

# FRENCH EXECUTIVE PORTFOLIO WITHDRAWAL/CLOSURE FORM



All references to Utmost PanEurope in this form refer to Utmost PanEurope dac.

## 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?

This form must be completed 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.

This document contains links to relevant documents, websites and email addresses. Click on the bold gold words to access these links.

Payments will not be released until all necessary original documentation and settlement of funds have been received.

We recommend that you speak to your financial adviser before completing this form

**Please note that withdrawals can only be requested 36 calendar days after the Contract start date.**

## PRIVACY STATEMENT

Details about how we use your information, your rights over this information and how you can exercise your rights can be found in the applicable Privacy Notice. We publish our Privacy Notices on our website at [www.utmostinternational.com/privacy-statements](http://www.utmostinternational.com/privacy-statements) or you can call our Customer Support team and request a copy. All persons whose details are collected in this form should read the Privacy Statement to understand how the data provided about them will be used.

## HOW TO SUBMIT THIS FORM

Return the completed form to Utmost PanEurope dac by email to [iompaymentsout@utmostgroup.com](mailto:iompaymentsout@utmostgroup.com) or by post to the the following address:

Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.

## NOTE

- › There may be charges associated with a full surrender which will be debited prior to payment.
- › Any payment instruction that has already been submitted and is in progress will be processed first and no further payment or surrender instruction can be processed until the previous payment has completed.
- › Utmost PanEurope dac cannot be held liable for any delays if multiple payment instructions are received when existing payment instructions are pending completion.

## A POLICY AND CONTACT DETAILS

## MANDATORY

Policy number

## NOTE

There may be early surrender charges which will be deducted prior to any withdrawal payment. These will apply to a full surrender or a part surrender which means the remaining value is below minimum published amount, which can be found on our public website.

Who should we contact  
in case of queries with  
this request?

Policyholder

Adviser

Contact name

Email address

Contact number

Alternate contact number

**B** POLICYHOLDER DETAILS

**MANDATORY**

**NOTE**

If your details have changed, a payment verification call may be needed. We will use the phone number we hold on file for you in the first instance but may need an alternative number. Please provide this in the section below to help prevent any delays. If there are more than two policyholders, please copy this sheet with the details and attach with initials of all applicants.

**B1 INDIVIDUAL POLICYHOLDER(S)/TRUSTEE(S)**

<b>1</b>	Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
<b>2</b>	Gender	Male Female	Male Female
<b>3</b>	Forenames (in full)	<input type="text"/>	<input type="text"/>
<b>4</b>	Surname	<input type="text"/>	<input type="text"/>
<b>5</b>	Do you have a maiden name, previous name or alias?	Yes No	Yes No
	If "Yes" provide the other name(s)	<input type="text"/>	<input type="text"/>
<b>6</b>	Employment status	Employed/Self-Employed Retired/Unemployed/ Homemaker	Employed/Self-Employed Retired/Unemployed/ Homemaker
	Date of retirement, unemployment or becoming a homemaker	<input type="text"/>	<input type="text"/>
<b>7</b>	Occupation	<input type="text"/>	<input type="text"/>
<b>8</b>	Employer	<input type="text"/>	<input type="text"/>
<b>9</b>	Employer Address	<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"/> Postcode
<b>10</b>	Date of birth	<input type="text"/>	<input type="text"/>

Questions 6 and 7, If Retired, Unemployed or a Homemaker please provide your former occupation including role e.g. Director accountancy and include date of retirement, unemployment or becoming a homemaker.

<b>11</b> Country of birth				
<b>12</b> Nationalities/ citizenships held				
<b>13</b> Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)				
	Postcode		Postcode	
<b>14</b> Please provide details of previous address since commencement of the bond.  If this address is the same as your residential address, tick here				
	Postcode		Postcode	
<b>15</b> Contact telephone number				
<b>16</b> Email address				
<b>17</b> Country/Countries of tax residence				
<b>18</b> National Insurance (NI) number				
<b>19</b> US Tax Identification Number (TIN)				
<b>20</b> Other tax reference number(s)				
<b>21</b> Only complete the questions below if you were either born in the US or you are a US citizen and/or resident in the US for tax purposes.	a)	I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number(US TIN) is shown above.	a)	I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number(US TIN) is shown above.
	b)	I confirm that I was born in the US but I am no longer a US citizen and enclose my US loss of nationality certificate.	b)	I confirm that I was born in the US but I am no longer a US citizen and enclose my US loss of nationality certificate.

If more than one  
previous address,  
please provide details  
on a separate sheet and  
attach securely to this  
form.

Only complete  
question 18 if you are a  
UK tax resident.

Only complete  
question 19 if you are a  
US tax resident.

## B2 CORPORATE DETAILS (IF APPLICABLE)

Corporate name		
Registered office address		
	Postcode	
Contact number		

### B3 POLITICALLY EXPOSED PERSONS DETAILS

We are required to identify persons associated with this application who could be classed as a Politically Exposed Person ("PEP"). A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities. For example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary or the Military, a senior employee of a State Owned Corporation, or a board member of a Central Bank. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

Is there anyone associated with this application who could be considered a PEP? Yes ☐ No ☐

If "Yes", please provide details

### B4 REASON FOR REQUEST

1 Reason for withdrawal or surrender	<input type="checkbox"/> Need access to Funds	<input type="checkbox"/> Alternative Investment
	<input type="checkbox"/> Poor Service/Value	<input type="checkbox"/> Investment Performance
	<input type="checkbox"/> Trustee Payments for a Beneficiary	
	Other, please specify <input type="text"/>	

Where Other is selected failure to specify reason will delay processing payment.

2 Nature and purpose of original investment	<input type="checkbox"/> Succession Planning	<input type="checkbox"/> Retirement Planning
	Other <input type="text"/>	

## C PAYMENT OPTIONS - PART SURRENDER

MANDATORY

When you request a withdrawal and you have a tax mandate in place we will surrender sufficient units for you to receive the amount you have requested and pay the tax liability described in this note to your bank account. For example, if you request EUR5,000 we will surrender sufficient units to pay EUR5,000 plus the tax liability of 30% in the first eight years; and after eight years 24.7%. Where you do not have a tax mandate we would only deduct the amount requested i.e. EUR5,000 in this example.

#### SELECT THE METHOD FOR PART SURRENDER

Part Surrender	Regular withdrawal
<b>Currency of payment</b> <div> <input type="checkbox"/> EUR           <input type="checkbox"/> GBP           <input type="checkbox"/> USD           <input type="checkbox"/> CHF           <input type="checkbox"/> SEK         </div>	<b>Currency of payment</b> <div> <input type="checkbox"/> EUR           <input type="checkbox"/> GBP           <input type="checkbox"/> USD           <input type="checkbox"/> CHF           <input type="checkbox"/> SEK         </div>
Withdrawal value <b>or</b> Maximum* without incurring an early surrender charge <input type="text"/>	Value <b>or</b> Percentage of total premiums (per year) <input type="text"/>
	<div> <input type="checkbox"/> Quarterly           <input type="checkbox"/> Six monthly           <input type="checkbox"/> Yearly         </div>
*Maximum means the largest one off withdrawal without incurring an Early Surrender Charge available whilst maintaining a minimum balance, in line with the Policy Terms. Where requesting the maximum amount, please just insert the word "Maximum".	Start date: <input type="text"/>
	If your regular withdrawal start date has passed before we process this request, we will arrange a one off payment for the missed amount and start your regular payment from the next payment date.

**D FUNDING YOUR WITHDRAWAL**

**MANDATORY**

If you have chosen the discretionary asset management - investment strategy, you do not need to complete this section as we will instruct the discretionary asset manager accordingly.

**NOTE**

- › You must specify which Asset to which the value of your Policy is linked to that you wish to sell to provide the value to pay your withdrawal.
- › For regular withdrawals, the Asset(s) to which the sale of your units are linked will become the nominated asset(s). The amount to be sold must be completed under the title '% of withdrawal'. If the withdrawal amount is larger than the value of the nominated asset(s) then the withdrawal will not be paid.
- › For one off withdrawals we will make payment to you when the proceeds from the sell have been credited to our bank account or, at the latest within a maximum period of two months following receipt of the part surrender request. For more information please refer to the Policy Terms.

FULL NAME OF ASSET INCLUDING CURRENCY	ASSET IDENTIFIER (ISIN)	% OF WITHDRAWAL (TO TOTAL 100%)	OR	SELL ASSET IN FULL (PLEASE TICK)

**E PAYMENT OPTIONS - FULL SURRENDER**

**MANDATORY**

If you do not intend to fully surrender your bond, please move on to section F.

Full Surrender (sell all assets)

Payment currency                      EUR                      GBP                      USD                      CHF                      SEK

If we are unable to sell any Assets as per your selection above, due to the Asset being illiquid we will contact you to provide you with further options.

**F PAYMENT DETAILS**

**MANDATORY**

**NOTE**

- › Payments must benefit all policyholders on the bond equally by being paid to a joint bank account
- › If not using a joint bank account, please specify the additional bank account details. Payments will be issued equally between accounts
- › Providing new bank details not previously paid to could cause delays as additional verification may be required

Please select your preferred payment method:

Telegraphic Transfer.

Please be advised that payments incur a bank transfer charge.

BACS direct credit.

Only available for GBP payments paid to a UK, IOM or Channel Islands bank account.

This payment method takes three working days to reach the account, but doesn't incur a bank transfer charge.

If no payment method is selected we will default to Telegraphic Transfer, unless you have requested GBP regular withdrawal payments, in which case we will default to BACS where possible.

## BANK DETAILS

Account name	<input type="text"/>
Account number	<input type="text"/>
Bank sort code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Building Society roll number (if applicable)	<input type="text"/>
Bank BIC/Swift code (required for all banks outside the UK)	<input type="text"/>
IBAN	<input type="text"/>
Name & address of bank	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
How long has the account been held?	<input type="text"/> Years

If more than two separate payees please copy this section and attach securely to this form.

When requesting withdrawals be paid to an account other than the account the Premium is remitted from (as detailed in section E), an original or suitably certified **bank statement must be submitted** to prove the alternative bank account is in the client(s)' name.

Please note an intermediary SWIFT code is required when making international payments in a currency that is not locally used by the recipient bank. If this is in line with your request, please provide the intermediary SWIFT code for your bank. You may need to contact your bank to obtain this information.

Intermediary SWIFT code	<input type="text"/>
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Please tick here if you want to proceed without the intermediary SWIFT code.

If you do not complete this section and the currency of your payment is not locally used by the recipient bank, we will need to contact you to request the intermediary SWIFT and this could delay the payment.

## Please provide further bank details below (if applicable).

Account name	<input type="text"/>
Account number	<input type="text"/>
Bank sort code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Building Society roll number (if applicable)	<input type="text"/>
Bank BIC/Swift code (required for all banks outside the UK)	<input type="text"/>
IBAN	<input type="text"/>

If more than two separate payees please copy this section and attach securely to this form.

When requesting withdrawals be paid to an account other than the account the Premium is remitted from (as detailed in section E), an original or suitably certified **bank statement must be submitted** to prove the alternative bank account is in the client(s)' name.

	Postcode

How long has the account 

--	--

 Years

Please note an intermediary SWIFT code is required when making international payments in a currency that is not locally used by the recipient bank. If this is in line with your request, please provide the intermediary SWIFT code for your bank. You may need to contact your bank to obtain this information.

[illegible]

Please tick here if you want to proceed without the intermediary SWIFT code.

If you do not complete this section and the currency of your payment is not locally used by the recipient bank, we will need to contact you to request the intermediary SWIFT and this could delay the payment.

**Please provide further bank details below (if applicable).**

Account name

Account number

Bank sort code 

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 - 

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 - 

--	--

Building Society  
roll number  
(if applicable)

[illegible]

IBAN	
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Name & address of bank		
		Postcode

How long has the account been held? 

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 Years

Please note an intermediary SWIFT code is required when making international payments in a currency that is not locally used by the recipient bank. If this is in line with your request, please provide the intermediary SWIFT code for your bank. You may need to contact your bank to obtain this information.

[illegible]

Please tick here if you want to proceed without the intermediary SWIFT code.

If more than two separate payees please copy this section and attach securely to this form.

When requesting withdrawals be paid to an account other than the account the Premium is remitted from (as detailed in section E), an original or suitably certified **bank statement must be submitted** to prove the alternative bank account is in the client(s)' name.

If you do not complete this section and the currency of your payment is not locally used by the recipient bank, we will need to contact you to request the intermediary SWIFT and this could delay the payment.

**G AUTHORITY OF POLICYHOLDER(S)**

**MANDATORY**

The declaration below is made by each person authorising the withdrawal/closure. I hereby:

1. authorise and request Utmost PanEurope to carry out the transaction(s) detailed in either section C, D or E in accordance (where applicable) with the French Executive Portfolio Policy Terms.
2. other than any irrevocable beneficiary named in section B, confirm that there is no assignment or any person or company with a notice or interest in the Policy.
3. confirm that if there is a nominated beneficiary who is required to agree the withdrawal (i.e. an irrevocable one) they have signed this form.
4. confirm that there is no Bankruptcy Order against me or any beneficiary, nor am I or the beneficiary, an undischarged bankrupt or deemed to be insolvent under any relevant insolvency legislation.
5. undertake to indemnify Utmost PanEurope against any claims or demands made by any other person or party as a result of the payment(s) requested in section C, D or E.
6. agree that payment of the withdrawal or closure proceeds shall constitute full discharge of the liability of Utmost PanEurope.
7. confirm that by fully/partially encashing the policy, the policyholder(s) has/have sought and considered financial advice in regards to the potential tax consequences and referred to the French Executive Portfolio Policy Terms.
8. confirm that I am aware of the potential tax consequences of receiving the withdrawal or closure proceeds and I will declare these proceeds, if applicable, to the relevant tax authority in my country of residence.

Utmost PanEurope does not offer legal, tax or financial advice and we can accept no responsibility for any action taken or refrained from being taken on the basis of information provided by us. Any information provided is based on our understanding of the current law and practice and is subject to change in the future.

**SIGNATORIES** - All policyholders, including irrevocable beneficiaries or pledgees where applicable, must sign below. Please also indicate the capacity in which you are acting and ensure this form is dated to avoid delays with your request.

**SIGNED**

**Signatures 1**

Full name

Capacity

Individual

Irrevocable beneficiary

Pledgee

Other

Date

d	d	m	m	y	y	y	y
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**Signatures 2**



d	d	m	m	y	y	y	y
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**SIGNED**

**Signatures 3**

Full name

Capacity

Individual

Irrevocable beneficiary

Pledgee

Other

Date

d	d	m	m	y	y	y	y
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**Signatures 4**



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

[www.utmostinternational.com](http://www.utmostinternational.com)

Utmost PanEurope dac is registered in Ireland, registered number 311420. Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEurope dac is regulated by the Central Bank of Ireland as a Life Insurance Undertaking.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

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