

# STARTING OR ADDING TO YOUR OLD MUTUAL INTERNATIONAL EXECUTIVE INVESTMENT ACCOUNT

Old Mutual International account number (if reserved or if adding to an existing policy)	<input type="text"/>
MAS Representative Number	<input type="text"/>
<b>Financial adviser representative details</b>	
Name of financial adviser	<input type="text"/>
Company name	<input type="text"/>
Address	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
E-mail address	<input type="text"/>
Old Mutual International only accepts business introduced by companies which have Terms of Business with us.	

**August 2017**

For the trustee of the QROPS, QNUPS, IPP or SIPP who have acceptable applicant status (accredited investor)

QROPS Trustee (✓) ☐ QNUPS Trustee (✓) ☐ IPP Trustee (✓) ☐ SIPP Trustee (✓) ☐

**This document was last reviewed in August 2017.** Please confirm with your financial adviser representative that this is the most up-to-date document for your product or servicing needs.

**We only sell our products through financial adviser representatives as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser representative, you need to bear in mind that they are acting on your behalf and not on behalf of Old Mutual International. You are responsible for their actions or omissions.**

All references to **Old Mutual International**, in this application form mean Old Mutual International Isle of Man Limited Singapore Branch.

## TAXATION INFORMATION

Under Automatic Exchange of Information (AEOI) regulations Old Mutual International is required to obtain information about an applicant's tax status. To enable us to comply with these regulations, when submitting this application form you must also submit the 'Taxation information and self-certification – for entity investors' for trustee investments. Completion and submission of a self-certification is mandatory and failure to provide one could result in your Portfolio being reported under AEOI by default. If any of the information contained in the self-certification changes please advise Old Mutual International promptly so we can determine if a new self-certification is required

## IMPORTANT INFORMATION FOR YOU – THE APPLICANT

**Your application can be submitted online via Wealth Interactive. If you choose this option, your application can be submitted to us immediately without the delay that can be experienced through the postal system. This application form should be read together with the Confirmation of Charges, Product Summary, Customer Brochure, Your Guide to Life Insurance (This can be downloaded from Life Insurance Association's website: [www.lia.org.sg](http://www.lia.org.sg)) and the Policy Terms, which are available on request. Please note this application form is for use in Singapore only.**

Before completing the application form, please make sure you receive and read through the relevant product information:

- The brochure entitled the Old Mutual International Executive Investment Account
- The Old Mutual International Executive Investment Account product summary.

## ONLINE SERVICE ACCOUNT ON WEALTH INTERACTIVE

Where you have set up an Online Service Account, ongoing communication from us, such as policy valuations, will be carried out electronically through this account as much as possible, although there will be times when we do still need to correspond with you by letter.

If you would prefer to receive ongoing communication from us by post rather than online, please tick here (✓) ☐

The underlying member may apply for a view only account. If this is required, please provide their email address and mobile telephone number here.

### FREE LOOK PROVISION (APPLICABLE TO THE QROPS, QNUPS, IPP OR SIPP TRUSTEES)

You should understand that you have the right to cancel and obtain a refund of any initial premium paid by giving written notice. Such notice must be sent by the QROPS, QNUPS, IPP or SIPP Trustees direct to and received by Old Mutual International Isle of Man Limited Singapore Branch within 14 days after receiving the issued Policy. You should understand that as QROPS, QNUPS, IPP or SIPP Trustees, you should bear the investment risk of the Policy, the amount refunded will be the premium less any amount by which that value of the assets, if any, have fallen at the time the written notice is received by Old Mutual International Isle of Man Limited Singapore Branch.

You should understand that the free look provision only applies to your initial lump sum premium.

### POLICY OWNERS' PROTECTION SCHEME

Old Mutual International Isle of Man Limited Singapore Branch 'Old Mutual International' is a member of the Policy Owners' Protection Scheme (PPF Scheme) in Singapore. However, this Policy issued by Old Mutual International (where no additional life cover purchased) is not covered under the PPF Scheme. Details of the PPF Scheme can be obtained at Singapore Deposit Insurance Corporation Limited's website on [www.sdic.org.sg](http://www.sdic.org.sg)

### COMPLETING THE FORM

To complete this form:

- use CAPITAL LETTERS only
- use blue or black ink
- specify choices as appropriate
- complete all relevant sections
- do not use correction fluid; any amendments should be crossed out and initialled by all applicants.

**Please note that we must receive your application form by post or courier, and are unable to accept faxed or e-mailed versions.** Please ensure that you complete all relevant sections. We will contact you regarding any missing information which will need to be provided in writing, and this may delay your application.

## A TYPE OF APPLICATION

If this is an application for an **ADDITIONAL INVESTMENT**, please provide your existing Policy number: (you can find this in your policy documentation)

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New Executive Investment Account (✓) ☐

### CHARGES

Please enter the reference code for your chosen charging structure which you confirm you have received and read in full. (Your financial adviser representative will be able to provide you with this code.)

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### ACCOUNT CURRENCY

We wish our Policy to be valued in (✓) ☐ SG\$ ☐ US\$ ☐ € ☐ £ ☐ Other currency

**Please note if no currency is entered your Policy currency will be GB pound (GBP). The Policy currency cannot be changed after the Policy is set up.**

## B DETAILS OF THE TRUST

The trust name is:

The trust was created on:

D	D	M	M	Y	Y	Y	Y
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Trust details

► The reason for the establishment of the trust, the type of trust and the source/origin of the trust assets.

**QROPS/IPP/SIPP provider – pension transfers or additional contributions to the QROPS/IPP/SIPP (being the evidence of origin of the assets supplied by QROPS/IPP/SIPP Trustee) or; QNUPS scheme to provide a pension in retirement. This is also a QNUPS. The trust assets will be a lump sum contribution to the QNUPS (QNUPS Trustee will provide origin of assets evidence).**

Trust assets

## C DETAILS OF THE TRUSTEE APPLICANT

Corporate trustee name

Contact person

Country of registration

Addresses

(This information must be provided in full. We are unable to accept PO Boxes and 'Care of' for Registered Office addresses)

Registered office address


Correspondence address


Telephone number including area code

E-mail address

Corporate website address

### POLITICALLY EXPOSED PERSON

If the applicant(s), or any other party connected to this application either now or in the past/future, could be classed as a politically exposed person (PEP), or connected with a PEP, please provide details.

A politically exposed person is someone holding an important public position, or a person clearly related to them. Examples of these are: judicial or military officials, senior politicians, senior executives of publicly owned corporations, senior Government officials and Important political officials.

### AUTHORISED SIGNATORIES

Please confirm the minimum number of authorised signatories of the corporate trustee needed to give instructions

## D DETAILS OF THE LIFE ASSURED

	FIRST LIFE ASSURED (MEMBER)	SECOND LIFE ASSURED (IF ANY)																
Title (✓)	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Other <input type="text"/>	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Other <input type="text"/>																
Full forename(s)	<input type="text"/>	<input type="text"/>																
Surname	<input type="text"/>	<input type="text"/>																
Sex (✓)	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female																
Date of birth	<table border="1"><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"><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											
The maximum age for a life assured is 89.																		
Nationality	<input type="text"/>	<input type="text"/>																
Dual nationality (if applicable)	<input type="text"/>	<input type="text"/>																
NRIC number or equivalent ie employment ID, dependants' ID. Singapore residents only (if applicable)	<input type="text"/>	<input type="text"/>																
Relationship to Trustee Applicant	<b>Pension Scheme Member</b>	<b>Pension Scheme Member</b>																
Residential address (c/o and PO Box address is not acceptable)	<input type="text"/>	<input type="text"/>																
Reason for Investment (eg for saving for retirement)	<input type="text"/>																	

## E INVESTMENT DETAILS

### PREMIUM PAYMENT

Currency (✓) ☐ SG\$ ☐ US\$ ☐ € ☐ £ ☐ Other currency

Amount to be invested (anticipated total amount based upon estimated transfer value(s) or additional premium to be paid)

(Minimum premium SG\$150,000/US\$75,000/€75,000/£50,000 or currency equivalent of £50,000)

Payment method (✓) ☐ Electronic bank transfer ☐ Share transfer ☐ Cheque

► The minimum initial investment amount is £50,000 (or currency equivalent) and the minimum additional investment is £5,000 (or currency equivalent).

### NUMBER OF POLICIES – NEW CONTRACTS ONLY

Please enter the number of Policies you would like: (If not stated, the default number of policies is 1.)

THE NUMBER OF POLICIES CANNOT BE CHANGED AFTER THE ACCOUNT IS SET UP.

## F ORIGIN OF WEALTH

### SOURCE OF FUNDS

► The premium payment must come from an account held in the name of the trust.

Account name	Short name	Currency	Sort code**	SWIFT code***	Account number	IBAN number*
<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"/>

Bank name

Bank address

Postcode

Country

When was the account opened? 

D	D	M	M	Y	Y	Y	Y
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\* IBAN stands for international bank account number and is always used in conjunction with a bank identifier code (BIC).  
\*\* A sort code is used in the UK in conjunction with a bank account number.  
\*\*\* A SWIFT code is used in conjunction with a bank account number. A BIC code is used in conjunction with an IBAN.

continued



**F ORIGIN OF WEALTH (CONTINUED)****FULL DETAILS OF ORIGIN OF WEALTH**

Please tick the description option(s) relating to the original source of the premium for your account. You must fully complete each relevant section relating to the description option(s) you have ticked.

**THIS SECTION MUST BE COMPLETED IN ALL INSTANCES**

DESCRIPTION	DETAILS REQUIRED	DETAILS								
<input type="radio"/> <b>Transfer of pension</b>	Pension name	<input type="text"/>								
	Pension Account number	<input type="text"/>								
	Pension value	Currency: <input type="text"/> Amount: <input type="text"/>								
	Transfer date	<table><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			
<input type="radio"/> <b>Transfer of pension</b>	Pension name	<input type="text"/>								
	Pension Account number	<input type="text"/>								
	Pension value	Currency: <input type="text"/> Amount: <input type="text"/>								
	Transfer date	<table><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			
<input type="radio"/> <b>Transfer of pension</b>	Pension name	<input type="text"/>								
	Pension Account number	<input type="text"/>								
	Pension value	Currency: <input type="text"/> Amount: <input type="text"/>								
	Transfer date	<table><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			
<input type="radio"/> <b>Transfer of pension</b>	Pension name	<input type="text"/>								
	Pension Account number	<input type="text"/>								
	Pension value	Currency: <input type="text"/> Amount: <input type="text"/>								
	Transfer date	<table><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			
<input type="radio"/> <b>Transfer of pension</b>	Pension name	<input type="text"/>								
	Pension Account number	<input type="text"/>								
	Pension value	Currency: <input type="text"/> Amount: <input type="text"/>								
	Transfer date	<table><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			

*Continued*

**F ORIGIN OF WEALTH (CONTINUED)****FULL DETAILS OF ORIGIN OF WEALTH****NOTE**

We need to understand how your initial premium was acquired. Please provide full details of this below

DESCRIPTION	DETAILS REQUIRED	DETAILS
<input type="radio"/> <b>Accumulated earned income (including salary, bonus and fees)</b>		
	Currency:	<input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/>
	Number of years income accumulated	<input type="text"/>
	Name of account where funds have been held	<input type="text"/>
	Account number	<input type="text"/>
	Institution where it has been held	<input type="text"/>
	How long it's been held	<input type="text"/>
	Has the income been accumulated from the employer detailed in this form? <i>(If no please provide further details below)</i>	<input type="radio"/> Yes <input type="radio"/> No
	Name of employer	<input type="text"/>
	Full address of employer	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
	Occupation	<input type="text"/>
	Annual gross salary	Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/>
	Relevant bonus details	Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/>
<input type="radio"/> <b>Sale of interest in company</b>		
	Name of company	<input type="text"/>
	Nature of business	<input type="text"/>
	Address of company	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
	Connection to company (i.e. owner, partner, shareholder, etc.)	<input type="text"/>
	Total sale amount	Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/>
	Date of sale	<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"/>
	Net amount you received from sale <i>(minus charges, solicitors fees etc.)</i>	Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/>

*Continued*

**F ORIGIN OF WEALTH (CONTINUED)****FULL DETAILS OF ORIGIN OF WEALTH (CONTINUED)****DESCRIPTION****DETAILS REQUIRED****DETAILS**☐ **Sale of shares/  
investments**

Name of company that held the shares/  
investments  
*(i.e. bank, stockbroker or insurance company)*  
Address of the above company

How were they sold? *(i.e. bank, stockbroker  
or other agent, if applicable)*

Description of shares/investments  
*(i.e. government bonds, equities, etc.)*

Length of time shares/investment held

Total amount of sale

Currency:

Amount:

Date of sale

D	D	M	M	Y	Y	Y	Y
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☐ **Sale of property**

*If you are not the beneficial  
owner of this property, please  
select a different option for  
Origin of Wealth that is more  
appropriate*

Address of property sold *(including postcode  
if applicable)*

Total sale amount

Currency:

Amount:

Date of sale

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Net amount you received  
from sale

Currency:

Amount:

☐ **Inheritance**

Donor's name

Relationship to donor

Date of donor's death

Details of inheritance *(i.e. cash, property,  
shares etc.)*

Amount received

Currency:

Amount:

Date received

D	D	M	M	Y	Y	Y	Y
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☐ **Gift**

Name of person who gave the gift

Relationship to donor

Reason for gift

Description of gift

Total amount received

Currency:

Amount:

Date received

D	D	M	M	Y	Y	Y	Y
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Continued

**F ORIGIN OF WEALTH (CONTINUED)****FULL DETAILS OF ORIGIN OF WEALTH (CONTINUED)**

DESCRIPTION	DETAILS REQUIRED	DETAILS
<input type="radio"/> <b>Competition or gambling win</b>	Name of organisation	<input type="text"/>
	How was the money won?	<input type="text"/>
	Total amount won	Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/>
	Date received	<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="radio"/> <b>Maturing investment/policy claim/replacement policy</b>	Reason for policy claim or replacement policy <i>(if applicable)</i>	<input type="text"/>
	Name of company/policy provider	<input type="text"/>
	Name of person who held the policy	<input type="text"/>
	Total amount received	Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/>
	Surrender penalty incurred <i>(if any)</i>	<input type="text"/>
	Date received	<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"/>
	Length of time investment/policy held	<input type="text"/>
<input type="radio"/> <b>Compensation</b>	Who paid the compensation <i>(i.e. name of organisation or individual)</i>	<input type="text"/>
	Reason for compensation	<input type="text"/>
	Total amount received	Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/>
	Date received	<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="radio"/> <b>Loan</b>	Name of loan provider	<input type="text"/>
	Address of loan provider	<input type="text"/>
		<input type="text"/>
		Postcode <input type="text"/>
	Reason for loan	<input type="text"/>
	Total amount borrowed	Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/>
	Date of loan	<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="radio"/> <b>Other</b>	Nature of activities generating the wealth	<input type="text"/>
	Role in relation to above activities	<input type="text"/>
	Period over which the activities occurred	<input type="text"/>
		Currency: <input type="text"/> <input type="text"/> <input type="text"/> Amount: <input type="text"/>
	Date received	<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"/>

## G INVESTMENT CHOICE

**Please note if we do not receive sufficient details, this will delay your investment.**

## MANAGING YOUR INVESTMENTS (NEW CONTRACTS ONLY)

Yes ☐ No ☐

## INVESTMENT CHOICE

A minimum of US\$7,500/SG\$15,000/£5,000/€7,500 or currency equivalent of £5,000 (or as set by the respective fund managers) must be in any one asset.

[illegible]

## INVESTMENT RESTRICTIONS

All assets required shall either be quoted on a stock exchange recognised by Old Mutual International Isle of Man Limited Singapore Branch or be specifically agreed by Old Mutual International Isle of Man Limited Singapore Branch as eligible to be purchased for the Portfolio Fund.

- Old Mutual International unit-linked funds are not available.
- No tangible commodity (eg diamonds or gold coins) or futures may be requested.
- Requests for assets which Old Mutual International Isle of Man Limited Singapore Branch considers are not permitted as assets for a life assurance fund will not be accepted.
- Any assets purchased in respect of your Portfolio Fund will be purchased at the open market buying price as shown on the contract note used by the vendor or stockbroker.
- All assets are held in the name of Old Mutual International Isle of Man Limited Singapore Branch and all dealing and contract notes must be made and rendered in the name of Old Mutual International Isle of Man Limited Singapore Branch.

In the absence of complete investment instructions, or if a selected asset is not available, Old Mutual International Isle of Man Limited Singapore Branch will hold part or all of the premium in the Transaction Account which forms part of the Portfolio Fund.

In case we need to clarify the investment choice details above, please provide us with a contact name and telephone number.

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H	CHARGE DEDUCTION ASSET
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Please state which asset listed in section G is to be used as the charge deduction asset to pay portfolio fund charges for your policy. This will not apply where you have appointed the authorised custodian.

## I APPOINTMENT OF INVESTMENT ADVISER REPRESENTATIVE

### 1 CLIENT AGREEMENT – TO BE COMPLETED BY THE TRUSTEE APPLICANT(S)

Account type Executive Investment Account

Account number  
(to be completed by  
Old Mutual International)

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#### Investment Adviser Representative details

Name of firm


Contact name

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Address

	Postcode

Country

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## APPOINTMENT OF INVESTMENT ADVISER REPRESENTATIVE

(1) We confirm that we as the policyholder are legally entitled to effect any of the policy options contained in the policy terms.

**Basis on which this authority is given (✓) (tick one option only)**

(2) We appoint and authorise the Investment Adviser Representative to act in the following capacity. Where we have selected:

- ☐ **Option 1 – Investment Adviser Representative authority**  
We understand the Investment Adviser Representative will discuss any proposed alterations to the investment composition of the policy with us and that they must have our written agreement before any changes are made to the policy.
- ☐ **Option 2 – Discretionary Investment Adviser Representative authority**  
We understand that the Investment Adviser Representative has complete discretionary authority, without consulting us, to make all investment decisions, to buy or sell assets, hold cash or other investments. We authorise Old Mutual International to act upon the investment instructions of the Investment Adviser Representative.

- (3) We appoint the Investment Adviser Representative detailed above to act on our behalf in respect of our policy on the basis specified in point (2) above. We understand that the Investment Adviser Representative is not acting on behalf of Old Mutual International.
- (4) We understand that Old Mutual International may need to:
- (a) verify the identity of the Investment Adviser Representative;
  - (b) verify that the Investment Adviser Representative is regulated by any appropriate regulatory authority; and
  - (c) check that they have any qualifications required by law or by regulation for the activity to be carried out.
- (5) We acknowledge and agree that such confirmation is to enable Old Mutual International to comply with its regulatory duties as an authorised insurer in Singapore. We understand that this is not, and should not be construed as, any endorsement of an Investment Adviser Representative by Old Mutual International and that Old Mutual International does not warrant the Investment Adviser Representative's suitability or regulatory credentials.
- (6) We agree that Old Mutual International is not responsible for any loss or liability to our policy arising from this appointment.
- (7) We confirm that we take full responsibility for the acts or omissions of the Investment Adviser Representative, including any loss in the policy as a result of their acts or omissions (including, but without limitation, failure on the part of the Investment Adviser Representative to produce a reasonable investment return in relation to the policy).
- (8) Further, We for ourselves and our estate(s) indemnify Old Mutual International against all claims, demands and actions against Old Mutual International relating to any such loss suffered. This includes all costs and expenses arising from or in respect of the activities and performance of the Investment Adviser Representative (including, but without limitation, the cost of defending in any court of law any such claim demand or action against Old Mutual International).
- (9) If Old Mutual International becomes aware that an Investment Adviser Representative:
- (a) has been refused membership by, or has been expelled from, a professional organisation; or
  - (b) is under investigation by or has been the subject of disciplinary action by a regulatory authority; or
  - (c) has or is carrying out activities in a manner which could prejudice or be harmful to its reputation; then
- Old Mutual International reserves the right to cease to act on the instructions of the Investment Adviser Representative with immediate effect and Old Mutual International will advise us of the fact.

## I APPOINTMENT OF INVESTMENT ADVISER REPRESENTATIVE (CONTINUED)

### (10) Where we have chosen 'Investment Adviser Representative authority' Option 1:

- (a) We understand that all decisions in relation to the investment strategy and alterations to the investment composition of our policy remain our sole responsibility.
- (b) We have agreed with the Investment Adviser Representative that they must:
  - (i) discuss any proposed alterations to the investment composition of the policy with us; and
  - (ii) have our prior written agreement before any changes are made;
- (c) The date instructions are received will be in accordance with the policy terms.
  - (i) If Old Mutual International receives more than one instruction on a given day they will be processed in the order in which they are received.
  - (ii) Once the instruction has been received it is irrevocable.
- (d) We agree to notify Old Mutual International in writing of any changes which affect the appointment or authority of the Investment Adviser Representative. We understand that Old Mutual International will continue to accept our instructions which are sent by the Investment Adviser Representative unless we advise Old Mutual International of a change in the Investment Adviser Representative's appointment and authority.
- (e) We understand that we can terminate the appointment of the Investment Adviser Representative by giving notice in writing to both the Investment Adviser Representative and Old Mutual International at their Branch Office of the termination of this appointment. The termination will not affect any transactions already carried out or for which binding instructions have been given, directly or indirectly.

### (11) Where we have chosen 'Discretionary Investment Adviser Representative authority' Option 2:

- (a) We understand that the Investment Adviser Representative has complete discretionary authority, without consulting us, to make all investment decisions to buy or sell assets, hold cash or other investments. We authorise the Investment Adviser Representative to exercise on our behalf any of the options available under the policy terms applicable to our Policy relating to the investment allocations and/or investment conversion.
- (b) We confirm that we have delegated all investment decision making to the Investment Adviser Representative.
- (c) We understand that Old Mutual International will act exclusively on an authority once granted until we advise Old Mutual International in writing at its Branch Office of the termination of this appointment. The termination will not affect any transactions already carried out or for which binding instructions have been given, directly or indirectly.

### (12) Investment Adviser Representative fee

- (a) We agree to pay the Investment Adviser Representative fee specified here:

*Payment will be based on the value of the portfolio fund at the last Quarterly Date.*

% a year or

set amount of £  a year

- (b) We have agreed to the Investment Adviser Representative fee at the rates specified in this Application. We authorise Old Mutual International to withdraw an amount from our policy which will be paid quarterly at each Quarterly Date and paid directly to our Investment Adviser Representative.
- (c) We understand that the Investment Adviser Representative fee will be treated as a withdrawal from our policy.

### Signature of Trustee applicant(s) (If two applicants, both must sign. If there are more than two applicants, please continue on a separate sheet.)

Signature of first or sole  
Trustee applicant

Date

D	D	M	M	Y	Y	Y	Y
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Full name

Signature of second  
Trustee applicant (if any)

Date

D	D	M	M	Y	Y	Y	Y
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Full name

*continued*

## I APPOINTMENT OF INVESTMENT ADVISER REPRESENTATIVE (CONTINUED)

### 2 ACCEPTANCE OF APPOINTMENT – TO BE COMPLETED BY THE INVESTMENT ADVISER REPRESENTATIVE

#### PAYMENT DETAILS FOR INVESTMENT ADVISER REPRESENTATIVE FEES

Payments will be made in the currency and to the bank account already held on our records.

(13) Basis on which this authority is given:

- (a) I confirm I hold the relevant authority necessary under the regulations applicable to the Monetary Authority of Singapore (MAS) to act in accordance with my appointment as Investment Adviser Representative.
- (b) I confirm I will remain authorised to transact this type of business whilst I am acting as the Investment Adviser Representative to this portfolio fund. I also confirm I will notify you of any changes to my authorisation.

(14) Please complete the appropriate section below:

☐ **Investment Adviser Representative authority** (applicant has selected option 1).

I confirm that I hold the appropriate authorisation from the Monetary Authority of Singapore to provide ongoing investment advice to the policyholder(s).

I understand that Old Mutual International can act upon investment instructions that have been given by the policyholder(s) or the Investment Adviser Representative.

I understand that I must obtain a written agreement of the policyholder(s) to any investment advice given and that I may be asked to provide evidence of such to Old Mutual International, if requested.

MAS licence number:

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☐ **Discretionary Investment Adviser Representative authority** (applicant has selected option 2).

I confirm that I hold a Capital Markets Services (CMS) licence that allows me to provide investment instructions on behalf of the policyholder(s) to Old Mutual International.

I, the authorised Investment Adviser Representative, confirm and agree that:

- There is an agreement in place ('Terms of Business') that allows the Investment Adviser Representative to make any investment decisions about the portfolio fund.
- The Investment Adviser Representative firm is fully responsible to the policyholder(s) for investment decisions, made by the Investment Adviser Representative, on the policy. The investment decisions and the investment choice must comply with the types of investment permitted in the policy terms and the product summary.
- The policyholder(s) has the right to claim directly against the Investment Adviser Representative firm in relation to any act or omissions of the Investment Adviser Representative.

Capital Markets Services  
licence number:

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Telephone number

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E-mail address

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I have read the conditions listed in this form and agree to act in accordance with them. I confirm I will notify you of any changes to my/our authority.

Signature of authorised  
representative of  
Investment Adviser  
Representative firm

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Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name of signatory

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Position

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► **The Investment Adviser Representative must be the financial adviser representative.**

► **Please provide us with an authorised signatory list for your company showing all individuals authorised to place instructions with us on behalf of your company. In the absence of a signatory list we will assume the only authorised individual is the signatory on this form.**



## DATA PRIVACY STATEMENT

Old Mutual International and Old Mutual International Business Services Limited will process information ('Personal Data') about us and any other party whose Personal Data has been supplied. The processing of Personal Data will take place in a number of jurisdictions. Personal Data will be processed and may be released to other parties within or outside the Old Mutual Group for the following purposes to:

- Check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption or fraud;
- Allow for the provision of services relating to reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided to policyholders from time to time;
- Enable an appointed financial adviser, financial adviser representative, or Investment Adviser Representative to assist in provision of services to the policyholder;
- Compile statistical analysis or market research, where information is not being specific to the individual;
- Comply with any legal obligation which includes the releasing of Personal Data to regulators, law enforcement authorities or other bodies where it is a legal requirement to do so, including the sharing of information under regulations relating to the U.S. Foreign Account Tax Compliance Act and OECD Common Reporting Standards;
- Allow for the issue of long-term insurance business and the continued servicing of that business.

Where Personal Data is released to a third party for the provision of services relating to a Policy, the Personal Data will only be used for the purposes for which it is released and will be subject to adequate security and protection. In some circumstances this may involve a transfer of data to a third party outside the European Economic Area (EEA).

On receipt of a request to do so and on the payment of a small fee a copy of an individual's Personal Data will be provided to that individual. Any inaccuracies in an individual's Personal Data records will be rectified.

Any questions about Data Privacy should be addressed to the Data Protection Officer, Old Mutual International Business Services Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

By signing the below Declaration, we confirm we have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose Personal Data has been provided to Old Mutual International either in this application or within accompanying documentation.

## WARNING

Please read the following declaration carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Executive Investment Account. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that Old Mutual International Isle of Man Limited Singapore Branch can assess its possible significance. If you become aware of such a fact while Old Mutual International Isle of Man Limited Singapore Branch is considering your application, you should notify Old Mutual International Isle of Man Limited Singapore Branch immediately. You should satisfy yourself under any taxation, exchange control or insurance law to which you may be subject that you are able to effect the proposed contract.

### DECLARATION – BY THE TRUSTEE APPLICANT

A copy of this completed Application Form is available on request.

This Application Form must be completed by the Trustee applicant unless the financial adviser representative was requested to complete it. We confirm that our financial adviser representative is authorised to complete this application on our behalf and that our financial adviser representative can act on our behalf in accordance with the Policy Terms.

We have requested our financial adviser representative to complete this application on our behalf (✓)

First applicant Yes ☐ No ☐      Second applicant Yes ☐ No ☐

Please state the country in which you signed this application.

1. We understand that we will have an Online Service Account and agree that:
  - (a) all Policy Transactions will be made by us using our Online Service Account where the Online Service allows, unless we have requested otherwise; and
  - (b) all communications from us will be through our Online Service Account where the Online Service Account allows, unless we have requested otherwise.
2. We understand and agree that if this is a new contract we are applying to enter with Old Mutual International Isle of Man Limited Singapore Branch, it will be subject to Singapore law and the Policy Terms will be in the English language.
3. (a) If a Policy number is not shown in section A of this form, we request that the amount shown in section E be invested as an initial premium for policies comprising an Old Mutual International Executive Investment Account, and request Old Mutual International to issue the policies in the name of the trust; or  
(b) We request that the amount in section E be invested as additional premiums for the policies currently in force bearing policy numbers consisting of the Policy number, as shown in section A of this form, followed by two or more digits.
4. We declare to the best of our knowledge and belief that the statements made in this application, and any related documents, are true and complete and we have not concealed a material fact. We agree to provide Old Mutual International Isle of Man Limited Singapore Branch with any further information in respect of the application, on request.
5. We confirm that Old Mutual International Isle of Man Limited Singapore Branch has not provided any investment advice and the member, or the Investment Adviser Representative are responsible for the selection of assets to be linked to the Portfolio Fund. We acknowledge that Old Mutual International Isle of Man Limited Singapore Branch is not responsible for any loss suffered or reduction in the value of the Policy arising from our investment. Old Mutual International Isle of Man Limited Singapore Branch does not have any responsibility for the management of the underlying assets and does not recommend any asset as a suitable investment.
6. We confirm that each life assured (or parent where parental consent is required) consents to this application, an insurable interest exists and the life assured agrees to our acting as their Trustee for the purpose of the information provided in this application.
7. We confirm that the Trustees are not incorporated, established, or operating in Hong Kong or the United States of America, or any of its territories. If the Trustees become incorporated, established, or operate in the United States of America, or any of its territories, we understand that Old Mutual International may not be able to accept any further premiums until after the Trustees cease to be incorporated, established, or operate in the United States of America, or any of its territories.

*continued*

**DECLARATION – BY THE TRUSTEE APPLICANT**

8. We understand that this application can only be accepted by employees of Old Mutual International Isle of Man Limited Singapore Branch's office situated at 50 Collyer Quay, OUE Bayfront, #05-07, Singapore 049321, and that no other employees or third parties have the necessary authority to create a binding contract.
9. We confirm that the premium for this Policy has not been sourced from our Central Provident Fund (CPF) account.
10. We confirm that the investment into the Executive Investment Account is within the investment powers available to the Trustees under the trust.
11. We confirm that we are applying for the Executive Investment Account as instructed by the member. We confirm that, where appropriate, we have received a copy of the following items. We have read and understand the items which have been explained to our satisfaction before completing this application:
  - i. Product Brochure      ii. Product Summary      iii. Confirmation of Charges      iv. Policy Terms      v. Your Guide to Life Insurance
 We further confirm:
  - (a) that our financial adviser representative has explained the values/key benefits/information in the Product Summary to our satisfaction; and
  - (b) that we have read through all the pages of the Product Summary and understand the benefits of the Policy we are applying for.
12. The member or Investment Adviser Representative, as Investment Manager for the trust, may wish to invest into professional/non-retail type investment schemes and, if so, they will make sure that they have had the opportunity to read the offering documents for funds of this nature. Where they decide to invest in professional/non-retail type investment schemes, we accept the levels of risk associated with these, including the risk that the investment into such schemes could result in a loss of a significant proportion, or all of the sum invested.
13. We understand that in cases where the asset(s) we have selected is not redeemable for a certain period of time, Old Mutual International may not be able to return that part of our payment until the end of that period. The description of the funds and/or assets we have chosen will give details if this applies. We may invest immediately into non-daily dealing funds with the understanding that in the event of cancellation or requiring early access that:
  - (a) we may not get our money back immediately and payment may be delayed for some time;
  - (b) the institution may impose penalties and therefore we may get back less than we invested, and/or
  - (c) the only way in which to receive value may be through an in-specie transfer of that asset into the name of the Policyholder.
14. We are aware of the charges payable on the Executive Investment Account, including the charges payable in respect of the assets which may be held within it. We understand the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and ongoing payments (such as commission) made by Old Mutual International to my financial adviser representative. These payments could be in addition to any commission payable by the manager of a Collective Fund to our financial adviser representative in respect of the assets held. Further details of the charges payable by us and the amounts payable to our financial adviser representative are available from our financial adviser representative on request.
15. We confirm that we are categorised as a professional client in accordance with the UK Financial Conduct Authority COBS 3.5.2 rules.
16. We appoint the financial adviser representative specified on page 1 of our application form to act on our behalf in accordance with the Policy Terms.

**SINGAPORE RESIDENCY DECLARATION**

This is a new requirement by the Monetary Authority of Singapore (MAS). Please tick the relevant box below.

	<b>GRIPS/QNUPS/ IPP/SIPP Trustee</b>	<b>Trustee applicant 1</b>	<b>Trustee applicant 2 (if any)</b>
1. I am <u>"ordinarily resident"</u> in Singapore under the following conditions:			
a) citizen of Singapore, as I have not resided outside Singapore continuously for five or more years and/or I am currently residing in Singapore, or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) permanent resident or work pass/permit holder, as I have not resided in Singapore for less than a total of 183 days in the last 12 months, or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) hold a pass or permit issued under the Immigration Act (Cap. 33) that has a duration longer than 90 days and have resided in Singapore continuously for at least 90 days during the last 12 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am <b>not</b> <u>"ordinarily resident"</u> as per criteria in 1. above <b>but</b> hold Singapore citizenship or relevant pass issued by the Immigration of Checkpoints Authority of Singapore (ICA).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a) I will provide evidence to support non-residency as per above conditions such as employment letter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I will <b>not</b> provide evidence to support non-residency as per above conditions. I therefore consent to be considered an "ordinarily resident" of Singapore.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am <b>not</b> <u>"ordinarily resident"</u> as per criteria in 1. above and do <b>not</b> hold Singapore citizenship or relevant pass issued by the Immigration of Checkpoints Authority of Singapore (ICA).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*continued*

**STATEMENTS AND VALUATIONS**

You can access monthly statements and valuations from our customer website free of charge, we will also send you quarterly valuations free of charge. If you require printed statements and valuations to be sent to you each month, please tick 'yes'. If 'yes' is ticked we will make a charge of US\$105/SG\$210/£70/€105 (or currency equivalent) for each printed statement and valuation.

I/We confirm that I/we wish to receive monthly printed statements and valuations at a cost of US\$105/SG\$210/£70/€105. (✓) Yes ☐ No ☐

**INFORMATION ON ASSETS**

Where requested by you we will provide documents or reports from providers of the underlying assets in which your Portfolio Fund invests. If you require this information, please tick 'Yes'. If 'Yes' is ticked we will charge US\$105/SG\$210/£70/€105 (or currency equivalent) for every document that we send to you.

I/We wish to receive ANY documents or reports from providers of the underlying assets in which my/our Portfolio Fund invests at a cost of US\$105/SG\$210/£70/€105 (or currency equivalent) for each document that is sent to me/us. (✓) Yes ☐ No ☐

**ACCREDITED INVESTOR DECLARATION**

I confirm that I am/we are an Accredited Investor as defined in the Securities and Futures Act (Cap.289) and amending regulations (currently this means an annual income in the last 12 months of at least SG\$300,000 (or equivalent in a foreign currency) or net personal assets of at least SG\$2,000,000 or equivalent in a foreign currency). (✓) ☐

**TYPE OF ADVICE**

Please confirm the type of advice you wish to receive from your financial adviser representative.

1. Full needs analysis (✓) ☐ 2. Partial advice only (✓) ☐ 3. No advice (✓) ☐

By signing this declaration you confirm that you have read through the above declaration and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

**SIGNATURES OF TRUSTEE APPLICANT AND LIFE ASSURED**

I/We declare that the information that I/we have provided in this Application Form is true and complete.

**QROPS, QNUPS, IPP or SIPP Trustee applicant**

Name of Trustee Applicant 1	<input type="text"/>	Capacity	<input type="text"/>
Signature of Trustee Applicant 1	<input type="text"/>	Date	<input type="text"/>
Name of Trustee Applicant 2	<input type="text"/>	Capacity	<input type="text"/>
Signature of Trustee Applicant 2	<input type="text"/>	Date	<input type="text"/>

**Life Assured signatures**

Signature of first Life Assured	<input type="text"/>	Date	<input type="text"/>
Signature of second Life Assured (if any)	<input type="text"/>	Date	<input type="text"/>

<b>K</b>	<b>VERIFICATION OF CUSTOMER IDENTITY</b>
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The QROPS, QNUPS, IPP or SIPP Trustee currently holds acceptable applicant status which has been acknowledged by Old Mutual International. Otherwise please contact Old Mutual International Singapore branch.

<b>L</b>	<b>FINANCIAL CRIME – RISK RATING</b> (THIS SECTION IS FOR COMPLETION BY THE FINANCIAL ADVISER)
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As part of the global efforts to prevent financial crime, Isle of Man authorised life companies adopt a 'risk-based approach' when obtaining evidence of the origin of a client's wealth. This does not question the quality of the investment. It is a safeguard that will benefit the industry as a whole and ultimately protect the client as an investor.

In order to decide what risk rating applies to your trustee's investment you need to take into account the following factors:

- (a) your trustee's country of residence  
(b) which country the premium is paid from  
(a) + (b) = total risk rating

Please refer to the origin of wealth guidelines, available from Old Mutual International, for information on how to complete the table below.

<b>Applicant</b>	<b>Trustee country of residence (a)</b>	<b>Country of premium funding (b)</b>	<b>Total rating</b>
Example	Singapore (1)	Singapore (1)	2

**This procedure is for guidance only.** Each new application, or application for an additional investment, will be reviewed individually.

Old Mutual International reserves the right to request further documentation if it is felt appropriate.

If you are unsure about a particular application, please contact our Singapore office on +65 6216 7990.

## M FINANCIAL ADVISER REPRESENTATIVE DECLARATION

**This section must be completed in all instances.**

## DECLARATION BY THE FINANCIAL ADVISER REPRESENTATIVE

I declare that:

- I have verified the contents of the original documents where copies have been enclosed and confirm that they are true copies of the original.
- I have taken reasonable steps to make sure that the funding is legitimate and in line with the member's circumstances.
- To the best of my knowledge and belief, all the information provided in and with this application is true and complete and was obtained from the member who is of good standing. I also confirm I will provide further information if required.
- I have not made any changes to the application form after the authorised signatories for the corporate trustee have signed it.
- I confirm that the fact find form (if applicable) has been duly completed, verified and signed off.

**I confirm that I gave advice concerning this investment in the following country:**

<b>Monetary Authority of Singapore</b> <b>Representative Number</b>	
--	--

Regulator name	Regulator type	Regulator description	Regulator location	Regulator status	Regulator contact
...	...	...	...	...	...

Old Mutual International account number							
---	--	--	--	--	--	--	--

Full name of introducer firm	

<b>Full name of financial adviser representative</b>	
--	--

Signature of financial adviser representative	
---	--

**Date**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Financial adviser representative stamp	
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Note: This form is unacceptable if not dated by the signatories.

## HEAD OFFICE USE ONLY

Policy number	Net premium amount
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<b>Net premium amount</b>	
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# OLD MUTUAL INTERNATIONAL EXECUTIVE INVESTMENT ACCOUNT

## Bank details and payment methods

Please do not use correction fluid; any amendments should be crossed out and initialled.

Please forward this document to Old Mutual International Isle of Man Limited Singapore Branch, 50 Collyer Quay, OUE Bayfront #05-07, Singapore 049321.

### A CROSSED CHEQUE PAYMENT

Crossed cheques made payable to Old Mutual International Isle of Man Limited (account name is required to be printed on the crossed cheque).

### B TELEGRAPHIC TRANSFER DETAILS

Please send to the relevant currency account below, referencing your policy number. Please also provide the Telegraphic Transfer Confirmation showing your bank name, your name as bank account owner, your bank account number and the transfer details to Old Mutual International. Payments from Singapore Banks in Singapore dollars, US dollars, euros and sterling.

Account name: Old Mutual International Isle of Man Limited Singapore Branch  
 Swift code: HSBC SGSGXXX  
 Branch: HSBC  
 Branch address: 21, Collyer Quay, HSBC Building, Singapore 049320  
 A/c Singapore dollar: 147-409064-001  
 A/c US dollar: 260-601471-178  
 A/c Euro: 260-601471-179  
 A/c Sterling: 260-601471-180

Payments from overseas banks and other currency payments (SWIFT payments).

Payments should be effected to Old Mutual International Isle of Man Limited's accounts held below.

Swift code:	NWBKGB2LXXX	
Bank:	National Westminster Bank (01-10-01)	
Bank address:	1 Hardman Boulevard, Manchester, M60 2AQ	
Beneficiary:	Old Mutual International Isle of Man Limited	
Account Number:	(Select as applicable):	
	IBAN number	Account number
	1. US dollar – GB05NWBK60730167544800	140-0-67544800
	2. Euro – GB63NWBK60720267545858	550-1-67545858
	3. Australian dollar – GB18NWBK60730167535836	160-1-67535836
	4. Canadian dollar – GB80NWBK60730167521916	150-1-67521916
	5. Danish krone – GB22NWBK60730167545270	175-1-67545270
	6. Hong Kong dollar – GB52NWBK60730167555691	338-1-67555691
	7. Japanese yen – GB40NWBK60730167538835	349-1-67538835
	8. New Zealand dollar – GB26NWBK60730167576141	217-1-67576141
	9. Norwegian krone – GB23NWBK60730167568823	222-1-67568823
	10. Singapore dollar – GB53NWBK60730167598838	409-1-67598838
	11. Swedish krona – GB69NWBK60730167554997	232-1-67554997
	12. Swiss franc – GB14NWBK60730167541534	234-1-67541534

GBP Payments

Swift code:	RBOSIMD2XXX	
Bank:	Isle of Man Bank, East Region (55-91-00)	
Bank address:	East Region, Athol Street, Douglas, Isle of Man	
	13. Sterling – GB94NWBK55910010939946	440-00-10939946

#### IMPORTANT:

- Please make sure that the applicant's name and/or Account number (if reserved) is/are quoted in the payment field, referred to by the bank as SWIFT field 70, on the electronic bank transfer form to ensure that correct details are sent to Old Mutual International.
- Please note that when sending payments electronically spaces should be excluded from the IBAN numbers.
- All bank charges, such as telegraphic transfer charges, are the responsibility of the applicant, not Old Mutual International.





**[www.oldmutualinternational.com](http://www.oldmutualinternational.com)**

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Old Mutual International is the registered business name of Old Mutual International Isle of Man Limited Singapore Branch.

Old Mutual International Isle of Man Limited Singapore Branch, 50 Collyer Quay, OUE Bayfront, #05-07, Singapore, 049321. Phone: +65 6216 7990 Fax: +65 6216 7999

Registered in Singapore Number T08FC7158E. Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Old Mutual International Isle of Man Limited – a member of Old Mutual plc. Registered Office/Head 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.

Old Mutual International Isle of Man Limited is a member of the Association of International Life Offices.

Old Mutual International is registered in the Isle of Man as a business name of Old Mutual International Isle of Man Limited.

When printed by Old Mutual this item is produced on a mixed grade material, which uses a combination of recycled wood or paper fibre from controlled sources and virgin fibre sourced from well managed, sustainable forests.

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