

# SOURCE OF FUNDS QUESTIONNAIRE

Plan number: \_\_\_\_\_

**We are required by law to obtain information regarding the source of funds and wealth of each planholder and may require this information to be verified or periodically updated on request.**

**The planholder should complete this form. The relevant declarations must be signed by the planholder and the Financial Adviser where applicable. Please continue on a separate sheet(s) if required.**

**Please complete a copy of this questionnaire for each planholder.**

Planholder name: \_\_\_\_\_

1. How and when were you introduced to the Financial Adviser? (specify month and year):

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

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

3. Are you making any concurrent financial investments elsewhere? Yes  No

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

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

## Bank 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: \_\_\_\_\_

## Employment Details

5. Employment status: Employed  Self-employed / Business owner  Retired  Other

6. Occupation of planholder (if retired, please state former occupation): \_\_\_\_\_

7. Nature of employment and position held: \_\_\_\_\_

8. If you are Self-employed / Business Owner, state percentage of business owned: \_\_\_\_\_  
(Please provide supporting documentation as proof)

9. Name and address of Employer / Business: \_\_\_\_\_

10. Employer / Business website address: \_\_\_\_\_

11. Length of service with current Employer / Business: \_\_\_\_\_

If less than 18 months, please give provide previous employment details: \_\_\_\_\_

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



**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:

Financial Adviser name (printed in BLOCK CAPITALS): \_\_\_\_\_

**A WEALTH *of* DIFFERENCE**

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

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).

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

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