

# DISCOUNTED GIFT TRUST APPLICATION

## SUPPLEMENTARY APPLICATION FORM TO CONVERT AN EXISTING EVOLUTION BOND

When submitting this application ensure a **Tax Declaration and Self-Certification for Trusts** is completed. (Details of all controlling persons including absolute beneficiaries should be captured).

**Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost International Isle of Man Limited.**

If you are completing a hard copy of this form, please use **blue or 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. **Do not use correction fluid.**

**SIGNATURE** This symbol highlights the signature sections within this form which need to be signed by the Policyholders.

Once completed, arrange for your financial adviser to return this form and any supporting documents to:  
**Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.**

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at: **[newbusiness@utmostwealth.com](mailto:newbusiness@utmostwealth.com)**

Please be aware that the this trust may be required to be registered on the UK trust registration portal. A link to the UK registration website is here: **[www.gov.uk/guidance/register-your-clients-trust](http://www.gov.uk/guidance/register-your-clients-trust)**

	PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
<b>Policyholder and Policy details</b>	2	A – Policy number	Mandatory	<input type="checkbox"/>
	2	B – Policyholder details	Mandatory	<input type="checkbox"/>
	3-7	C – Policyholder medical details	Mandatory	<input type="checkbox"/>
	8-9	E – Regular 'income' withdrawal	Mandatory	<input type="checkbox"/>
<b>Declarations</b>	10-12	G – Declaration	Mandatory	<input type="checkbox"/>

Ensure that all relevant sections of this application are completed before submitting.

A WEALTH *of* DIFFERENCE

[www.utmostinternational.com](http://www.utmostinternational.com)

Utmost International Isle of Man Limited is registered in the Isle of Man under number 024916C. Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles. Licensed by the Isle of Man Financial Services Authority.

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

IOM PR 0083 | 04/25

**A POLICY NUMBER**

**MANDATORY**

- 1 Existing policy number
- 2 Segments to be converted

**B POLICYHOLDER DETAILS**

**MANDATORY**

- |   | Policyholder 1   | Policyholder 2   |
|---|--|--|
| 1 Title (Mr, Mrs, Miss or Other)  | <input type="text"/>   | <input type="text"/>   |
| 2 Gender  | <input type="checkbox"/> Male <input type="checkbox"/> Female  | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| 3 Surname   | <input type="text"/>   | <input type="text"/>   |
| 4 Maiden name, previous name or any aliases (if applicable)   | <input type="text"/>   | <input type="text"/>   |
| 5 Forenames (in full)   | <input type="text"/>   | <input type="text"/>   |
| 6 What is the relationship of Policyholder 1 to Policyholder 2?   | <input type="checkbox"/> Spouse <input type="checkbox"/> Civil Partner   |  |
| 7 Nationality   | <input type="text"/>   | <input type="text"/>   |
| 8 Date of birth   | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y  | <input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y  |
| 9 Country of birth  | <input type="text"/>   | <input type="text"/>   |
| 10 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)  | <input type="text"/>   | <input type="text"/>   |
| Postcode  | <input type="text"/> <input type="text"/> <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"/>   |
| 11 Contact telephone number   | <input type="text"/>   | <input type="text"/>   |
| 12 Email address  | <input type="text"/>   | <input type="text"/>   |
| 13 Would you like to be provided with login credentials to view your policy online at <a href="https://utmostinternational.com">utmostinternational.com</a> ? | <input type="checkbox"/> Yes   | <input type="checkbox"/> Yes   |
| If so, please provide a unique personal 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"/> <input type="text"/> <input type="text"/>  |
| 14 Country/Countries of tax residency   | <input type="text"/>   | <input type="text"/>   |
| 15 National Insurance (NI) number   | <input type="text"/> L <input type="text"/> L <input type="text"/> - <input type="text"/> N <input type="text"/> N <input type="text"/> - <input type="text"/> N <input type="text"/> N <input type="text"/> - <input type="text"/> N <input type="text"/> N <input type="text"/> - <input type="text"/> L | <input type="text"/> L <input type="text"/> L <input type="text"/> - <input type="text"/> N <input type="text"/> N <input type="text"/> - <input type="text"/> N <input type="text"/> N <input type="text"/> - <input type="text"/> N <input type="text"/> N <input type="text"/> - <input type="text"/> L |
| 16 US Tax Identification Number (TIN)   | <input type="text"/> N <input type="text"/> N <input type="text"/> N <input type="text"/> - <input type="text"/> N <input type="text"/> N <input type="text"/> - <input type="text"/> N <input type="text"/> N <input type="text"/> N <input type="text"/> N   | <input type="text"/> N <input type="text"/> N <input type="text"/> N <input type="text"/> - <input type="text"/> N <input type="text"/> N <input type="text"/> - <input type="text"/> N <input type="text"/> N <input type="text"/> N <input type="text"/> N   |
| 17 Other tax reference number(s) (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"/>  |

Complete this section for both Policyholders if this is a joint case.

**Your personal code** must be something memorable as it will be required when you first receive your login credentials.

A personal code can be made up of a mixture of letters, numbers and symbols with a minimum of 4 characters and a maximum of 13. Personal codes are case sensitive.

Login credentials will only be sent (to your email address above) on completion of your policy conversion.

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

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


C POLICYHOLDER MEDICAL DETAILS

MANDATORY

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

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

	Policyholder 1	Policyholder 2
1 Height (without shoes)	<input type="text"/> ft <input type="text"/> ins <input type="text"/> cm	<input type="text"/> ft <input type="text"/> ins <input type="text"/> cm
2 Weight (in normal indoor clothing)	<input type="text"/> st <input type="text"/> lbs <input type="text"/> kg	<input type="text"/> st <input type="text"/> lbs <input type="text"/> kg
3 Has your weight increased or decreased by more than one stone (6kg) in the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Have you smoked OR used tobacco OR nicotine replacement products in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details of your daily consumption or in the case of nicotine replacement tell us what you are using, at what frequency and strength. <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
5 Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the number of units per week	<input type="text"/> Units	<input type="text"/> Units
Has your consumption been greater than this in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<div>           1 measure spirits = 1 unit            Small glass of wine = 1.5 units            Large glass of wine = 2 units            1 pint of lower strength beer = 2 units            You can find more information on <a href="http://www.nhs.uk/livewell">www.nhs.uk/livewell</a> </div>	
6 Full name, address and postcode of your doctor. A report is required from your doctor and if the full address is not given it may result in a delay in assessment.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
a) Telephone number	<input type="text"/>	<input type="text"/>
b) Fax number	<input type="text"/>	<input type="text"/>

Tick all the appropriate boxes to questions 7 to 14. If you answer 'yes' to any of the questions, provide more details, including the nature and date of illness/injury, the treatment given and the name, address and telephone number of the doctor consulted. 

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

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

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

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

**Policyholder 1**

☐ Yes ☐ No

**Policyholder 2**

☐ Yes ☐ No

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

☐ Yes ☐ No

☐ Yes ☐ No

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

☐ Yes ☐ No

☐ Yes ☐ No

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

Policyholder 1

☐ Yes ☐ No

Policyholder 2

☐ Yes ☐ No

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

☐ Yes ☐ No

☐ Yes ☐ No

14 Current health

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

☐ Yes ☐ No

☐ Yes ☐ No

**E** REGULAR 'INCOME' WITHDRAWALS

**MANDATORY**

For details of the maximum levels of 'income' allowed see the **Discounted Gift Trust Conversion Guide**.

Minimum £200 per payment.

Regular withdrawals will be taken equally across all policy segments.

Note that the amount, frequency and any rate of increase cannot be changed during your lifetime. Refer to the **Discounted Gift Trust Conversion Guide** for more information.

<p><b>1</b> Amount of withdrawal (per annum)</p> <p><b>2</b> Rate of increase in withdrawals (optional)</p> <p><b>3</b> Frequency of withdrawals</p> <p><b>4</b> Payment start date</p>	<p><b>Annual percentage of original premium(s)</b></p> <div style="border: 1px solid black; width: 150px; height: 25px; margin-bottom: 10px;"></div> <p style="text-align: right;">%</p> <div style="border: 1px solid black; width: 150px; height: 25px; margin-bottom: 10px;"></div> <p style="text-align: right;">If increasing in line with RPI write RPI in the box</p> <p> <input type="checkbox"/> Monthly                <input type="checkbox"/> Quarterly                <input type="checkbox"/> Half-yearly                <input type="checkbox"/> Yearly         </p> <div style="display: flex; justify-content: space-between; border: 1px solid black; margin-bottom: 10px;"> <div style="width: 20px; height: 20px; text-align: center;">d</div> <div style="width: 20px; height: 20px; text-align: center;">d</div> <div style="width: 20px; height: 20px; text-align: center;">m</div> <div style="width: 20px; height: 20px; text-align: center;">m</div> <div style="width: 20px; height: 20px; text-align: center;">y</div> <div style="width: 20px; height: 20px; text-align: center;">y</div> <div style="width: 20px; height: 20px; text-align: center;">y</div> <div style="width: 20px; height: 20px; text-align: center;">y</div> </div> <p> <input type="checkbox"/> As soon as possible (30 days following the creation of the trust)         </p> <p> <input type="checkbox"/> In line with existing withdrawal payments         </p>	<div style="border: 1px solid #ccc; padding: 10px; background-color: #f9f9f9;"> <p>The annual percentage specified will be divided by the frequency you specify.</p> </div>
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Payment method will be BACS transfer for sterling payments to UK clearing banks only. A charge will be levied by our bankers for each Telegraphic Transfer payment which will be deducted from the value of the bond.



DETAILS OF THE ACCOUNT THAT WITHDRAWALS WILL BE SENT TO:

1

Account name

2

Account number  
(for BACS payments this must be 8 digits)

3

Bank sort code

-  -  (must be 6 digits)

4

Building Society roll number  
(if applicable)

5

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

6

IBAN

7

Bank/Building Society name

8

Address

Postcode

-

9

Telephone number  
(including international dialling code)

10

How long has the account been held?

Years

We cannot make payments to third parties. Payments must be sent to the Settlor of the Trust.

F ACCESS TO MEDICAL RECORDS

MANDATORY

Utmost International Isle of Man Limited may need to get medical reports to support your application. Before Utmost International Isle of Man Limited can ask any doctor that you, the Policyholder, have consulted to fill in a report, Utmost International Isle of Man Limited needs your permission under the Access to Medical Reports Act 1988 and equivalent legislation. You, the Policyholder, have the following rights under the legislation.

The Policyholder does not need to give their permission, but if the Policyholder does not, Utmost International Isle of Man Limited may not be able to go ahead with the Policyholder's application. This does not prevent the Policyholder from applying to other companies for insurance.

The Policyholder can ask to see the report before the doctor returns it to Utmost International Isle of Man Limited. If this is the case, Utmost International Isle of Man Limited will tell the doctor to keep the report for 21 days so that the Policyholder can arrange to see it. If the Policyholder has not made arrangements to see the report within this time, the Policyholder's doctor will send the report to Utmost International Isle of Man Limited.

If the Policyholder chooses not to see the report at this stage, the Policyholder may ask the doctor for a copy within six months of it being sent to Utmost International Isle of Man Limited. Utmost International Isle of Man Limited can send a copy of the report to the Policyholder's doctor if the Policyholder asks to see it at a later date.

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

The Policyholder's doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to the Policyholder or others.

The medical report the Policyholder's doctor fills in asks about the following:

- › the Policyholder's current health
  - any care, medication or treatment the Policyholder is currently receiving
  - the results of referrals or tests the Policyholder is waiting for
- › any time off work in the last three years
- › the Policyholder's past health.

Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with the Policyholder's doctor or any other medical adviser, therapist or counsellor, in particular whether the Policyholder has a history of:

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

Utmost International Isle of Man Limited has asked the Policyholder's doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C
- any sexually-transmitted diseases unless there could be long-term effects on the Policyholder's health; or
- predictive genetic test results unless there is a favourable test result which shows that the Policyholder has not inherited a condition the Policyholder's family suffers from.

The information the Policyholder and the Policyholder's doctor provides about the Policyholder's health will enable Utmost International Isle of Man Limited to assess life expectancy in respect of a valuation certificate Utmost International Isle of Man Limited issues for Inheritance Tax purposes.

If you, the Policyholder have any questions about the Policyholder's rights under the legislation or questions relating to the process of getting, assessing or storing medical information, write to: **Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.**

**G** DECLARATION

**MANDATORY**

Throughout this section you are referred to as 'the Policyholder' as you are the owner of the bond being transferred into the Discounted Gift Trust arrangement.

It is important that the Policyholder reads this section carefully before signing as it affects the Policyholder's rights and creates a legally binding agreement with Utmost International Isle of Man Limited in connection with the Policyholder's bond and its transfer into a Discounted Gift Trust. If the Policyholder does not understand any aspect of this agreement ask the financial adviser to explain its effect to the Policyholder before signing the form. The Policyholder should also read the following declarations together with the Discounted Gift Trust Conversion Guide which should be provided by the financial adviser.

**The Policyholder applies** for the Policyholder's existing Evolution bond to be placed into the Discounted Gift Trust and varied in accordance with the Policy Conditions and Policy Schedule which will be issued to the Policyholder by Utmost International Isle of Man Limited upon the acceptance of the Policyholder's application.

**The Policyholder hereby confirms** that the Policyholder has not relied upon any statement made by the Policyholder's financial adviser which is not supported in the literature.

**The Policyholder confirms and declares** that the Policyholder has been advised to obtain appropriate professional advice in respect of the applicable taxation requirements, effects and legislation.

**The Policyholder confirms** that all the information provided by the Policyholder, in this application form is complete and accurate to the best of the Policyholder's knowledge and belief. The Policyholder agrees that this information, together with any supporting information completed or given by the Policyholder in the Policyholder's name, shall form the basis of the varied contract with Utmost International Isle of Man Limited.

**The Policyholder accepts that:**

- › once the bond is transferred into trust, the selection of investments is the responsibility of the trustee(s), the investment adviser or any EMC appointed to the bond
- › Utmost International Isle of Man Limited has no legal responsibility in respect of future performance of such linked assets.

**The Policyholder agrees** that a copy of the Policyholder's agreement given in this Declaration will have the validity of the original. The Policyholder understands that the financial adviser is acting as the Policyholder's agent and not an agent of Utmost International Isle of Man Limited.

**The Policyholder declares** that the Policyholder will tell Utmost International Isle of Man Limited if any relevant information that the Policyholder has given in this application changes before the bond is varied.

**The Policyholder understands** that because the Policyholder is transferring the bond into trust, the final gift value is likely to differ from that originally quoted. A difference may also arise if the Policyholder has a birthday whilst the Policyholder's application is being processed.

**The Policyholder instructs** Utmost International Isle of Man Limited to amend the terms of the bond so that no further investments may be made into the bond during the Policyholder's lifetime.

**The Policyholder instructs** Utmost International Isle of Man Limited to amend the terms of the bond so that it cannot be surrendered during the Policyholder's lifetime.

**The Policyholder understands** that the level of regular withdrawals cannot be changed during the Policyholder's lifetime.

**The Policyholder understands** that the bond cannot be assigned during the Policyholder's lifetime except in relation to change of trustees.

**The Policyholder understands** that the Policyholder should notify Utmost International Isle of Man Limited if the Policyholder's health or circumstances change between the date of signing this application form and the date that a certified discount certificate is issued.

**The Policyholder understands** that the Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Act 1993 (see Section F for full details) will be relevant to Utmost International Isle of Man Limited getting a medical report from any medical practitioner who has attended the Policyholder in England, Scotland, Wales, Northern Ireland or the Isle of Man but not, at present (although this may change in the future), the Channel Islands or elsewhere.

**If the legislation** is not relevant, the Policyholder acknowledges that the Policyholder does not have the rights described in Section F.

**If the legislation** is relevant, the Policyholder acknowledges that the Policyholder has been informed of their rights by reading Section F and the Policyholder exercises their right of choice as indicated below.

**The Policyholder confirms and declares** that the Policyholder is a tax resident in the jurisdiction entered in section **B** of this application form, and that if the Policyholder is a UK tax resident and/or a US tax resident, the Policyholder has confirmed this and provided N.I. and/or T.I.N. number (Q15/16).

**The Policyholder understands and agrees** that Utmost International Isle of Man Limited'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 Utmost International Isle of Man Limited 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.

**The Policyholder agrees** to inform Utmost International Isle of Man Limited immediately should any information within this application change, and understands that the Policyholder is obliged to do so.

## HOW UTMOST INTERNATIONAL ISLE OF MAN LIMITED USES THE POLICYHOLDER'S INFORMATION

Utmost International Isle of Man Limited uses the information the Policyholder provides, about themselves and other people, to provide Utmost International Isle of Man Limited's products and services. In order to support Utmost International Isle of Man Limited's products and services, Utmost International Isle of Man Limited transfers information between different entities within Utmost International Isle of Man Limited's immediate operating group and to appointed data processors, but Utmost International Isle of Man Limited does not transfer information to other parties, unless required to do so by law or regulation. Utmost International Isle of Man Limited does not carry out marketing using the information or transfer, or sell, the Policyholder's personal information to others for marketing purposes.

More details about how Utmost International Isle of Man Limited uses the Policyholder's information, the Policyholder's rights over this information and how the Policyholder can exercise those rights can be found in the applicable Privacy Notice.

Utmost International Isle of Man Limited publishes its Privacy Notices on its website at [www.utmostinternational.com/privacy-statements/](http://www.utmostinternational.com/privacy-statements/) or the Policyholder can ring Utmost International Isle of Man Limited on +44 (0)1624 643 345 and request a copy.

Utmost International Isle of Man Limited will store, process or pass on the Policyholder's data whether or not the Policyholder's application is accepted. Utmost International Isle of Man Limited will, in the event of the Policyholder's death, obtain necessary evidence as to the cause and circumstances relating to the Policyholder's death should it wish to do so.

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

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

If you ask to be informed of any variation in the gift value we will require signed agreement of your approval before the policy starts, which could result in a slight delay.

	Policyholder 1	Policyholder 2
<b>SIGNATURE</b>	<div></div>	<div></div>
Print full name	<div></div>	<div></div>
Date	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>

## H NOTES

## I CHECKLIST

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

- › A completed relevant **Tax Declaration and Self-Certification for Trusts** or **Tax Declaration and Self-Certification for individuals** ☐
- › Certified copies of the identification and address verification documents for the policyholders and the trustees (if not already held) ☐
- › if you would like to set up or amend an existing adviser charging agreement before conversion, complete and sign the separate **Adviser Charges Pack** available from our website [www.utmostinternational.com](http://www.utmostinternational.com) ☐
- › if you are also nominating an investment adviser to be appointed, then enclose a fully completed and signed **Nomination of Investment Adviser form** (available on request from us or your financial adviser) ☐
- › if you are sending any additional instructions or documentation, securely attach them to the back of the form ☐
- › enclose a signed but **undated Trust Deed** with this application form. These are available on request from your financial adviser ☐
- › if you are appointing Utmost International Trustee Solutions Limited as the Trustee, you will also need to complete additional forms in connection with the appointment, available from your financial adviser or us on request. ☐