SOURCE OF FUNDS QUESTIONNAIRE



	planholder should complete this form. The relevant declarations must be signed by the planholder and the ancial Adviser where applicable. Please continue on a separate sheet(s) if required.					
lea	ase complete a copy of this questionnaire for each planholder.					
DI:	anholder name:					
	How and when were you introduced to the Financial Adviser? (specify month and year):					
	now and whom wore year introduced to the rindholar reviser. (opening months and year).					
2.	Are there any other parties indirectly involved with this plan, e.g. lender? Yes No					
	Are you making any concurrent financial investments elsewhere?					
	If Yes to either of the above, please give details:					
ar	nk Details					
4.	Please specify the bank account details from which the premium are paid:					
	Bank name & address:					
	Account name:					
	Account Number / IBAN:					
	Swift / BIC code: Years account held:					
m	ployment Details					
5.	Employment status: Employed Self-employed / Business owner Retired Other Other					
6.	Occupation of planholder (if retired, please state former occupation):					
	Nature of employment and position held:					
7.	If you are Self-employed / Business Owner, state percentage of business owned:(Please provide supporting documentation as proof)					
8.	Name and address of Employer / Business:					
8. 9.	Name and address of Employer / Business:					
8. 9. 10						
8. 9. 10	D. Employer / Business website address:					
10	D. Employer / Business website address:					

Income Details

12. Please specify from the	e list below the s	source(s) of annual inco	ome:		
Annual income:		:urrency:		amount:	
Bonus income:		:urrency:		amount:	
Rental income:	С	:urrency:		amount:	
Investment income:	С	:urrency:		amount:	
Pension income:	С	:urrency:		amount:	
Other income (please	specify):				
Benefits in kind (e.g. h	ousing allowance				
Total annual income:	Cl	:urrency:		amount:	
Source of Wealth					
13. Please confirm the pla	nholder's estima	ated net worth?			
·		t wealth?			
14. Please state how the s	source of wealth	for this investment has	been raised if	other than annual inc	come.
(i) Gift or inheritance?					Yes No [
(ii) The disposal of a bu	usiness or other	asset?			Yes No [
(iii) Other?					Yes No [
If Yes to any of the abo	ove, please provi	ide details and attach s	supporting docu	umentation as proof:	
•				·	
*You may be requested	d to provide add	litional information and	documentation	at our discretion.	
Planholder Declaration					
I declare that, to the be	est of my knowle	edge and belief, all the i	information abo	ove is true, correct ar	nd complete; and
 I confirm that the monitoring 	ies being used to	o fund the premium are	e derived from le	egitimate activities	
Signature of planholder*					
Signature of plannolder	•				
1					
Date: D D M M	YY				

Financial Adviser Declaration

 I declare that, to the best of my knowledge and belief, the planholder is of good repute and the information given in this Source of Funds Questionnaire 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 Source of Funds Questionnaire after signature by the planholder.
Signature of the Financial Adviser:
Date: DDMMYY

A WEALTH of DIFFERENCE

Utmost Worldwide Limited, Singapore Branch: 20 Collyer Quay #14-02, Singapore 049319.

Financial Adviser name (printed in BLOCK CAPITALS): _

Registered in Singapore as a Branch of a Foreign Company - Number T10FC0110K. Licensed by the Monetary Authority of Singapore as a direct insurer to carry on life business in Singapore.

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

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).

Registered Head Office: Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA. T +44 (0) 1481 715 400 F +44 (0) 1481 715 390 E UWCustomerService@utmostworldwide.com

Websites may make reference to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.

T +65 6672 9152

F +65 6672 9158

E SingaporeRO@utmostworldwide.com

W utmostworldwide.com