APEX (PORTUGAL)
CHANGE OF BENEFICIARY FORM

utmost™
WEALTH SOLUTIONS

HOW TO COMPLETE THIS FORM

Complete this form using **black or blue 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**.

In this form words in the singular shall include the plural and vice versa.

Once complete return this form to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland**.

A   POLICY DETAILS

Policy number

Policyholder

B   NOMINATION

A Policyholder can nominate one or more Beneficiaries.

I revocably appoint a Beneficiary of Apex with the percentage share:

Name (name of entity)	Address	Identity card number (Entity registration number)	Taxpayer number	% of benefits
	Postcode			
	Postcode			
	Postcode			
	Postcode			

Total Benefit 100%

Tick this box if you wish to keep confidential the identity of the Beneficiary (ies) designated for the purposes of Decree-Law n. 384/2007, of 19 November, as amended, and its implementing regulations.

A WEALTH *of* DIFFERENCE

The Policyholder acknowledges that payment to any Beneficiary is a full and final discharge from Utmost PanEurope and confirms that a payment releases Utmost PanEurope from its obligations under this Policy.

If the Policyholder nominates more than one Beneficiary and any of them dies before the Death Benefit under the bond becomes payable then the percentage of the benefit will be divided equally between the surviving Beneficiaries, unless we receive instructions to the contrary.

It is the responsibility of the Policyholder to ensure that the nomination of a Beneficiary will be effective under the Policyholder's law of domicile and/or residence.

C IRREVOCABLE BENEFICIARY / SPECIAL INSTRUCTIONS

The Policyholder may specify confidentially in this section if they wish to appoint an irrevocable Beneficiary or specify to whom Benefit payments should be made if the Beneficiary specified above is not alive at the time the relevant Benefit becomes payable, or if the Beneficiary declines to accept the Benefit. Please write your confidential instructions clearly.

The above designation supersedes all previous designations in relation to my life insurance policy.

Where the Policyholder is appointing an irrevocable Beneficiary the following section must be signed by the irrevocable Beneficiary:

› I consent to be an irrevocable Beneficiary

› I request and consent to the Policyholder giving the sole instructions regarding any investment instructions including buying, selling and switching external funds as well as selecting Discretionary Fund Managers and Platforms

› I understand that my signature will be required, along with the Policyholders, for any other transactions such as surrenders, withdrawals, pledges and assignments.

	First Irrevocable Beneficiary	**Second Irrevocable Beneficiary**	
SIGNATURE			SIGNATURE
Print full name			
Date	d d m m y y y y	d d m m y y y y	

D	PRIVACY NOTICE

Utmost PanEurope dac recognises that protecting your personal information including special categories of data (sometimes referred to as sensitive personal data), is very important to you and that you have an interest in how we collect, use, store and share such information. We have produced a Privacy Notice which clarifies these details and explains your rights in relation to your personal data and how to action those rights with us, including your right to make a complaint.

The Privacy Notice is available on our website **www.utmost.ie** or you can contact the Administration Support team on **00 353 1 636 9383** to request a copy.

We reserve the right to change the Privacy Notice from time to time at our sole discretion. We encourage you to periodically review the Privacy Notice to keep informed about how we use your personal data.

If you are providing personal information about another person, we require you to let them or their legal guardian know what information you will share with us. Please share with them our Privacy Notice and obtain confirmation from them that they have read and understood it and, where necessary, have given their consent to the processing of personal data by Utmost PanEurope dac.

By signing this form, you are confirming that you have made any other individual whose data may be provided in this form aware that their data will be shared with Utmost PanEurope and that they have read and understood our Privacy Notice.

The Policyholders agree to inform Utmost PanEurope immediately should any information within this application change, and understand that the Policyholders are obliged to do so.

First Policyholder   **Second Policyholder**

SIGNATURE   SIGNATURE

Print full name

Date d d m m y y y y   d d m m y y y y

In certain circumstances the following signatures are required:

› If the Policy has been pledged or transferred in another similar manner that another party's consent is required.

SIGNATURE

Print full name

Date d d m m y y y y

Signature of the Policyholder's spouse is required below, if the Policyholder and the spouse are subject to the joint marital regime and the spouse is not the Policyholder:

Spouse

SIGNATURE

Print full name

Date d d m m y y y y