

LOST POLICY DECLARATION

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

IMPORTANT INFORMATION

Please ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

HOW TO COMPLETE THIS FORM

Complete this form using **blue or black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid.**

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Our preference is to receive documentation scanned and emailed. Please return the completed form(s) and supporting suitably certified documentation to Info@UTMOST.ie.

If you are unable to send documentation electronically, it can be posted to Utmost PanEurope dac, Bishop's Square, Redmond's Hill, Dublin 2, Ireland.

HOW WE USE YOUR INFORMATION

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy at www.utmostinternational.com/privacy-statements or you can request a copy from our Client Relations Team.

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.

A POLICY DETAILS

Policy number	<input type="text"/>
Contract type	<input type="text"/>

POLICY OWNERS

	Owner 1	Owner 2
Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Forenames (in full)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Address (for correspondence)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>

	Owner 3	Owner 4
Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Forenames (in full)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Address (for correspondence)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<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"/>

B DECLARATION

- › I am/we are aware that the policy schedule has been lost and that I am/we are the legal owner of the policy and I am/we are legally entitled to the proceeds of the above policy
- › The policy has not been assigned, pledged as security or given to any person who could have any claim upon it
- › I/We will return the policy schedule to Utmost PanEurope dac if this is found
- › I/We will indemnify Utmost PanEurope dac against any claim and any loss or expense which it may incur in consequence of the above not being true and/or payment of the maturity proceeds being made without the policy schedule being returned to Utmost PanEurope dac.

	Owner/Authorised Signatory 1	Owner/Authorised Signatory 2
SIGNATURE	<input type="text"/>	<input type="text"/>
Date	<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"/>
	Owner/Authorised Signatory 3	Owner/Authorised Signatory 4
SIGNATURE	<input type="text"/>	<input type="text"/>
Date	<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"/>

A WEALTH *of* DIFFERENCE