

# CLIENT INFORMATION AND CHANGE OF DETAILS FORM



## IMPORTANT NOTES

Please use this form if you are an existing Utmost Worldwide Limited (including its branches) customer to notify us if you have changed:

- › Your name and/or specimen signature (e.g. if you have married since taking out your policy).
- › Your address (note: if you have moved country you will need to provide updated tax information).
- › Your email address.
- › Your telephone number.

This is a generic form, which refers to Policy and Policyholder. Your terms and conditions may refer to Account/ Account Holder, Plan/Planholder, Policy/Policyholder or Bond/Bondholder; the terms are interchangeable and have the same definition.

Where there are more than two Policyholders, you will need to complete an additional form and append it to this one when sending it to us.

If you are a client and providing this information to Utmost Worldwide directly, please post this form and your original certified proof of identification and proof of address, plus any additional documents requested to:

**Utmost Worldwide Limited, Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR**, or your local branch office.

If you are an Intermediary supporting our client through this process, please scan this form and send along with all supporting certified documentation to [UWCustomerService@utmostworldwide.com](mailto:UWCustomerService@utmostworldwide.com)

If you have any queries, please contact us on +44 (0)1481 715800.

## SUPPORTING DOCUMENTATION

**As well as this form, we may require relevant supporting documentation to verify the change. Failure to provide supporting documentation may result in a delay in processing.**

## HOW WE USE YOUR INFORMATION

Our **Privacy Notice** 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 how we use that information. You can find a copy at [www.utmostinternational.com/privacy-statements/](http://www.utmostinternational.com/privacy-statements/) or you can request a copy from our Customer Support 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.

PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
2	A – Policyholder Details	Mandatory	
2	B – Change of Name/Specimen Signature	Optional	
3	C – Confirmation of Address	Mandatory	
5	D – Confirmation of Email Address	Mandatory	
5	E – Confirmation of Telephone Number	Mandatory	
5	F – Certified Documents	Mandatory	
6	G – Declaration and Signature	Mandatory	

**A POLICYHOLDER DETAILS** **MANDATORY**

Policy Number	<input style="width: 100%;" type="text"/>			
	<b>First Policyholder</b>	<b>Second Policyholder (if applicable)</b>		
Full Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Date of birth	<input style="width: 100%; text-align: center;" type="text" value="d d m m y y y y"/>	<input style="width: 100%; text-align: center;" type="text" value="d d m m y y y y"/>		
Nationality	<input style="width: 100%;" type="text"/>			
Do you hold dual nationality?	Yes	No	Yes	No
If so, please state second nationality here	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Employment Status	employed/ self employed retired/ unemployed		employed/ self employed retired/ unemployed	
Date of retirement or leaving employment (if applicable)	<input style="width: 100%; text-align: center;" type="text" value="d d m m y y y y"/>		<input style="width: 100%; text-align: center;" type="text" value="d d m m y y y y"/>	
Occupation	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Last year's annual income/ salary	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Employer name	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Employer address	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Industry	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Length of time with current Employer or business	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
If you are self-employed or business owner, please state percentage of business owned	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Do you believe you are a Politically Exposed Person?	Yes	No	Yes	No

If you have changed your name please complete section B

A Politically Exposed Person (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.

**B CHANGE OF NAME/SPECIMEN SIGNATURE** **OPTIONAL**

	<b>First Policyholder</b>	<b>Second Policyholder (if applicable)</b>		
Title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Forename(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

Only complete this section if you have changed your name

Surname	<input type="text"/>		<input type="text"/>	
Do you have a former name or alias? If "Yes", please provide full details	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	
Reason for change	<input type="text"/>		<input type="text"/>	
<b>PREVIOUS SIGNATURE</b>	<b>Specimen Signature</b> <input type="text"/>		<b>Specimen Signature</b> <input type="text"/>	
<b>NEW SIGNATURE</b>	<input type="text"/>		<input type="text"/>	
Date of change	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have changed your name, you must supply an original or certified copy of the document proving the change (e.g. marriage certificate, deed poll, statutory declaration).

Correctly certified scanned versions of Proof of Identification and Proof of Address are acceptable for our records provided they are certified and emailed to us directly from your servicing intermediary. We reserve the right to conduct follow-up security checks as required. If you are not using a servicing Intermediary for this change, please post this form with supporting original certified copies of the relevant documentation to our address. Please complete subsection F to confirm how documents were obtained.

**C CONFIRMATION OF ADDRESS MANDATORY**

	First Policyholder	Second Policyholder (if applicable)
Residential Address	<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"/> Postcode	<input type="text"/> Postcode
Correspondence Address	Same as residential address	Same as residential address
	<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"/> Postcode	<input type="text"/> Postcode
Date of change	<input type="text"/>	<input type="text"/>

If you have changed address, an original or certified copy of proof of your new address, dated within 3 months is required.

Correctly certified scanned versions of Proof of Identification and Proof of Address are acceptable for our records provided they are certified and emailed to us directly from your servicing intermediary. We reserve the right to conduct follow-up security checks as required. If you are not using a servicing Intermediary for this change, please post this form with supporting original certified copies of the relevant documentation to us. Please complete subsection F to confirm how documents were obtained.

**TAX DECLARATION**

You must complete this section to ensure we have your most recent tax information. This section incorporates the requirements of:

1. The US Foreign Account Tax Compliance Act ("FATCA")
2. The Standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard ("CRS")


If you have any questions on how to complete this section we recommend that you speak to your tax, legal or financial advisor.

	First Policyholder		Second Policyholder (if applicable)	
Country of tax residence	<input type="text"/>		<input type="text"/>	
Taxpayer Identification Number (TIN)	<input type="text"/>		<input type="text"/>	
2nd Country of tax residence (if applicable)	<input type="text"/>		<input type="text"/>	
2nd TIN	<input type="text"/>		<input type="text"/>	
3rd Country of Tax Residence (if applicable)	<input type="text"/>		<input type="text"/>	
3rd TIN	<input type="text"/>		<input type="text"/>	
Please provide an explanation if you do not have a TIN	<input type="text"/>		<input type="text"/>	
Is the Policyholder a US Citizen or US Tax Resident?	Yes	No	Yes	No
If yes, please provide US TIN	<input type="text"/>		<input type="text"/>	

**D CONFIRMATION OF EMAIL ADDRESS** **MANDATORY**

	First Policyholder	Second Policyholder (if applicable)
Email address	<input type="text"/>	<input type="text"/>

**E CONFIRMATION OF TELEPHONE NUMBER** **MANDATORY**

	First Policyholder	Second Policyholder (if applicable)	
Home	<input type="text"/>	<input type="text"/>	Please include country code 
Work	<input type="text"/>	<input type="text"/>	
Mobile/Cell	<input type="text"/>	<input type="text"/>	

**F CERTIFIED DOCUMENTS** **MANDATORY**

If you are presenting documentation to verify the change confirmed in section B or C please confirm how the certifier reviewed the documents.

	First Policyholder	Second Policyholder (if applicable)
Met you in person		
Met you face-to-face via secure live video stream		
Did not meet you and received original documents by post		
Other please provide details	<input type="text"/>	<input type="text"/>

**G DECLARATION AND SIGNATURE** **MANDATORY**

**Declaration**

By signing below, I confirm I have been informed about the **Data Privacy Notice**, and where to find it.

By signing below, I declare that this form has been completed to the best of my knowledge and belief and that I authorise you to make the changes requested.

I acknowledge that relevant information contained in this Declaration will be shared with any tax authorities as required under various exchange agreements, including FATCA and CRS.

I acknowledge my obligation to keep you informed of any changes to my personal details, tax residency or PEP status.

	First Policyholder	Second Policyholder (if applicable)
<b>SIGNATURE</b>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Date of change	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>

**A WEALTH *of* DIFFERENCE**

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

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

Utmost Worldwide Limited (BRN 08743329) is registered in Hong Kong as a non-Hong Kong company. Hong Kong Office: Unit 2402C, Great Eagle Centre, 23 Harbour Road, Wanchai, Hong Kong.

Authorised by the Insurance Authority of Hong Kong to carry on long-term business.

Utmost Worldwide Limited, Singapore Branch (UEN T10FC0110K), is registered in Singapore as a foreign company. Registered address 6 Battery Road, #16-02, Six Battery Road, Singapore 049909. Tel: +65 6216 7990 Fax: +65 6216 7999 Email: [SingaporeRO@utmostworldwide.com](mailto:SingaporeRO@utmostworldwide.com).

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 Worldwide Limited, St Peter Port Zweigniederlassung Schweiz, Zürich (Company No CHE-477.079.694) is registered as a foreign branch in the commercial register in of canton of Zurich. Registered address: Bahnhofstrasse 61, 8001 Zürich, Switzerland.

Authorised by the Swiss Financial Market Supervisory Authority (FINMA) as a life insurance company to carry on unit-linked life insurance in Switzerland.

Utmost Worldwide Limited (No. 27151) is incorporated in Guernsey. Registered Office: Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR.

It is authorised and regulated by the Guernsey Financial Services Commission to conduct long term business and general business. Utmost Worldwide Limited also holds a permit issued by the Jersey Financial Services Commission to conduct long term business in Jersey.

Utmost Wealth Solutions is a trading name used by Utmost Worldwide Limited including its branches.

Please refer to specific product literature for information about the relevant issuing company.