Exposed Persons under Anti-Money Laundering regulations, and apply enhanced customer due diligence procedures. Please answer the following questions:

- 1 Is the settlor(s), any trustee, any known beneficiary, protector or any other party to this application (including company directors or shareholders), now, or have any such parties been in the past; a Head of State; a holder of a political or government post (including the diplomatic service); a member of the Judiciary or the Military; an employee of a State Owned Corporation or a board member of a Central Bank?  Yes  No
- 2 Have any parties to the application been connected with any international organisations?  Yes  No
- 3 Does any close relative or business associate of any party to this application fall into any of the categories mentioned in question 1 and 2 above?  Yes  No

Please see our separate document entitled 'Information on Politically Exposed Persons' which is available from your financial adviser who can obtain this on our website, [www.utmostwealth.com](http://www.utmostwealth.com). This includes a list of those parties considered to be close relatives.

**If the answer is 'yes' to any of the above questions**, please give details of any organisation involved, and the relevant person, including country, the position held, when held and a brief description of the role undertaken. Based on the information provided, we reserve the right to request further information or documentation.


APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

**C** TRUST DETAILS

1 The Trust was created on 

d	d	m	m	y	y	y	y
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2 Name of the Trust 

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3 Correspondence address for trustees 


Postcode 

					-				
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We, the trustees will inform Utmost Ireland dac, in writing, immediately of any changes of trustees and we understand that appropriate evidence of identity will be required.

4 We confirm the nature and purpose of the Trust is: 


5 Is this investment in respect of Pension Schemes? (SIPPS etc)  Yes  No

6 Please attach certified evidence of the proper appointment of the trustees  Attached

PLEASE PROVIDE DETAILS OF THE TRUST'S BANK/BUILDING SOCIETY ACCOUNT

7 Account name 

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

8 Account number 

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

9 Bank sort code 

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

10 Building Society roll number (if applicable) 

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

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12 IBAN number (required for all bank accounts in the EU) 

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

13 Bank/Building Society name 

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

14 Address 


Postcode 

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

15 Telephone number (including international dialling code) 

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16 How long has the account been held? 

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 Years

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

**D** SETTLOR DETAILS

Please supply details of the settlor(s) of the Trust and any other persons who have provided money to the Trust:

	Settlor 1	Settlor 2	
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
2 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
3 Maiden name or any previous names (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
4 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
5 Date of birth (must be 18 years or over)	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y	Please provide in all cases, even if deceased.
6 If deceased, date of death	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y	<input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> d <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> m <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y <input style="width: 25%;" type="text"/> y	
7 Country of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
8 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
9 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Postcode	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	
10 Please state the jurisdiction in which the settlor was tax resident when the trust was established	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Please note that this question must be completed.
11 Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
12 Occupation and name of employer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
13 If retired, previous occupation and name of last employer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
14 Total annual income (including salary, pension and investment income)	<input type="checkbox"/> up to £50,000 <input type="checkbox"/> £100,001 to £150,000	<input type="checkbox"/> up to £50,000 <input type="checkbox"/> £100,001 to £150,000	
	<input type="checkbox"/> £50,001 to £100,000 <input type="checkbox"/> £150,001+	<input type="checkbox"/> £50,001 to £100,000 <input type="checkbox"/> £150,001+	

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

**E INDIVIDUAL TRUSTEE DETAILS**

If there has been a change of trustee(s) which we have not been advised about, please enclose a suitably certified copy of any Deed of Appointment and/or Retirement of Trustees documents.

If there are more than four trustees please photocopy this page and after completing the additional details, attach it securely to the form. If the trustee is a company please complete Section F, Corporate trustee details.

	Trustee 1	Trustee 2
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3 Maiden name or any previous names (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If you are an individual acting on behalf of a company (e.g. a law firm), please enter your own residential address here. Please provide your company address in the notes section of this application form)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
6 Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7 Date of birth	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
8 Country of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>Trustee 3</b>	<b>Trustee 4</b>
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3 Maiden name or any previous names (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If you are an individual acting on behalf of a company (e.g. a law firm), please enter your own residential address here. Please provide your company address in the notes section of this application form)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
6 Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7 Date of birth	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
8 Country of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

The required number of signatories will need to sign the Declaration in section L.

**F CORPORATE TRUSTEE DETAILS**

Please ensure that a separate **Tax information exchange pack for entities** is provided and is completed by all the trustees and named beneficiaries.

**To be completed if there is a corporate trustee.**

1 Corporate trustee name

2 Company Registration number

3 Registered address (PO Boxes and 'care of' addresses are not acceptable)

Postcode  -


4 Is the company in the process of being dissolved, struck off, wound up or terminated?  Yes  No

5 Is the company quoted on a recognised stock exchange?  Yes  No

6 If yes, which one?

› Please attach a certified copy of the Certificate of Incorporation (unless previously provided)

Attached

These can be certified by the financial adviser 

› Please attach a certified copy of the latest annual report and accounts

Attached

**COMPANY DIRECTORS**

Please list all the current directors of the company (continue as necessary on a separate sheet).

Full name	Date of birth	Home postcode
1	d d m m y y y y	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	d d m m y y y y	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	d d m m y y y y	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	d d m m y y y y	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	d d m m y y y y	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	d d m m y y y y	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

From the list, please supply the details on the following page of two directors, including at least one executive director and provide suitable verification of identity and residential address.

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TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

	Executive director	Director
1 Title (Mr, Mrs, Miss or Other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3 Maiden name or any previous names (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable. If you are an individual acting on behalf of a company (e.g. a law firm), please enter your own residential address here. Please provide your company address in the notes section of this application form)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6 Position/Job title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7 Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
8 Date of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9 Country of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
10 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

**AUTHORISED SIGNATORIES**

- › Please attach a certified copy of an authorised signatory list\*  Attached
- › For public registered companies please attach a certified copy of the Board Resolution appointing the authorised signatories\*  Attached
- › Please confirm the minimum number of authorised signatories that will be required to sign the Declaration in Section L.  (number)

\*These can be certified by the financial adviser



APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

**SHAREHOLDERS**

For private companies, please list all shareholders holding 25% or more of the issued share capital at the date of the application. The verification of identity of the below shareholders will be required in line with those for individuals, trustees or corporate applicants (as applicable). Full details of these requirements are available from us on request.

Name	% share	Date of birth (if individual)	Home postcode (if individual)
<b>1</b>		d   d   m   m   y   y   y   y	-
<b>2</b>		d   d   m   m   y   y   y   y	-
<b>3</b>		d   d   m   m   y   y   y   y	-
<b>4</b>		d   d   m   m   y   y   y   y	-
<b>5</b>		d   d   m   m   y   y   y   y	-
<b>6</b>		d   d   m   m   y   y   y   y	-
<b>7</b>		d   d   m   m   y   y   y   y	-
<b>8</b>		d   d   m   m   y   y   y   y	-
<b>9</b>		d   d   m   m   y   y   y   y	-
<b>10</b>		d   d   m   m   y   y   y   y	-

Where there is a corporate shareholder, complete a further corporate application form providing all the relevant details. If any of the shares are held within a trust, please complete a further application in respect of that Trust. Please ensure the declaration sections are also completed.

**G** ADDITIONAL INVESTMENT AMOUNT (Please complete in all cases)

1. ADDITIONAL SINGLE PREMIUM AMOUNT

£/US\$/€\*

(\*Please delete as applicable)

The current minimum additional premium for Delegation is £20,000 (US\$40,000 or €30,000) this is subject to change in the future.

If the additional premium is received in a currency that is different to the bond it will be converted to the currency of your contract at the exchange rates applicable at the time. If you are paying by cheque, please make it payable to Utmost Ireland dac. If it is a non-personalised cheque, the name must be written on the front (e.g. Utmost Ireland dac ref. XYZ Trust). **If the payer of the premium is not the applicant then we will need to know why a third party is making the payment, and will normally require verification of the identity of the payer. Third party premium payments are subject to our approval.**

**If you ask us to pay the initial adviser charge to your financial adviser before the premium is invested, the amount you send to us must total at least the minimum additional investment as stated above, plus the agreed initial adviser charge for this additional premium.**

Once your premium has been received in our bank account, if any interest is earned on your premium before the additional single premium is issued, an extra allocation of units may be added to your investment at the time the additional single premium is issued. Where you exercise your right to cancel the additional investment during the 30 day cancellation period the amount you receive back will be less any adviser charges paid. Please speak to your financial adviser for further details.

**Important Note: your additional single premium will not start until we have received all outstanding requirements, including cleared funds.**

If you want to pay by BACS, CHAPS or telegraphic transfer, please contact your bank separately to send the payment to us. Our bank details are below, please ensure that the payment is sent DIRECT to Utmost Ireland's bank account.

Please note that at times of low interest, it is possible no extra units will be applied.

These are our preferred payment methods but please note that your bank may charge you for some of these services.

2. OUR BANK DETAILS

**Address** Royal Bank of Scotland International Limited, 2 Athol Street, Douglas, Isle of Man, IM99 1AN.  
**Swift Code** RBOSIMDX  
**Sort Code** 16-58-80  
**IBAN Number** GB32RBOS16588058705079  
**Account Number** 58705079  
**Account Name** Utmost Ireland dac-Premium

**Please reference your policy number on the bank payment.**

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TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

3. YOUR BANK DETAILS - PLEASE COMPLETE IF YOU SEND THE MONEY BY BACS, CHAPS,  
OR TELEGRAPHIC TRANSFER

We require confirmation of the bank details that the money has come from for regulatory purposes and this does not instruct your bank to pay the money to us. Please complete the details below.

1 Account name	<input type="text"/>
2 Account number	<input type="text"/>
3 Bank sort code	<input type="text"/> - <input type="text"/> - <input type="text"/>
4 Building Society roll number (if applicable)	<input type="text"/>
5 Bank BIC/Swift code (required for all banks outside the UK)	<input type="text"/>
6 IBAN number (required for all bank accounts in the EU)	<input type="text"/>
7 Bank/Building Society name	<input type="text"/>
8 Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
9 Telephone number (including international dialling code)	<input type="text"/>
10 How long has the account been held?	<input type="text"/> <input type="text"/> Years

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

**H** SOURCE OF INVESTMENT (Please complete in all cases)

Please confirm the source of the additional investment. Simply tick one box if the investment comes from one source. If it comes from several sources, please tick the appropriate boxes and enter the percentage from each source. Then answer the relevant questions below. If necessary, continue on a separate sheet of paper, sign the sheet and attach it to this form.

Sources	Tick box	%
1 Investment from deceased Settlor's estate	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2 Savings from Settlor's employment income	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3 Maturing investments or policy claims	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4 Share sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5 Property sale	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
6 Company sale or sale of interest in the company	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
7 Settlor Inheritance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
8 Loan to the Settlor or the trust	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9 Gift to the Settlor or the trust	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10 Competition or gambling win by the Settlor	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11 Compensation payment	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12 Other income sources	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Please give as much detail as possible about the source of your investment as insufficient information at outset may delay the additional single premium being invested.

If the payment is from an account outside the UK, we may require independent documentary evidence verifying the answers to the source of investment questions.

All investments are assessed on a case by case basis; depending on the answers provided in this section we may request evidence of Source of Wealth.

If it is unclear how the money was accumulated, we will request further information.

If you require further information please contact our Customer Support team on **+44 (0)1624 643 345**.

Please refer to our Source of Wealth table available from your financial adviser for examples of the additional documentary evidence we may require.

**1 Investment from deceased Settlor's estate**

**Examples of original certified documentary evidence:** › Grant of Probate (with a copy of the will) which must include the value of the estate, or  
› Solicitor's letter. The letter should be on the solicitor's letter headed paper and include the full name and address of the applicant, the name of the person who left the inheritance, the relationship to the applicant, date and amount received.

	Settlor 1	Settlor 2
a Value of estate	<input type="text"/>	<input type="text"/>
b Amount invested in Trust	<input type="text"/>	<input type="text"/>

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
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**2 Savings from Settlor's employment income**

**Examples of original certified documentary evidence:** › Last 3 months' payslips, or  
› Written confirmation from employer of income and bonuses for last 2 years.  
› Bank statements that clearly show receipt of the most recent 3 months' regular salary payments from the named employer.

	Settlor 1	Settlor 2
<b>a</b> What was the Settlor's income last year?	Salary <input style="width: 100%;" type="text"/>	Salary <input style="width: 100%;" type="text"/>
	Bonus <input style="width: 100%;" type="text"/>	Bonus <input style="width: 100%;" type="text"/>
<b>b</b> What is the nature of the Settlor's employer's business or employment?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>c</b> What is the name and address of the Settlor's employer?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**3 Maturing investments or policy claims**

**Examples of original certified documentary evidence:** › Letter/contract note from previous investment company giving notification of proceeds of maturing investment/claim.

	Settlor 1	Settlor 2
<b>a</b> From which company did the proceeds come?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>b</b> How much was received?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>c</b> When were the proceeds paid?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>d</b> If the proceeds were received over three months ago, where have they been held since then?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>e</b> How long was the investment/policy held?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>f</b> If the investment was held for less than five years, where were the funds held previously?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**4 Share sale**

**Examples of original certified documentary evidence:** › Legal sale document, e.g. contract notes.

	Settlor 1	Settlor 2																
<b>a</b> What shares were held?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
<b>b</b> How much were the proceeds of the sale?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>																
<b>c</b> How were they sold? (i.e. through a bank, stockbroker or other agent)	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
<b>d</b> Please provide their name and address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
Postcode	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>																
<b>e</b> When were the shares sold?	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <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											
<b>f</b> If the proceeds were received over three months ago, where have the proceeds been held since then?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																
<b>g</b> How long were the shares held?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>																
<b>h</b> If the shares were held for less than five years, where were the funds held previously?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

**5 Property sale**

**Examples of original certified documentary evidence:** › Signed letter from solicitor that includes the proceeds received, or  
› Completed sale contract.

	Settlor 1	Settlor 2
<b>a</b> What was the address of the property sold?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>b</b> How much was it sold for?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>c</b> Dates of purchase and sales	Purchase <input style="width: 100%; height: 20px;" type="text"/>	Purchase <input style="width: 100%; height: 20px;" type="text"/>
	Sale <input style="width: 100%; height: 20px;" type="text"/>	Sale <input style="width: 100%; height: 20px;" type="text"/>
<b>d</b> If the proceeds were received over three months ago, where were they held?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<b>e</b> If the property was held for less than five years, where were the funds held previously?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>

**6 Company sale or the sale of interest in the company**

**Examples of original certified documentary evidence:** › Signed letter from solicitor or regulated accountant, or  
› Copy of contract sale and sight of investment monies on bank statements.

	Settlor 1	Settlor 2
<b>a</b> What was the name and address of the company?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>b</b> What is the company registration number?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>c</b> When was the company sold?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>d</b> Where have the proceeds been held since the sale of the company?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<b>e</b> How much were the proceeds of the sale?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>f</b> How much did the Settlor receive?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>g</b> What was the nature of the company's business?	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>

**7 Inheritance**

**Examples of original certified documentary evidence:** › Grant of Probate (with a copy of the will) which must include the value of the estate, or  
› Bank statements, or  
› Solicitor's letter.

	Settlor 1	Settlor 2																
<b>a</b> What was the name of the persons who left the inheritance?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>b</b> What was the Settlor's relationship with this person?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>c</b> How much did the Settlor receive?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>d</b> When was the inheritance received?	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 15px; text-align: center;">d</td> <td style="width: 15px; text-align: center;">d</td> <td style="width: 15px; text-align: center;">m</td> <td style="width: 15px; text-align: center;">m</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 15px; text-align: center;">d</td> <td style="width: 15px; text-align: center;">d</td> <td style="width: 15px; text-align: center;">m</td> <td style="width: 15px; text-align: center;">m</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
<b>e</b> If the inheritance was received over three months ago, where have the proceeds been held since then?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																

**8 Loan**

**Examples of original certified documentary evidence:** › Loan agreement, stating the name and address of the applicant; date of the loan and how much it was for. It should be clear who the loan provider is, or  
› Recent loan statements dated less than 3 months old which show the applicant's name and address.

	Settlor 1	Settlor 2																
<b>a</b> Why was the loan required?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>b</b> How much was it for?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>c</b> What was the date of the loan?	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 15px; text-align: center;">d</td> <td style="width: 15px; text-align: center;">d</td> <td style="width: 15px; text-align: center;">m</td> <td style="width: 15px; text-align: center;">m</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 15px; text-align: center;">d</td> <td style="width: 15px; text-align: center;">d</td> <td style="width: 15px; text-align: center;">m</td> <td style="width: 15px; text-align: center;">m</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> <td style="width: 15px; text-align: center;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
<b>d</b> Who provided the loan and was it to the Settlor or the trust?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>e</b> Please provide their name and address	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
Postcode	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px; text-align: center;">-</td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table>					-				<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px; text-align: center;">-</td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table>					-			
				-														
				-														



**9 Gift**

**Examples of original certified documentary evidence:** › Letter from donor confirming details of gift and acknowledging the source of the donated funds.

	Settlor 1	Settlor 2
<b>a</b> Who was the gift from and was it to the Settlor or the trust?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>b</b> Please provide their address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>c</b> How much was the gift?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>d</b> What was the reason for it?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>e</b> What is the Settlor's relationship to the person who made the gift. If the gift was to the trust why was it made?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>f</b> How were the funds originally accumulated?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**10 Competition or gambling win**

**Examples of original certified documentary evidence:** › Letter from relevant organisation (lottery headquarters/betting shop/Casino), or  
› Bank statements showing funds deposited by the named organisation.

	Settlor 1	Settlor 2
<b>a</b> Where and how did the Settlor win the money?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>b</b> How much was the win?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>c</b> When was the win?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>d</b> Which organisation or company paid the prize money?	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**11 Compensation payment**

**Examples of original certified documentary evidence:** › Letter/court order from compensating body, or  
› Solicitor's /Advocate's letter

	Settlor 1	Settlor 2																
<b>a</b> Who did the payment come from?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>b</b> How much did the Settlor receive?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>c</b> When was it received?	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <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											
<b>d</b> Where have the proceeds been held since the payment was received?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>e</b> What was the reason for it?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																

**12 Other income sources**

**Examples of original certified documentary evidence:** › Appropriate supporting documentation, or  
› Signed letter detailing funds from a regulated accountant

	Settlor 1	Settlor 2																
<b>a</b> What type of income was this?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>b</b> How much was it?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>c</b> When did the beneficial owner receive it?	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <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											
<b>d</b> Where did the income come from? If a full and detailed explanation is not provided this will result in a delay in the investment. One word answers are not acceptable. For further information on source of wealth please speak to your financial adviser.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<b>e</b> If the income was received over three months ago, where has it been held since?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																

**I EXTERNAL MANAGER AND/OR CUSTODIAN (EMC) DETAILS**

You must complete this section in all cases to provide us with the details of the External Management Company who are to manage your additional investment and in what proportion.

**A) Existing single EMC**

Please tick this box if you currently have only one EMC linked to the bond and you would like your additional single premium to be managed by them.

If you currently have more than one EMC linked to your bond please complete section B below.

**B) Multiple or new EMC**

Please complete this section if you;

- 1 Currently have multiple EMCs appointed to your bond** and would like to split the additional premium between them.
- 2 Currently have multiple EMCs appointed to your bond** and would like the entire additional premium to be allocated to just one of them.

Or

**You would like to nominate an additional EMC to be appointed** and would like to allocate them the entire, or a percentage of, the additional single premium.

If you wish to nominate an additional EMC to manage this additional premium please also complete the standalone **Delegation Nomination of External Manager and/or Custodian form.**

<b>Name of the External Manager firm</b>	<input type="text"/>
Contact name	<input type="text"/>
Contact telephone	<input type="text"/>
Contact email	<input type="text"/>
<b>Percentage of premium to be allocated</b>	<input type="text"/> <input type="text"/> <input type="text"/> %

<b>Name of the External Manager firm</b>	<input type="text"/>
Contact name	<input type="text"/>
Contact telephone	<input type="text"/>
Contact email	<input type="text"/>
<b>Percentage of premium to be allocated</b>	<input type="text"/> <input type="text"/> <input type="text"/> %

100% of the additional single premium, less any initial bond charges, must be invested. Please ensure the percentage allocations noted above reflect this i.e. 60% and 40%.

- › If you are investing part, or all, of your investment with an existing EMC, your existing investment objective and your EMCs investment strategy will apply to this premium unless you complete the **Delegation switch of investment objective and/ or risk profile** form.
- › If you are nominating a new EMC to be appointed to manage part, or all, of the additional investment you will need to provide your investment objective and attitude to risk when you complete the standalone **Delegation Nomination of External Manager and/or Custodian** form.
- › The appointment or replacement of an EMC is subject to our agreement.
- › It is important to remember that there is a limit of one EMC appointment or switch in each rolling 12 month period.
- › Each EMC appointment to the bond incurs an additional quarterly administration fee.

**J** REGULAR WITHDRAWALS

OPTIONAL

Please complete this section if you want to amend or set up regular withdrawals.

It is important to consider how you will choose to pay adviser charges to your financial adviser when setting up any regular withdrawals. This is because any adviser charges agreed to be paid to your financial adviser, from the bond, will be treated as a withdrawal and will form part of the 5% annual tax deferred entitlement. This means any adviser charges taken in any policy year will be added to withdrawals requested in order to calculate whether the 5% entitlement has been exceeded. Please refer to the relevant product literature for the level of charges, tax implications, maximum withdrawals and minimum bond values for taking regular withdrawals.

Regular withdrawals will be taken equally across all policy segments.

Minimum £400 per payment (or currency equivalent). Payments will only be made in the currency of the bond.

If a regular withdrawal would take the bond to a surrender value lower than the minimum value required to be kept in the bond withdrawals will stop.

SET UP WITHDRAWALS


Please tick the appropriate box that applies to you

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

1 Amount to be withdrawn from the whole bond  per annum  % **or**  per payment

2 Frequency of payments  Yearly  Half-yearly  Quarterly  Monthly

3 Payment to start  d  d  m  m  y  y  y  y

The earliest the first withdrawal can be taken is 30 days after the additional single premium documents have been issued. 

AMEND EXISTING WITHDRAWALS

If you wish for your current withdrawals arrangement to remain unchanged, please leave this section blank and proceed to section K.

Please tick the appropriate box that applies to you


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

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

1 Amount to be withdrawn from the whole bond  per annum  % **or**  per payment

2 Frequency of payments  Yearly  Half-yearly  Quarterly  Monthly

3 Payment to start  d  d  m  m  y  y  y  y

The earliest the first withdrawal can be taken is 30 days after the additional single premium documents have been issued. 

APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

BANK DETAILS

If you want to start withdrawal payments, please complete this section.

Payment method will be BACS transfer for sterling payments to UK clearing banks only or telegraphic transfer for other currencies or banks outside the UK. A charge will be levied by our bankers for telegraphic transfer payments and this will be deducted from the value of the bond.

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

1	Account name	<input type="text"/>
2	Account number (for BACS payments this must be 8 digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Bank sort code	<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"/>
4	Building Society roll number (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"/> <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"/>
5	Bank BIC/Swift code (required for all payments outside the UK)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	IBAN number (required for all payments to the EU)	<input type="text"/>
7	Bank/Building Society name	<input type="text"/>
8	Address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	Telephone number (including international dialling code)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	How long has the account been held?	<input type="text"/> <input type="text"/> Years

**Payments to third parties are not normally allowed. However, in exceptional circumstances, they may be considered. We will need to know why the payments are required, details of the relationship between the policyholder and account holder, plus certified identification for the account holder, which is listed in Section M.**

K DATA PROTECTION

### Insurance data

The information you provide in this Application Form is required by Utmost Ireland dac, as data controller, to process this application, administer the product, to carry out statistical analysis, and to comply with legal obligations imposed on us. If you do not fully complete the details, it may not be possible for the application to be processed. This will mean that your additional premium will not be invested.

### Storage of data

We store the personal data you provide in the Additional Single Premium Application Form. If your application is not accepted, we will still retain this information. After the bond has terminated, we will continue to hold personal data to satisfy audit and statutory accounting requirements as well as any other requirements of applicable law.

### Confidentiality and authorisation

All the personal data that is provided will be treated with confidence.

### Disclosures of data

During the course of the bond, we will pass relevant details to:

- 1 The relevant adviser appointed by you. We will not pass your personal information to any other party claiming to act for you unless you give us authority in writing to do so.
- 2 Other companies within the Utmost Group or other non Utmost Group companies including those located inside or outside the European Economic Area. Utmost Ireland dac will only pass details to third parties if it is necessary in order to arrange or administer the bond, for statistical analysis purposes, or to carry out Utmost Ireland dac's legal or regulatory obligations or as set out in this Application Form or otherwise agreed with you. If we transfer your personal data outside of the European Economic Area, we will ensure that such transfer complies with applicable data protection legislation.
- 3 Interested reinsurers/personal insurers.
- 4 To a competent regulatory or governmental authority as required by law and in response to any reasonable request including Irish Revenue for the information you provide on your tax residency. These authorities may pass the data on to other regulatory or government authorities. For more information, you can refer to the AEOI webpage on [www.revenue.ie](http://www.revenue.ie).
- 5 **For UK resident policyholders**, we will notify the UK HM Revenue & Customs if a chargeable event occurs which creates a chargeable gain.

### Your Rights

You have the right to access all the personal data held by us regarding the persons connected with this application. If you would like a copy of the details we hold on these persons, please write to us at the address provided below. We may charge you an administrative fee. If you require further information please contact us on **+44 (0)1624 643 345**.

You also have the right to correct any errors in the information we hold about these person, block certain uses or object to the processing of their personal data. If you exercise the aforementioned rights to block or object to our processing of their personal data and this impacts on our ability to administer your bond, we shall not be liable or responsible for any losses you may incur.

By signing this application form you consent to the use of their personal data as described herein. You are also confirming that you have fully explained to each person whose personal data is supplied to us in connection with your bond why we asked for this information, what we will use it for and that they have agreed to this.

If you require further information about these rights, you can get this from either:

**The Data Protection Co-ordinator at Utmost Ireland dac, Block E, Iveagh Court, Harcourt Road, Dublin 2, Ireland** or the **Office of The Data Protection Commissioner, Canal House, Station Road, Portarlinton, Co Laois, Ireland.**

Having read these notes, please read the Declaration and sign in the appropriate boxes in Section L.

## L DECLARATION

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

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

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

In this declaration, "we", "us" and "our" mean the trustee policyholder(s), the corporate trustee policyholder(s), its directors, officers and authorised signatories (as appropriate) and "the Company" means Utmost Ireland dac.

We apply for an additional investment into our existing contract in accordance with the Policy Conditions and Policy Schedule.

We hereby confirm that we have not relied upon any statement made by our financial adviser which is not supported in the literature.

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

### ANTI-MONEY LAUNDERING AND TAX EVASION PROVISIONS

#### Source of Funds - Policyholder Statement of Truth

We truthfully confirm that:

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

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

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

#### Consent to disclose information to Tax and other Government Authorities

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

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

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

## Further consents and confirmations

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

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

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

**We authorise** the Company to perform electronic and other identity check searches. The Company will now as a result of gaining the authorisation, perform searches to verify our identities. This includes checking the details we supply against those held on any databases that a credit reference agency has access to and information from the Electoral Register and fraud prevention agencies. The Company may use scoring methods to verify our identity. Records of such searches will be kept and may be used to help other companies to verify our identities.

The Company may also pass information to financial and other organisations involved in fraud prevention to protect itself and its customers from theft and fraud. If we give the Company false or inaccurate information and the Company suspects fraud, the Company will record this and may share this information with other organisations.

**We further authorise** the Company to store and process the data relating to this application and to pass it on for these purposes to appropriate third parties and other members of the Utmost Group inside or outside the European Economic Area. The Company will only pass details to third parties if it is necessary in order to process the additional investment, to carry out any of these actions we have authorised in this declaration or carry out the Company's and/or Utmost Group's legal obligations. This authorisation applies whether or not the contract is actually entered into as well as in respect of insurance contracts applied for elsewhere and in respect of future applications. If requested, the address of the party receiving the data will be provided.

**We understand** that the Company may share some of our information with other Utmost Group companies and other carefully selected organisations located inside or outside the European Economic Area to send us details of products and services. We may be contacted by post, telephone or email.

If we tick this box, we confirm the Company can do this.

**We accept** that selection of investments is the responsibility of the appointed EMC to the bond and the Company makes no representations or guarantees in relation to the future performance of any assets linked to the bond and accordingly has no legal responsibility in respect of future performance of such linked assets.

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

**We agree** that any decision to alter the Courts of England and Wales jurisdiction shall be at the discretion of the Company, such discretion being exercised reasonably.

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

**We confirm** that we are not ordinarily resident in Ireland and we are habitually resident (that is we normally live) in the UK and confirm that, to the best of our knowledge and belief, we are not subject to any legislation which would make such an investment unlawful. We hereby undertake to inform the Company of any change in our country of residence during the life of the bond.

**We confirm** that the Trust has the power to enter the contract applied for.

**We further confirm and declare** that the information given regarding the Settlor, including where they were tax resident when the trust was established, entered in section D on page 5 of this application form is correct.



APPLICATION FORM FOR ADDITIONAL SINGLE PREMIUM INVESTMENT  
TRUSTEE AND CORPORATE TRUSTEE POLICYHOLDERS

	Trustees/Corporate Trustees/ Authorised signatories*	Trustees/Corporate Trustees/ Authorised signatories*																
<b>SIGNATURE</b>																		
Print full name																		
Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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											

**SIGNATURE**

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

	Trustees/Corporate Trustees/ Authorised signatories*	Trustees/Corporate Trustees/ Authorised signatories*																
<b>SIGNATURE</b>																		
Print full name																		
Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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											

**SIGNATURE**

\*Please delete as applicable.

**Once you have signed and dated the boxes above please go to page 30 if you would like us to facilitate any adviser charges to your financial adviser.**

SECTION 2 – FINANCIAL ADVISER TO COMPLETE IN ALL CASES

**M IDENTIFICATION REQUIREMENTS** (Please complete in all cases)

Under Anti-Money Laundering regulations we are required to verify the identity and address of all individuals related to a contract (e.g. trustees, directors, power of attorney etc) together with the satisfactory evidence of the proper appointment of the trustees.

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

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

**Individual trustee(s) and directors** - We require **one suitably certified document** from **Part 1** together with **one suitably certified document** from **Part 2**. If an individual does not hold either of the documents listed in **Part 1** then, under certain circumstances, we **may** be able to accept **two suitably certified documents** from **Part 2**, showing verifiable reference numbers. Please also note that if no documentation is supplied from **Part 1**, we will ask for an explanation as to why this is not available.

**Trust** - for identification regarding the Trust see **Part 3**. All documentation in this section must be supplied.

**Corporate trustee** - for verification of the corporate trustee see **Part 4**. All documentation in this section must be supplied.

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

**PART 1 - PERSONAL IDENTITY**

	Trustee 1	Trustee 2	Director 1	Director 2	*
1 Valid passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 National ID card (with photograph)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence (both paper & card parts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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


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**PART 2 - VERIFICATION OF ADDRESS**

	Trustee 1	Trustee 2	Director 1	Director 2	*
1 A recent utility bill, rates or council tax bill (Mobile phone bills are not acceptable. Documents must be the most recent available, and if dated, should be no more than 3 months old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 A recent mortgage statement, giving the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A current driving licence (With photograph. Please note that if the driving licence is being used in part 1 it cannot be used in part 2 and vice versa).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 A state pension, benefit or other government produced document showing benefit entitlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 A recent tax assessment document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 An account statement from bank or bank credit card (Store cards are not acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Proof of ownership or rental of the residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please complete for any other party to the application e.g. shareholders who are individuals and hold 10% or more of the issued share capital. Please continue on a separate sheet of paper should there be more individuals to be identified than the space provided.

**PART 3 - TRUSTEE VERIFICATION**

**PLEASE SUPPLY ALL OF THE FOLLOWING DOCUMENTS**

The Trust Deed and any Supplementary Deeds showing the proper appointment of the trustees and classes of beneficiaries


**PART 4 - CORPORATE TRUSTEE VERIFICATION**

**PLEASE SUPPLY ALL OF THE FOLLOWING DOCUMENTS**

A certificate of incorporation  A set of the latest annual report & accounts   
 Evidence of the registered office  An authorised signatory list   
 A certified copy of the Board Resolution appointing the authorised signatories (for public registered companies only)

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

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

Where relevant, please tick this box. 

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

**I confirm that**

- a) I have had sight of the original documents and all documents enclosed herewith are true copies of the original and are hereby certified accordingly.  Yes
  - b) The information in Section M was obtained by me in relation to the policyholder.  Yes
  - c) Where I have an existing relationship, the policyholders' account/relationship has been conducted satisfactorily.  Yes
  - d) I am not aware of any reason why this application should be refused.  Yes
  - e) I am unaware of any activities undertaken by these policyholders which lead me to suspect that they are involved in any form of criminal activity and/or money laundering.  Yes
  - f) I shall inform you immediately if I suspect such activity.  Yes
-

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**N FINANCIAL ADVISER DETAILS** (Please complete in all cases)

1 How and when were you introduced to the policyholders?

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

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

4 Which country was this application signed in?

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

6 Name of regulatory body

7 Regulatory body membership number

8 Certifier and authorised signatory


9 Print full name

10 Date

11 Financial adviser company name and address (company stamp)

12 Utmost Ireland Agency number (if known)

13 Please provide the name of your sales consultant.

Please give full details of your authorisation and FCA number. 

**SIGNATURE**

Please note that we will not be able to invest the additional premium until Sections M and N have been completed and identification provided.

## SECTION 3 – POLICYHOLDER MUST COMPLETE IF THEY WOULD LIKE UTMOST IRELAND TO FACILITATE ANY ADVISER CHARGE PAYMENTS TO THE FINANCIAL ADVISER.

### ○ ADVISER CHARGING

You should take professional advice before choosing any adviser charging option below as there may be Income Tax and/or Inheritance Tax implications. You must also ensure that the options you choose are compatible with the terms of the trust.

Adviser charges are agreed between you and your adviser. Depending on the terms of the trust, you can choose to pay your adviser charges in one of the following ways:

› **Direct adviser charge** – The adviser charges are paid by you directly to your financial adviser, in which case you will not need to complete this section.

Or facilitated by us:

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

› **Inside the bond** – The adviser charges are paid to your financial adviser through Utmost Ireland either on initial, ongoing or ad hoc basis from the bond, after the additional single premium has been invested.

#### **Please note**

Any adviser charges that are facilitated by completing the following pages will be paid from your bond, as these relate to advice to you, they will form part of the 5% annual tax deferred entitlement. This could have potential tax consequences and you should discuss this with your financial adviser before agreeing such payment or making subsequent surrender or withdrawal requests from your bond. Please note tax rules may change in the future and are subject to individual circumstances.

You should take professional advice before choosing any adviser charging option below as there may be income tax and/or Inheritance Tax implications. You must also ensure that the options you choose are compatible with the terms of the trust.

Adviser charges which you have agreed to pay from your bond can only be made through a partial surrender (withdrawal across all segments).

For detailed information about adviser charges and how these may be applicable to you please see the **Guide to charges** available on our website [www.utmostwealth.com](http://www.utmostwealth.com) or from your financial adviser on request. Your financial adviser will also be able to answer any questions you may have.

### AGREEMENT TO PAY ADVISER CHARGES

Please ensure you fully complete this section, as any omissions may delay our ability to carry out your instructions. Once we have received the application form with this section fully completed, we will, depending on the options you select, make adviser charge payments on your behalf to your financial adviser for the services they provide to you. We will continue to do this until this instruction ends or you tell us to cancel it. Once your additional single premium has been applied, we require a month's notice of any changes to adviser charge payments that we facilitate.

All adviser charge payments must be for advice you have received, and should match the information shown in the Personal Illustration provided to you by your financial adviser.

Payments must not be taken from your bond in advance of the service being received by you from your financial adviser, and you should remember this when choosing the start date for any ongoing payments.

### CANCELLATION OF ADVISER CHARGES

**If you want to stop paying adviser charges from your bond you can cancel this Agreement by writing to us.** We will cancel any future adviser charges that would be due. We will confirm any instructions to cancel an adviser charge to you and your financial adviser. You will need to make other arrangements with your financial adviser to pay any outstanding charges, or to discuss the refund of any payments made whilst we process your request.

If you decide to cancel your additional single premium during the cancellation period (please see the **Key Features Document** for details) any refund to you will be less any adviser charges paid on your behalf. If you believe you are due a refund of such payments from your adviser, you will need to contact them direct to discuss the exact terms of the adviser charging arrangement you have with them.

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INITIAL ADVISER CHARGE

Please select one of the following payment options

Transaction type	Monetary amount (£, US\$, €*)	% of premium
1 Adviser charge to be paid outside of the bond by taking it from the payment, with the remaining balance being invested as an additional premium into the bond.	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<b>N/A</b>
2 Adviser charge to be taken from the value of the additional single premium.	<input style="width: 100%; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	or <input style="width: 100%; height: 20px;" type="text"/> %

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

ONGOING ADVISER CHARGE

Please complete the table below if you have agreed with your financial adviser to make a **regular** payment for ongoing advice or services you receive.

1 Please select the frequency of the payments:     Yearly     Half-yearly     Quarterly     Monthly

2 Enter details of adviser charge amount in either A) Monetary **OR** B) Percentage

A) Total annual monetary amount of adviser charge to be taken from the additional single premium     £/US\$/€\* .

If you choose this option please state the total monetary amount you wish to pay per year. For example, if you wish to pay £200 on a half year basis, the amount you should state here is £400 as the annual total. You must enter your chosen monetary amount in the currency of your bond.

\* amount entered will be deducted in the bond currency

**OR**

B) Total annual percentage of adviser charge to be taken from the value of additional single premium tranche as a proportion of the total bond value     %

If you choose this option please state the total percentage of additional single premium tranche you wish to pay per year. For example, if you wish to pay 0.1% payable on a half yearly basis, the amount you should state is 0.2% as the annual total. Where a percentage (%) of additional single premium tranche is chosen, the % will be calculated on the frequency of the payment that you've selected and in proportion to the additional single premium amount. For frequencies other than annual, the overall total % for the year may be lower or greater than the % you have chosen because of fluctuations in the bond value.

3 When would you like the adviser charge payments to start?

**O ADVISER CHARGING DECLARATION**

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

**Throughout this declaration, 'we', 'us' and 'our' mean the applicant and 'the Company' means Utmost Ireland dac.**

**We authorise** The Company to pay the adviser charges as set out in this Agreement.

**We understand and accept that where the adviser charge is being facilitated from the bond:**

- › The adviser charge will only be paid when there is sufficient value, and assets that can be sold, in the bond to cover the payment in full.
- › If the total withdrawals taken from the bond, including any adviser charge payments, exceeds 5% per annum of the premium(s) paid, then a chargeable event may arise and we or the UK resident Settlor may be subject to UK Income Tax on any excess over the 5% annual tax deferred entitlement.
- › The adviser charges apply to the additional single premium and will not be reduced if we surrender one or more policy segments, unless we specifically request this to happen at the time of the segment surrender.
- › We can cancel the instruction to pay any future adviser charges due from the bond at any time by writing to the address shown on the back of this form.
- › Until the Company receives written notification to cancel this instruction, it will continue to make payments to our adviser.
- › If we change the adviser shown in Section N, cancel payment of any adviser charges from the bond, cancel our application for the additional single premium within the cancellation period, assign the bond or any other situation where it is not reasonably possible for the Company to facilitate a payment it will be our responsibility to settle any outstanding adviser charges directly with our adviser.
- › We should contact our adviser in the first instance to discuss any adviser charges we believe should not have been applied to our bond.
- › We cannot cancel an adviser charge after it has been paid, even if we decide to cancel our additional single premium during the cancellation period, and acknowledge we will need to contact our adviser to discuss whether a refund is payable in full or in part.

**Where we request the Company to facilitate an adviser charge payment outside of the bond, we agree and acknowledge that:**

- › The facilitation is in consideration of the application for an additional single premium;
- › The payment is subject to our application being accepted;
- › Should this trustee application not proceed then the trust account will be refunded the premium together with the adviser charge and it will be our responsibility to settle any outstanding adviser charges, if any, with our adviser;
- › No interest is payable or owed in respect of adviser charge money held by the Company to either us or our adviser;
- › The adviser charge relates to advice received in connection with the additional single premium.
- › We cannot cancel an adviser charge after it has been paid, even if we decide to cancel the additional single premium during the cancellation period, and acknowledge we will need to contact our adviser to discuss whether a refund is payable in full or in part.

**As the bond is linked to an External Managed Account, we acknowledge and agree that:**

- › Any fund based adviser charge payments will be based on the last available fund value for the External Managed Account held in the Company's records.
- › Due to timing differences, there may be significant market movements between the date when the Company's records were last updated with the fund value of the External Managed Account and the date the adviser charge is calculated as a percentage of the additional single premium.
- › Where we require any adjustment in adviser charges paid by the Company, the Company will not be responsible for making such adjustments and we will liaise directly with the adviser.
- › The actual amounts paid by the Company as adviser charges will be treated as withdrawals from the bond and will be used in any chargeable event calculations.




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By signing this form below we confirm that:

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

	Trustees/Corporate trustees/ Authorised signatories	Trustees/Corporate trustees/ Authorised signatories
<b>SIGNATURE</b>	<input type="text"/>	<input type="text"/>
Print full name	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Date	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>

**SIGNATURE**

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

Please ensure your financial adviser has completed and signed Section N on page 29.

P NOTES

Q CHECKLIST

We want to process your application as quickly as possible. To help us do this please remember that on completion of this form we will need the following:

- › Certified copies of the identification and address verification documents for the policyholders (where necessary).
- › Certified copy of the Trust Deed and any Supplementary Deed.
- › Corporate trustee validation documents (where applicable).
- › If you are also nominating an External Manager and/or Custodian, then please enclose a fully completed and signed **Delegation Nomination of External Manager and/or Custodian form**, which is available from us or your financial adviser on request.
- › If you would like us to facilitate any adviser charge payments to your financial adviser for the advice in relation to this bond, please complete and sign Section 3, Adviser Charging section which starts on page 30.
- › A completed separate **Tax information exchange pack for entities**.
- › If you are sending any additional instructions or documentation, please attach them securely to the back of the form.
- › If you want to pay by BACS, CHAPS or telegraphic transfer, please contact your bank separately to send the payment to us.

WHAT TO DO NEXT

Once completed, please arrange for your financial adviser to return this form and any supporting documents to Utmost Ireland dac. Utmost Ireland's address is: **Utmost Ireland dac, Block E, Iveagh Court, Harcourt Road, Dublin 2, Ireland.**