

# APPOINTMENT OF A LEAD POLICYHOLDER



## FOR USE WITH THE FLEXIBLE INVESTMENT ACCOUNT

You should request all Policy Transactions through your Online Service Account. If you don't, we may refuse to accept your request. We will only allow you to use this form to request a change of Lead Policyholder in exceptional circumstances.

Each Policyholder must agree to select the same Lead Policyholder. If you need to change the Lead Policyholder because the current Lead Policyholder has died, please ensure that the death certificate is enclosed with this request in order for us to update our records.

All references to Utmost International means Utmost International Isle of Man Limited Singapore Branch.

Please return the completed form to:

**Utmost International office situated at 6 Battery Road #16-02, Singapore 049909**

### A DETAILS OF THE POLICY

Policy number

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### DETAILS OF INDIVIDUAL POLICYHOLDER(S), INCLUDING INDIVIDUALS ACTING AS TRUSTEES.

If there are any further policyholders, please photocopy this page, attach the details with this form and tick here. (✓)

	Policyholder 1	Policyholder 2 (if any)
Title (✓)	Mr      Mrs      Miss Other <input type="text"/>	Mr      Mrs      Miss Other <input type="text"/>
Full forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
	Policyholder 3	Policyholder 4 (if any)
Title (✓)	Mr      Mrs      Miss Other <input type="text"/>	Mr      Mrs      Miss Other <input type="text"/>
Full forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>

### DETAILS OF CORPORATE POLICYHOLDER

Corporate name

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POLICYHOLDER(S) ADDRESS (INDIVIDUAL, TRUSTEE AND CORPORATE)

Residential address (where you are currently living)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Residential address (where you are currently living)	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>

**B** APPOINTMENT OF THE LEAD POLICYHOLDER

I/we, the Policyholders appoint   
(insert full name in the box)

to act as the Lead Policyholder for the Policies comprising my/our Flexible Investment Account in accordance with the Policy Terms.

**C** AUTHORITY OF ALL POLICYHOLDERS

**SIGNATORIES - Please note all Policyholders including additional Trustees must sign below.**

1. I agree to the appointment of the Lead Policyholder who is named in section B, for my policies comprising my Flexible Investment Account in accordance with the Flexible Investment Account Policy Terms.
2. I understand that this appointment is revocable and can be changed at anytime (as explained in the Flexible Investment Account Policy Terms).
3. I understand that by agreeing to the appointment of the Lead Policyholder I authorise the Lead Policyholder to provide Utmost International with instructions to carry out and request certain Policy Transactions on behalf of all Policyholders. The instruction or request shall be deemed to have been addressed, sent and authorised on behalf of all Policyholders.
4. I confirm, where the application is made on behalf of a:  
  
trust, the provisions of the trust allow delegation of authority to the Lead Policyholder named in section B of this form to act on behalf of all Trustees; or  
  
corporate entity, the Lead Policyholder named in section B of this form has the appropriate authority to act on behalf of the corporate entity.
5. I understand that these instructions will be legally binding and that Utmost International can act on any instruction received from the Lead Policyholder.
6. I confirm that this appointment revokes all previous appointments.

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SIGNATURE

Signatory 1

Full name

Capacity (✓)

Individual                      Trustee  
  
Authorised signatory

Date

d	d	m	m	y	y	y	y
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Signatory 2

Individual                      Trustee  
  
Authorised signatory

d	d	m	m	y	y	y	y
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SIGNATURE

Signatory 3

Full name

Capacity (✓)

Individual                      Trustee  
  
Authorised signatory

Date

d	d	m	m	y	y	y	y
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Signatory 4

Individual                      Trustee  
  
Authorised signatory

d	d	m	m	y	y	y	y
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A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

Utmost Wealth Solutions is the registered business name of Utmost International Isle of Man Limited Singapore Branch.  
Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909.  
Tel: +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.

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.

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