RETIREMENT AND SAVINGS



QUOTATION QUESTIONNAIRE

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

HOW TO COMPLETE THIS FORM

If 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 initial next to the correction. Do not use correction fluid

PLEASE SEND COMPLETED AND SIGNED FORM TO

Utmost Worldwide Limited

PO Box 613, Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR

Retirement & Savings @ utmost worldwide.com

Δ	COMPANY DETAIL	S						
1.	Full Name							
2.	Registered address							
		Postcode	Country					
3.	Telephone Number							
4.	Fax Number							
5.	E-mail address							
6.	Website Address							
7.	Contact Name(s)							
8.	Will this plan be dealing wit	h one entity or several?						
	State number							
9.	How many potential payroll	s will Utmost Corporate Solutions be dealing wi	th?					
	State number							
В	B RETIREMENT / SAVINGS DEFINED CONTRIBUTION PLAN							
S 7	TRUCTURE							
1.	Is this a new plan?			Yes		No		
	What type of plan is require	d?		Savings Plan		Retirement Plan		
	Do you require the plan to k			Yes		No		

UCS RS PR 00014 | 04/25

EMPLOYEE DETAILS							
1. How many employees are expected to join the plan at commencement?							
2. What will be their normal retirement age?	Years						
CURRENCY							
What currency would you like the plan to be denominated in?	US Dollars Sterling Euro						
CONTRIBUTIONS							
1. What levels of contribution would be provided for this plan?							
Employer Amount or Salary %							
Employee Amount or Salary %							
2. What is the approximate average annual salary per employee?							
3. Will employees make additional contributions on a voluntary basis?	Yes No						
4. How often will regular contributions be made? Monthly	Quarterly Half-Yearly Yearly						
5. Will employees be able to make a Transfer In from another plan?	Yes No						
6. Will the employer have a Transfer In value from another plan?	Yes No						
What is the approximate Value?							
WITHDRAWALS							
Will an employee be eligible to make partial withdrawals before their normal retirement age?	Yes No						
OTHER REQUIREMENTS							
Please give us details of any other features you may wish to include in your Re	tirement / Savings Plan?						
ORGANISATIONAL TYPE							
ORGANISATIONAL TIFE							
Non-Governmental Organisation Regulated financial Instit	ution						
Intergovernmental Organisation Public Limited Company							
Private Limited Company Subsidiary							

QUOTATION QUESTIONNAIRE RETIREMENT AND SAVINGS

Charity	Corporate Trustee
Other (Please specify)	
Name of Stock Exchang	ge where company was registered, if applicable
Nature of Business	
C GROUP LIFE	AND DISABILITY PRODUCTS
Also available from Utn	nost Corporate Solutions are the following Life and Disability products:
GROUP LIFE AND	DEPENDANT'S PENSION
Group Life cover provid	des a Lump Sum Benefit payable:
·	oloyee's death whilst in service, of an Eligible Spouse or Child.
Group Dependant's Pe	nsion provides a guaranteed regular income payable in the event of an Employee's death:
› to an Eligible Spouse,	
› to an Eligible Child or	Orphan.
GROUP LONG TE	RM DISABILITY (LTD)
When an employee is a provides:	bsent from work for a long period of time due to an illness or Accident, Long Term Disability cover
› An income replaceme	
Supplementary Benefit	its to cover pension contributions or insurance premiums.
GROUP TOTAL AN	ID PERMANENT DISABILITY
	yable in the event of an Employee suffering a Total Permanent Disability whilst in employment. lity cover can also be available for Eligible Spouses.
GROUP ACCIDEN	TAL DEATH AND/OR DISMEMBERMENT
	Benefit in the event of an Employee's death due to an Accident or should the Employee suffer a sult of an Accident whilst in employment.

GROUP CRITICAL ILLNESS

 $To \ provide \ a \ Lump \ Sum \ Benefit \ in \ the \ event \ of \ an \ Employee \ being \ diagnosed \ with \ an \ insured \ Critical \ Illness \ whilst \ in \ employment.$

If you require more information or a quotation please email **EmployeeBenefits@utmostworldwide.com** or visit **www.utmostinternational.com**

a world ${\it of}$ difference

www.utmostinternational.com

Utmost Worldwide Limited (No. 27151) also trading as Utmost Corporate Solutions, is incorporated in Guernsey. It is authorised and regulated by the Guernsey Financial Services Commission to conduct long term business and general business. Registered Office: Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR. Utmost Worldwide Limited also holds a permit issued by the Jersey Financial Services Commission to conduct long term business in Jersey.