

# PROFESSIONAL PORTFOLIO

APPLICATION BOOKLET - INDIVIDUALS

ISSUED BY  
UTMOST WORLDWIDE LIMITED

A WEALTH *of* DIFFERENCE

utmost™  
WEALTH SOLUTIONS

## INTRODUCTION

This **Application Booklet** is for use by individuals who wish to purchase a Professional Portfolio.

You confirm that if any of the information contained in your application changes or becomes outdated, you will inform us of the changes within 30 days.

We reserve the right to seek further information or documentation in relation to your application, additional information may also be sought from time to time to confirm the ongoing accuracy of the information provided.

Your **Financial Adviser** should be able to answer any questions you may have in relation to your application for a **Plan**.

Please return your completed application and all supporting documentation to your local **Utmost Worldwide Limited** branch office or to our head office in Guernsey.

## INTERPRETATION

In this document any reference to:

- words in the singular shall include words in the plural and vice versa;
- the masculine gender shall include the feminine and the neuter and vice versa;
- a statute or regulation shall be construed as a reference to such statute or regulation as amended, re-enacted or replaced from time to time; and
- a “person” shall include any individual, trust, body corporate or un-incorporated body.

Any statements that refer to “us”, “we”, “our” or “Utmost Worldwide” mean **Utmost Worldwide Limited** including its branches.

Any statements that refer to “I”, “me”, “my”, “you” or “your” mean the Applicant, a prospective **Planholder**, being an individual applying for Professional Portfolio unless the context indicates otherwise.

Bold capitalised terms used and not defined in this **Application Booklet** shall have the meanings given to them in the **Terms and Conditions** applicable to the **Plan**.

## IMPORTANT INFORMATION

### Your Obligations / Providing Information to Utmost Worldwide

This application and any supporting information will form part of your contract with us and you are responsible for all answers and statements made in this application.

The insurance contract between you and us will be made up of the **Application Booklet, Terms and Conditions, Plan Schedule, Charges Schedule**, any relevant statements made by you and/or (if applicable) the **Lives Assured** relating to the **Plan**, together with any notifications of changes and all endorsements issued by us to the **Terms and Conditions, Plan Schedule** or **Charges Schedule**. You should ensure that all information provided is, to the best of your knowledge and belief, complete, accurate and not misleading and that no material fact is omitted or concealed.

Material facts are facts that an insurer would consider likely to influence their assessment of and decision to accept a contract of insurance. If you are unsure whether a fact is a material fact, you should disclose it.

If you include any information, which is incomplete, inaccurate or misleading or fail to disclose any material fact, either before or during the life of a **Plan**, this could result in the wrong terms being quoted, a claim being rejected, repudiated, reduced or the **Plan** being rendered invalid.

## How we use your Personal Data

Your application and any **Plan** purchased will be subject to the privacy and data protection laws of Guernsey namely, the Data Protection (Bailiwick of Guernsey) Law, 2017.

Data protection legislation protects the privacy rights of individuals and provides certain statutory rights that are explained in our 'Data Privacy Notice' which you can access via our website at [utmostworldwide.com](http://utmostworldwide.com)

You are required to disclose to us certain **Personal Data** about you and other parties to the **Plan** which we will use only in managing and administering your **Plan** and to comply with our statutory and regulatory obligations. If you object to or withdraw consent for, the use of your **Personal Data** in this respect, you will be required to terminate your **Plan**, because we cannot operate your **Plan** without reference to your **Personal Data**. Termination of your **Plan** in such circumstances may incur significant costs and/or loss of your **Premiums** paid to date.

If we wish to use **Personal Data** that is classified by law as a special category of **Personal Data** ("Sensitive Personal Data") or use **Personal Data** for any purpose other than managing and administering your **Plan**, such as direct marketing, we will seek your explicit consent.

All **Personal Data** is held by us on a strictly confidential basis but may be transferred or disclosed by us in the following circumstances:

- with other companies in our corporate group;
- to your **Financial Adviser** or any third party as may be authorised by you;
- to our service providers, meaning any party that provides services to us in connection with the provision of our insurance products and services to you, wherever they are located in the world;
- to statutory authorities such as regulators, tax authorities and law enforcement agencies in accordance with applicable law, including in connection with tax information exchange and the prevention and detection of money laundering, terrorist financing, fraud and other financial crimes.

We are required to hold your **Personal Data** during the lifetime of your **Plan** and we will retain it for a period of up to 10 years after our business relationship with you ceases, at which time it will be erased or otherwise put beyond use.

Subject to the terms of our Data Privacy Notice, we will provide you with a copy of the **Personal Data** that we hold about you on request and we will correct any **Personal Data** that we identify as being inaccurate or out of date. You should keep us informed of any change in the **Personal Data** that we hold and let us know immediately if you become aware of any errors or omissions in that data accordingly.

You should refer to our website for further information regarding your statutory rights relating to data protection. Our Data Protection Officer can also be contacted for further information at [DPO@utmostworldwide.com](mailto:DPO@utmostworldwide.com)

## Before you Apply for a Professional Portfolio Plan

Cancelling an existing insurance plan and replacing it, in full or in part with an Utmost Worldwide **Plan** could have financial consequences for you and/or the beneficial owners, including financial loss. Your **Financial Adviser** will explain these to you.

You should not purchase a **Plan** and/or select **Investment Instruments** until you understand them and their suitability has been explained to you. The final decision on whether to purchase a **Plan** is yours.

You should obtain specialist legal and tax advice from a suitably qualified adviser with respect to this **Plan**. In particular, you should ensure that you are eligible to hold a **Plan** under the laws of any jurisdiction which applies to you and if applicable, that you can legally take out a **Life Insurance Plan** on any person named as a **Life Assured**.

## COMPLETING THIS APPLICATION BOOKLET

You should carefully read the 'Important Information' sections and raise any questions you may have with your **Financial Adviser**.

This booklet contains the following sections:

- 1 Financial Adviser Details
- 2 Planholder Personal Details
- 3 Plan Details
- 4 Investment Details
- 5 Lives Assured – Life Insurance Plan Only
- 6 Nomination of Beneficiary (Optional) – Life Insurance Plan Only
- 7 Declarations
- 8 Financial Adviser Form
- 9 Payment by Bank Transfer

Sections 1-4 and section 7 must be completed in all cases. Sections 5 and 6 only apply where the **Plan** will be a **Life Insurance Plan**.

Your **Financial Adviser** will complete section 1 'Financial Adviser Details' and section 8 'Financial Adviser Form'.

You should carefully read all of the declarations and ensure that you understand them. By signing this **Application Booklet** you agree to be bound by the terms of these declarations. Important Information is included to help you to understand these declarations and if you have any further questions your **Financial Adviser** will be able to help you.

Please ensure that you complete all required sections and provide all necessary supporting documentation. Failure to do so may result in a delay in your application being processed. Further information may be required during the validation process (for example, when information you provide leads to further questions). Your **Plan** will not commence until we have received the minimum **Premium**, your completed **Application Booklet** and any supporting documentation we require and is subject to our agreement to accept your application.

# Application Booklet – Utmost Worldwide Professional Portfolio

## 1. Financial Adviser Details

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of **Financial Adviser**: \_\_\_\_\_

Introducer number: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Additional information / special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any supporting documentation, if applicable.



## 2. Planholder Personal Details

Please state total number of Applicants: \_\_\_\_\_

### First Applicant

#### Applicant Details

Do you wish to be a **Life Assured**? Yes  No

I consent to Utmost Worldwide contacting me for marketing purposes: Yes  No

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: Male  Female

Date of birth:

City / town of birth: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Confirm any other officially documented name / alias relevant to you (e.g. maiden name): \_\_\_\_\_

Do you hold or have you held any public position (please provide details): \_\_\_\_\_

Permanent residential address<sup>1</sup>: \_\_\_\_\_

Prior residential addresses (within the past 18 months): \_\_\_\_\_

Correspondence address (this will be the sole address used for all correspondence relating to your **Plan**): \_\_\_\_\_

Is the correspondence address given:

Residential  Business  **Financial Adviser**  Other (e.g. family member, secretarial service, etc.)

E-mail address: \_\_\_\_\_

Telephone number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

<sup>1</sup> This is the address in the jurisdiction in which the individual pays tax or claims to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the jurisdiction in which the individual normally resides.

## 2. Planholder Personal Details (continued)

### First Applicant (continued)

#### Confirmation of Citizenship / Nationality and Tax Residency

**Please tick the boxes that apply to you and complete ALL information requested below:**

I declare and certify that I am a citizen / national<sup>2</sup> of:

United States

Please state your US Federal Taxpayer Identification Number ("TIN"): \_\_\_\_\_

and/or

Other

Please state your countries of citizenship / nationality: \_\_\_\_\_

\_\_\_\_\_

**Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident and note your TIN or equivalent tax reference number for each jurisdiction.**

Jurisdiction 1: \_\_\_\_\_

TIN 1: \_\_\_\_\_

Jurisdiction 2: \_\_\_\_\_

TIN 2: \_\_\_\_\_

Jurisdiction 3: \_\_\_\_\_

TIN 3: \_\_\_\_\_

If there are additional jurisdictions to disclose, please specify on a separate sheet together with the relevant TIN.

**Please note that in certain circumstances, Utmost Worldwide may need additional documentation (e.g. for US citizens, submission of IRS forms W-8 or W-9 may be necessary) to support your answers in the self-certification above. Utmost Worldwide or your Financial Adviser will inform you if any additional documentation is required.**

<sup>2</sup> If you are unsure of your citizenship and/or jurisdiction(s) of tax residency, you should seek professional advice.



## 2. Planholder Personal Details (continued)

### First Applicant (continued)

#### Source of Funds Questionnaire

#### Bank Details

**Please specify the bank account from which the Premiums will be paid or your primary bank account if Premiums are to be paid by credit / debit card.**

1. Bank name: \_\_\_\_\_
2. Bank address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Account name: \_\_\_\_\_
4. Account number: \_\_\_\_\_
5. International Bank Account Number ('IBAN'): \_\_\_\_\_
6. Sort code: \_\_\_\_\_
7. Swift / BIC code: \_\_\_\_\_
8. Years account held: \_\_\_\_\_

#### Employment Details

9. Employment Status:    Employed     Self-employed / Business owner     Retired     Other
10. Your occupation (if retired, please state former occupation): \_\_\_\_\_
11. Nature of employment and position held: \_\_\_\_\_
12. If you are Self-employed / Business Owner, state percentage of business owned (please provide proof by way of supporting documentation): \_\_\_\_\_  
\_\_\_\_\_
13. Name and address of employer / business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Employer's / business website address: \_\_\_\_\_
15. Length of service with current employer / business: \_\_\_\_\_
16. If less than 18 months, please give previous employment details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Planholder Personal Details (continued)

### First Applicant (continued)

### Source of Funds Questionnaire (continued)

#### Income Details

17. Please specify from the list below the source(s) of your annual income:

Total amount received annually from all sources:

		<b>Currency</b>	<b>Amount</b>
Annual income:	<input type="checkbox"/>	_____	_____
Bonus income:	<input type="checkbox"/>	_____	_____
Rental income:	<input type="checkbox"/>	_____	_____
Investment income:	<input type="checkbox"/>	_____	_____
Pension income:	<input type="checkbox"/>	_____	_____
Other income (please specify):	<input type="checkbox"/>	_____	_____
Benefits in kind (e.g. housing allowance, education, travel, etc.):	<input type="checkbox"/>	_____	_____
<b>Total annual income:</b>		=====	=====

#### Source of Wealth

18. Please confirm your estimated net worth: \_\_\_\_\_

19. What are the main components of your wealth? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Please state how the source(s) of wealth for this investment has been raised if other than annual income:

- Gift or inheritance from a third party? Yes  No
- The disposal of a business or other asset? Yes  No
- Other? Yes  No

21. If Yes, to any of the above please provide details and attach supporting documentation as proof: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. Planholder Personal Details (continued)

### Additional Applicant (if any)

**If there are more than two Applicants, please complete this section on an additional sheet(s) and attach securely to this Application Booklet. Please tick this box if additional sheet(s) attached:**

Applicant number \_\_\_\_\_ of Applicants: \_\_\_\_\_

### Applicant Details

Do you wish to be a **Life Assured**? Yes  No

I consent to Utmost Worldwide contacting me for marketing purposes: Yes  No

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: Male  Female

Date of birth:

City / town of birth: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Confirm any other officially documented name / alias relevant to you (e.g. maiden name): \_\_\_\_\_

Do you hold or have you held any public position (please provide details): \_\_\_\_\_

Please state relationship to First Applicant: \_\_\_\_\_

Permanent residential address<sup>3</sup>: \_\_\_\_\_

**Please note that correspondence will be sent to the Correspondence Address provided by the First Applicant.**

Prior residential addresses (within the past 18 months): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

<sup>3</sup> This is the address in the jurisdiction in which the individual pays tax or claims to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the jurisdiction in which the individual normally resides.

## 2. Planholder Personal Details (continued)

### Additional Applicant (if any) (continued)

#### Confirmation of Citizenship / Nationality and Tax Residency

**Please tick the boxes that apply to you and complete ALL information requested below:**

I declare and certify that I am a citizen / national<sup>4</sup> of:

United States

Please state your US Federal Taxpayer Identification Number ("TIN"): \_\_\_\_\_

and/or

Other

Please state your countries of citizenship / nationality: \_\_\_\_\_

\_\_\_\_\_

**Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident and note your TIN or equivalent tax reference number for each jurisdiction.**

Jurisdiction 1: \_\_\_\_\_

TIN 1: \_\_\_\_\_

Jurisdiction 2: \_\_\_\_\_

TIN 2: \_\_\_\_\_

Jurisdiction 3: \_\_\_\_\_

TIN 3: \_\_\_\_\_

If there are additional jurisdictions to disclose, please specify on a separate sheet together with the relevant TIN.

**Please note that in certain circumstances, Utmost Worldwide may need additional documentation (e.g. for US citizens, submission of IRS forms W-8 or W-9 may be necessary) to support your answers in the self-certification above. Utmost Worldwide or your Financial Adviser will inform you if any additional documentation is required.**

<sup>4</sup> If you are unsure of your citizenship and/or jurisdiction(s) of tax residency, you should seek professional advice.

## 2. Planholder Personal Details (continued)

### Additional Applicant (if any) (continued)

#### Source of Funds Questionnaire

##### Bank Details

**Please specify the bank account from which the Premiums will be paid or your primary bank account if Premiums are to be paid by credit / debit card.**

1. Bank name: \_\_\_\_\_
2. Bank address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Account name: \_\_\_\_\_
4. Account number: \_\_\_\_\_
5. International Bank Account Number ('IBAN'): \_\_\_\_\_
6. Sort code: \_\_\_\_\_
7. Swift / BIC code: \_\_\_\_\_
8. Years account held: \_\_\_\_\_

##### Employment Details

9. Employment Status:    Employed     Self-employed / Business owner     Retired     Other
10. Your occupation (if retired, please state former occupation): \_\_\_\_\_
11. Nature of employment and position held: \_\_\_\_\_
12. If you are Self-employed / Business Owner, state percentage of business owned (please provide proof by way of supporting documentation): \_\_\_\_\_
13. Name and address of employer / business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Employer's / business website address: \_\_\_\_\_
15. Length of service with current employer / business: \_\_\_\_\_
16. If less than 18 months, please give previous employment details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Planholder Personal Details (continued)

### Additional Applicant (if any) (continued)

### Source of Funds Questionnaire (continued)

#### Income Details

17. Please specify from the list below the source(s) of your annual income:

Total amount received annually from all sources:

		<b>Currency</b>	<b>Amount</b>
Annual income:	<input type="checkbox"/>	_____	_____
Bonus income:	<input type="checkbox"/>	_____	_____
Rental income:	<input type="checkbox"/>	_____	_____
Investment income:	<input type="checkbox"/>	_____	_____
Pension income:	<input type="checkbox"/>	_____	_____
Other income (please specify):	<input type="checkbox"/>	_____	_____
Benefits in kind (e.g. housing allowance, education, travel, etc.):	<input type="checkbox"/>	_____	_____
<b>Total annual income:</b>		=====	=====

#### Source of Wealth

18. Please confirm your estimated net worth: \_\_\_\_\_

19. What are the main components of your wealth? \_\_\_\_\_  
\_\_\_\_\_

20. Please state how the source(s) of wealth for this investment has been raised if other than annual income:

- Gift or inheritance from a third party? Yes  No
- The disposal of a business or other asset? Yes  No
- Other? Yes  No

21. If Yes, to any of the above please provide details and attach supporting documentation as proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Plan Details

#### Insurance Basis

**Please indicate the type of contract you wish to apply for:**

**Capital Redemption Plan:** 99 year term

Or

**Life Insurance Plan:** Single life  Joint-life first death  Multiple-lives last survivor

#### Product Required

UK tax legislation enables Her Majesty's Revenue and Customs ("HMRC") to recognise a **Plan** as a "Personal Portfolio Bond" or a "Pooled Portfolio Bond", dependent on the **Investment Instruments** available to and constituting the **Investment Fund**.

**Please select the product classification you wish to apply for:**

**Personal Plan**  The **Investment Fund** of a Personal Plan can include listed equities, bonds, collectives, currencies and certain structured products, subject to our agreement.

It is expected that a Personal Plan will be classified by HMRC as a Personal Portfolio Bond as defined by sections 515-526 of the **ITTOIA**.

**Pooled Plan**  The **Investment Fund** of a Pooled Plan is restricted to **Investment Instruments** which can be held without the **Plan** being considered a Personal Portfolio Bond under sections 515-526 of the **ITTOIA**. Information on the **Investment Instruments** which can be held within a Pooled Plan is set out in this legislation and is available from us on request.

In summary and for indication purposes only, the **Investment Fund** of a Pooled Plan is restricted to:

- an index that is generally available to all **Plans**, such as the retail prices index or an index similar to the retail prices index that is published by the government of any foreign state or an agent of such a government or any published index of prices of shares listed on a recognised stock exchange; and
- units in a UK authorised unit trust, shares in an investment trust, shares in an open-ended investment company, cash, collective investment funds such as interests in a non-UK close-ended investment company, a non-UK unit trust scheme or other forms of non-UK collective investment funds.

These rules are subject to change and you should always consult the relevant legislation and/or seek your own professional tax advice before selecting a Pooled Plan or **Investment Instruments** to be allocated to a Pooled Plan.

It is not intended that a Pooled Plan will be classified by HMRC as a Personal Portfolio Bond as defined by sections 515-526 of the **ITTOIA** but this cannot be guaranteed.

#### Discretionary Portfolios

Do you wish to include a **Discretionary Portfolio** in the **Investment Fund**?

Yes  No

**If Yes, please complete the separate 'Appointment of a Discretionary Fund Manager' form.**

#### Other Investment Plans

Do you already hold any other plans with us?

Yes  No

If Yes, please advise us of your plan number(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Plan Details (continued)

#### Plan Currency

Please indicate the currency in which you require your **Plan** to be denominated. Benefits will be calculated and charges deducted in the **Plan Currency**.

US Dollar  Pound Sterling  Euro  Hong Kong Dollar  Japanese Yen  Swedish Krona

#### Premium

Please refer to section 9 'Payment by Bank Transfer' for details of our payment accounts.

Please state the total **Cash Premium** amount in the **Plan Currency**:

  
Box A

Please state the approximate value of **Securities** to be transferred in the **Plan Currency**:

  
Box B

Approximate total **Premium**<sup>5</sup> in the **Plan Currency**:

  
= Box A + Box B

#### Number of Policies

Your Plan may be divided up into equal and identical Policies. The minimum number of Policies within your Plan is one. The maximum number of Policies within your Plan is 100. If left blank, we will issue 20 Policies.

Please enter the number of **Policies** you require:

#### Charge Structure

Please enter the charging structure code (set out on your personalised illustration) which will determine the charging structure that will apply to your **Plan**: \_\_\_\_\_

#### Dividends

You MUST tick the appropriate box below with regard to how you wish dividends to be applied to your Plan, even if no dividend paying Securities are in place at outset. Your chosen option will be followed where Securities provide that option when paying dividends.

Please note it is not possible to change how dividends are treated during the life of your Plan.

Dividends to be held as **Cash** in your **Plan**  Dividends to be re-invested in the same asset

<sup>5</sup> The minimum total **Premium** is USD150,000 (or currency equivalent).



### 3. Plan Details (continued)

#### Regular Withdrawal (Optional)

**If required, please give details (the minimum withdrawal is USD500 (or currency equivalent) per payment, subject to a minimum of USD1,000 (or currency equivalent) per annum).**

Frequency of payment: monthly  quarterly  half-yearly  annually

Commencing in:

Payment currency:

US Dollar  Pound Sterling  Euro  Hong Kong Dollar

Japanese Yen  Swedish Krona  Other (please state)  \_\_\_\_\_

Fixed amount per payment: \_\_\_\_\_ or \_\_\_\_\_ % of the **Surrender Value** per withdrawal.

**Please provide details of your bank account where payment should be sent. Payments will not be sent to third parties. Payment will be made by electronic transfer to your bank account. (Please note that all bank transfer and intermediary charges will be debited against your payment.)**

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

International Bank Account Number ("IBAN"): \_\_\_\_\_

Sort code: \_\_\_\_\_

Swift / BIC code: \_\_\_\_\_



## 4. Investment Details

### Important Information: Your choice of Investment Instruments

- You are responsible for the choice of **Investment Instruments** to be held in the **Investment Fund**. You should read and understand the prospectus and/or offering document and supporting literature for each **Investment Instrument** you choose. You should satisfy yourself that you understand and accept the risks associated with each **Investment Instrument** you choose, including but not limited to, those set out in the prospectus or offering document of these **Investment Instruments**.
- The **Investment Fund** is a notional portfolio of **Investment Instruments**. Utmost Worldwide remains the beneficial owner of the **Investment Instruments** at all times. You do not have any title to, or interest in, any **Investment Instruments** within the **Investment Fund** underlying your **Plan**. The **Investment Instruments** are used solely for the purposes of calculating the value of the **Investment Fund** and benefits of your **Plan**. You will not be consulted nor provided with an opportunity to participate in any corporate action in relation to any **Investment Instrument** within the **Investment Fund**.
- Utmost Worldwide does not provide advice on the choice of **Investment Instruments**. You should seek your own independent professional investment advice from a suitably qualified and regulated investment adviser.
- Utmost Worldwide may impose restrictions on the **Investment Instruments** permitted within the **Investment Fund**. Acceptance of an **Investment Instrument** is not an endorsement by Utmost Worldwide.
- **Investment Instruments** may be subject to charges imposed by the **Investment Issuer**, which may result in less than 100% of an **Investment Instrument** being invested at outset.

#### 4. Investment Details (continued)

##### **RISK WARNING:**

The value of your Plan is not guaranteed and may fall as well as rise in line with the performance of Investment Instruments. It is determined by the realisable value of your chosen Investment Instruments. The value of the entire Plan may be at risk. Furthermore, trading may be suspended from time to time by the Investment Issuer and during this time Investment Instruments cannot be acquired or disposed of and their proceeds cannot be realised.

You should fully consider the risks which are associated with the choice of Investment Instruments underlying your Plan. These risks apply to assets held directly and indirectly, such as through collective investment schemes or similar vehicles. These risks include, but are not limited to:

- **Returns:** The value of an Investment Instrument in the stock market, whether held directly or indirectly through mutual funds or similar vehicles, as well as the income it produces, can go down as well as up. Investment returns cannot be guaranteed. Past performance is not necessarily a guide to future returns. Tax rates and concessions may also change.
- **Investment Term:** Professional Portfolio is designed to be held for the long-term. The stock market should not be considered a suitable place for short-term investment.
- **Exchange Rate Risk:** If an Investment Instrument is denominated in a currency other than the Plan Currency, a movement of exchange rates may have a separate effect, favourable or unfavourable, on the gain or loss otherwise experienced by the Investment Fund. The value of your Plan may fall as well as rise as a result of exchange rate fluctuation.
- **Credit / Default Risk:** If Utmost Worldwide, an Investment Issuer or any of the counterparties associated with holding Investment Instruments (including, without limitation, the Custodian, banks, brokers, dealers and exchanges) are liquidated or declared bankrupt, this may result in a significant loss in the value of your Plan.
- **Borrowing Risk:** Possible use of borrowing may result in certain additional risks. A leveraged Investment Instrument by its nature increases the potential loss to investors resulting from any depreciation in the value of such Investment Instrument.

The above list is not exhaustive. There may be other risks associated with Professional Portfolio. You should seek your own investment advice from a suitably qualified and regulated investment adviser.











## 5. Lives Assured – Life Insurance Plan Only

**If you have opted for a Life Insurance Plan in section 3, please complete this form if anybody other than an Applicant is to be named as a Life Assured. A copy of this form MUST be completed for each Life Assured.**

If there are further **Lives Assured**, please complete this section on an additional sheet(s) and attach securely to this application. Please tick this box if additional sheet(s) attached:

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

I consent to Utmost Worldwide contacting me for marketing purposes: Yes  No

Gender: Male  Female

Date of birth:

Confirm any other officially documented name / alias relevant to you (e.g. maiden name): \_\_\_\_\_

Permanent residential address (include prior address if at this address for less than 18 months): \_\_\_\_\_

City / town of birth: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

If you are of dual nationality, please confirm your other nationalities: \_\_\_\_\_

Marital status: \_\_\_\_\_

Relationship to **Planholder**: \_\_\_\_\_

My signature is confirmation that:

- I agree to be a **Life Assured** and I understand that I am responsible for all answers given and statements made by me in this **Application Booklet** or in any other communication between me and **Utmost Worldwide Limited**;
- I declare that to the best of my knowledge and belief, the information provided in this **Application Booklet** is true and complete and that no material fact has been omitted or concealed. I understand that non-disclosure of material facts or the provision of incorrect information to **Utmost Worldwide Limited**, whether before or during the life of the **Plan**, could result in the wrong terms being quoted, a claim being rejected, repudiated, reduced or the **Plan** being rendered invalid; and

Please tick here to confirm you have read and understood the section entitled 'How we use your Personal Data' on page 3:

- I consent to my **Personal Data** being processed, stored and transferred as explained in the section entitled 'How we use your Personal Data'.

Signature of Life Assured:

Date:



## 6. Nomination of Beneficiary (Optional) – Life Insurance Plan Only

**You may nominate one or more Beneficiaries to receive the Death Benefit under your Plan.**

**Not for use in Singapore. If you are resident in Singapore and wish to nominate a Beneficiary, please ask for either 'Form 1: Trust Nomination' or 'Form 4: Revocable Nomination' as applicable.**

If you nominate more than one **Beneficiary** and any one of them dies before the **Death Benefit** under your **Plan** becomes payable, his percentage benefit will be divided equally between the surviving **Beneficiaries**.

**It is the responsibility of the Applicant to ensure that the nomination of a Beneficiary pursuant to this form will be effective under his law of domicile and/or residence.**

### First Beneficiary

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Other officially documented name / alias (e.g. maiden name):  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth:

Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to **Planholder**: \_\_\_\_\_

Percentage of benefit: \_\_\_\_\_

Public position held: \_\_\_\_\_

### Third Beneficiary (if any)

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Other officially documented name / alias (e.g. maiden name):  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth:

Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to **Planholder**: \_\_\_\_\_

Percentage of benefit: \_\_\_\_\_

Public position held: \_\_\_\_\_

### Notes:

- A **Planholder** cannot be a **Beneficiary** of the **Plan**; and
- Utmost Worldwide may require a signed discharge from any surviving **Planholder** and/or nominated **Beneficiary** before payment of the **Plan** proceeds can be made.

### Second Beneficiary (if any)

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Other officially documented name / alias (e.g. maiden name):  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth:

Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to **Planholder**: \_\_\_\_\_

Percentage of benefit: \_\_\_\_\_

Public position held: \_\_\_\_\_

### Fourth Beneficiary (if any)

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Other officially documented name / alias (e.g. maiden name):  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth:

Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to **Planholder**: \_\_\_\_\_

Percentage of benefit: \_\_\_\_\_

Public position held: \_\_\_\_\_

## 7. Declarations

**Please read through these declarations carefully and before signing this Application Booklet. Important information is included throughout the Application Booklet. Please ensure that you read the entire booklet. If you have any further questions, your Financial Adviser will be able to help you.**

**By signing this Application Booklet, you agree to be bound by the terms of these declarations. In the following declarations, “I” means the Applicant.**

### General

- I hereby apply for a Professional Portfolio with the features described in the offering documents. I confirm that I understand its features and its suitability has been explained to me.
- I have received, read and understood the ‘Details Guide’ given to me by my **Financial Adviser**, which explains the features of Professional Portfolio. I understand that the ‘Details Guide’ contains information about my **Plan** but does not form part of my contract with Utmost Worldwide. I have been given an opportunity to raise any questions and I am satisfied with the answers I have received.
- I have had the opportunity to obtain specialist legal and tax advice from a suitably qualified adviser with respect to this **Plan**, if required.
- I understand the consequences of cancelling an existing insurance plan and replacing it, in full or in part, with this **Plan**. I confirm that my **Financial Adviser** has explained these consequences to me and (if applicable) that I am happy to replace my existing plan.
- I agree that my **Plan** will be governed by the law of the Island of Guernsey.
- I have been informed of and understand my right to cancel the **Plan**, which is set out in the “Cancellation Rights” section of my ‘Details Guide’.
- I understand and agree that as a result of my taking out this **Plan**, Utmost Worldwide will pay commission to my **Financial Adviser** for arranging this **Plan**. Commission will be paid while the **Plan** continues to be in force.

### Plan Operation

- I understand and agree that Utmost Worldwide will not issue quarterly / annual valuation statements to me by post unless I expressly request these in writing. **Plan** valuations will, however, be available via our ‘Online Service Centre’.
- After my **Plan** is issued, I agree that I will inform Utmost Worldwide within 30 days of a change in my circumstances (in particular my tax residency) or personal details.
- I understand and agree that all associated documentation relating to my **Plan** will be sent to my **Financial Adviser**, unless a **Written Request** to the contrary is provided by me.

### Investment Instruments

- I am responsible for the choice of **Investment Instruments** and their suitability has been explained to me.
- I understand Utmost Worldwide remains the beneficial owner of the **Investment Instruments** at all times and that I do not have any title to, or interest in, any **Investment Instrument** within the **Investment Fund** underlying my **Plan**. The **Investment Instruments** are used solely for the purposes of calculating the value of the benefits of my **Plan**.
- I understand that I will not be consulted nor provided with an opportunity to participate in any corporate action in relation to any **Investment Instrument** within the **Investment Fund**.
- I understand that the choice of **Investment Instruments** is entirely at my own risk and accept full responsibility for the choice of **Investment Instruments** held within the **Investment Fund**.

## 7. Declarations (continued)

- I understand that any proposed **Investment Instrument** must be considered acceptable by Utmost Worldwide who can, at their absolute discretion, refuse to accept any **Investment Instrument** for inclusion within the **Investment Fund**.
- I accept that the acquisition or transfer of **Investment Instruments** to be held within the **Investment Fund** will be on an execution-only basis and that processing this instruction is not an endorsement of any particular **Investment Instrument**.
- I agree to sign a disclaimer with respect to the risks associated with any particular **Investment Instrument**, if requested to do so by Utmost Worldwide. I accept that Utmost Worldwide may at their absolute discretion, decline or accept any **Investment Instrument** even where I have signed such a disclaimer.

### Data Protection

- I consent to my **Personal Data** being processed, stored and transferred as explained in the section entitled 'How we use your Personal Data' on page 3.
- I have informed any third party whose personal details are included in my application about the use of such information and in this regard, I hereby indemnify Utmost Worldwide against and in respect of any liability which it may incur as a result of the use of such information.

### Lives Assured (if applicable – only applies if **Life Insurance Plan** chosen)

- I confirm that I wish to take out a **Life Insurance Plan** on each person named as a **Life Assured** in this **Application Booklet**.
- I declare to Utmost Worldwide that I am eligible to hold the **Plan** under the laws of any jurisdiction applicable to me and that I can legally hold a **Life Insurance Plan** in respect of the named **Lives Assured**.

### Beneficiaries (if applicable – only applies if **Life Insurance Plan** chosen)

- I hereby request the person(s) named in section 6 to be the **Beneficiaries** of my **Plan** following the occurrence of the **Relevant Death** in accordance with the **Terms and Conditions** of the **Plan**.
- I have sought professional advice to ensure that the nomination of a **Beneficiary** pursuant to this **Application Booklet** will be effective under the law of my domicile and/or residence.
- I understand that Utmost Worldwide is required to verify the identity and permanent residential address of each **Beneficiary** before the payment of any claim can be completed and no payment will be made to any **Beneficiary** where their identity cannot be verified satisfactorily.
- I confirm that receipt by the **Beneficiaries** nominated herein shall be good and full discharge for any payment made under the **Plan**. Where a nominated **Beneficiary** is aged under 18 years or lacks legal capacity the receipt by their parent or guardian will be sufficient discharge to Utmost Worldwide and Utmost Worldwide shall not be under any obligation to ensure the proper application by the parent or guardian of such payment.
- I undertake that no claim shall be made by my estate or personal representative in respect of any payment made to a **Beneficiary** under this nomination.

### Verification of Identity and Source of Funds

- I confirm that I am not a Politically Exposed Person and I am not associated with a Politically Exposed Person.
- I agree to provide Utmost Worldwide with any information and documentation that they reasonably require to verify the identity of any party involved in the ownership or control of the **Plan** or the source of funds or source of wealth used to fund the purchase of **Premiums**, at the time of the application and at any time required during the life of the **Plan**. I understand that failure to provide the requested information will result in a delay in accepting a **Premium** or paying a claim.

## 7. Declarations (continued)

- I understand that Utmost Worldwide is required by law to verify the identity and permanent residential address of each Applicant, **Life Assured** and **Beneficiary** and any other party involved in the ownership or control of my **Plan**, together with information regarding the source of funds or wealth used to fund the **Plan**, as may be relevant to the application and I agree to provide (or arrange to provide) any such information and documentation as may reasonably be required by Utmost Worldwide on request and without delay, both at the time of application and at any time thereafter during the life of the **Plan**.
- I declare that, to the best of my knowledge and belief, all the information provided in the 'Source of Funds Questionnaire' is true, correct and complete.
- I also confirm that the monies being used to fund the **Premium** are derived from legitimate activities.

### Accuracy of Information

- I agree that I will inform Utmost Worldwide of any change in my circumstances between the date of my application and the issue of my **Plan**.
- I declare that the information I have provided in the 'Confirmation of Citizenship / Nationality and Tax Residency' section of this **Application Booklet** is correct.
- I have read over the answers provided in this **Application Booklet** and confirm that, to the best of my knowledge and belief they are complete, accurate and not misleading and no material fact has been omitted or concealed.
- I understand that I am responsible for all the answers given and statements made by me in this **Application Booklet** or in any other communication between me and Utmost Worldwide. I also understand the implications of providing information which is incomplete, inaccurate or misleading and of failing to disclose or concealing material facts before and during the life of the **Plan**.

### Applicant Signatures

Signature 1:

Date:

Signature 2:

Date:

Signature 3:

Date:

Signature 4:

Date:

## 8. Financial Adviser Form

**On this form “I” or “you” refers to the Financial Adviser who should complete the form and sign the ‘Financial Adviser Declaration’.**

First Applicant name: \_\_\_\_\_

Second Applicant name: \_\_\_\_\_

How and when were you introduced to each Applicant? (specify month and year): \_\_\_\_\_

\_\_\_\_\_

Are there any other parties indirectly involved with this application, e.g. lender? Yes  No

Are there any concurrent financial proposals for the Applicant being made elsewhere? Yes  No

If Yes to either of above, please give details: \_\_\_\_\_

\_\_\_\_\_

Please outline the Applicant’s reasons for applying for this product: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Financial Adviser Declaration

- I declare that to the best of my knowledge and belief, each Applicant is of good repute and a law abiding citizen and the information given in this **Application Booklet** is true and complete;
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the **Premium** are obtained from legitimate activities;
- I confirm that client fact-find forms have been duly completed;
- I confirm that I have not made any changes to this **Application Booklet** after signature by the Applicant; and
- I confirm that I have seen the original documents required to verify the identity of each Applicant and any **Life Assured** and I have checked the name and identity of each and attach a certified copy of these documents for Utmost Worldwide’s records.

Signature of the Financial Adviser<sup>8</sup>:

**Financial Adviser** name (printed in BLOCK LETTERS): \_\_\_\_\_

Date:

<sup>8</sup> If the **Financial Adviser** is not an individual, the individual signing must have the authority of the **Financial Adviser**.

## 9. Payment by Bank Transfer

Please ensure **APPLICANT NAME** and **PLAN NUMBER (if known)** are quoted in 'Remittance Information / Payment Reference'.

Payment to be made to Account in the name of **Utmost Worldwide**.

Currency	Account Holding Bank	A/C Number	Swift Code	IBAN	Correspondent Bank
<b>USD</b>	Citibank N.A. Jersey Cl <sup>9</sup>	412492056	CITIJESX	GB25 CITI 1850 2641 2492 05	Citibank N.A. New York (Swift Code CITIUS33; ABA: 021000089)
<b>GBP</b>	Citibank N.A. Jersey Cl <sup>9</sup>	412492048	CITIJESX	GB52 CITI 1850 2641 2492 04	Citibank N.A. London (Swift Code CITIGB2L)
<p><b>From a Channel Islands or Isle of Man bank</b> The payment should be sent by BACS (Sort Code 18 50 26)</p> <p><b>UK to UK bank transfer</b> If you wish to make your payment from a UK bank account please contact us for details.</p>					
<b>EUR</b>	Citibank N.A. London	0013861317	CITIGB2L	GB81 CITI 1850 0813 8613 17	-
<b>HKD</b>	Citibank N.A. Jersey Cl <sup>9</sup>	412492013	CITIJESX	GB36 CITI 1850 2641 2492 01	Citibank N.A. Hong Kong (Swift Code CITIHKHX)
<b>JPY</b>	Citibank N.A. Jersey Cl <sup>9</sup>	412492021	CITIJESX	GB09 CITI 1850 2641 2492 02	Citibank N.A. Japan (Swift Code CITIJPJT)
<b>SEK</b>	Citibank N.A. Jersey Cl <sup>9</sup>	412492064	CITIJESX	GB95 CITI 1850 2641 2492 06	Senska Handelbanken (Swift Code HANDSESS)

<sup>9</sup> Please ensure the remitting bank transmits a direct interbank MT103 message to Citibank's Jersey Branch (Swift Code: CITIJESX) advising of the payment details.









# CONTACT US

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To find out more about Professional Portfolio please contact us.

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**utmost**<sup>™</sup>  
WEALTH SOLUTIONS

Utmost Wealth Solutions is the trading name used by Utmost Worldwide Limited and a number of Utmost companies.

## A WEALTH *of* DIFFERENCE

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No. 27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

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