

CLAIM FOR DEATH BENEFIT

Please complete this form in BLOCK CAPITALS and return the original by post to Utmost Worldwide Limited.

Please return with the original Plan documents and acceptable documentary proof of the death of the relevant life assured.

Death benefits will only be paid in accordance with the Terms and Conditions of the Plan. All payments will be subject to satisfactory proof of identity and current residential address for all claimants.

Please note that further documentation may be required. We will advise you accordingly while processing your claim.

Each beneficiary will receive the relevant proportion of the death benefit as specified within the Plan.

Please submit additional signed form(s) if more than two claimants.

A PLANHOLDER DETAILS

Plan Number:	<input type="text"/>								
Planholder(s):	<input type="text"/>								
Relevant Life Assured:	<input type="text"/>								
Claimant Name(s) & Address(es):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
Capacity in which the claim is being submitted:	<table><tr><td>as Planholder(s) <input type="checkbox"/></td><td>as Nominated Beneficiary(ies) <input type="checkbox"/></td></tr><tr><td>as Assignees(s) <input type="checkbox"/></td><td>as Trustees of the trust holding the Plan <input type="checkbox"/></td></tr><tr><td>as Administrator(s)/Executor(s) of the estate of the Planholder <input type="checkbox"/></td><td></td></tr><tr><td>as Parent or / Legal Guardian of Nominated Beneficiary(ies) <input type="checkbox"/></td><td></td></tr></table>	as Planholder(s) <input type="checkbox"/>	as Nominated Beneficiary(ies) <input type="checkbox"/>	as Assignees(s) <input type="checkbox"/>	as Trustees of the trust holding the Plan <input type="checkbox"/>	as Administrator(s)/Executor(s) of the estate of the Planholder <input type="checkbox"/>		as Parent or / Legal Guardian of Nominated Beneficiary(ies) <input type="checkbox"/>	
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as Administrator(s)/Executor(s) of the estate of the Planholder <input type="checkbox"/>									
as Parent or / Legal Guardian of Nominated Beneficiary(ies) <input type="checkbox"/>									

Declaration

I/We the undersigned hereby declare that the death benefit payable is the total amount rightly and legally due to me/us in respect of the above-mentioned Plan. We further consent and agree that the payment to me/us or to my/our legal representative will be in full discharge of all liability to me/us under the said Plan which has been delivered up to Utmost Worldwide Limited and will be cancelled accordingly. Alternatively, where the Plan cannot be delivered up, I/We have separately declared the plan schedule as being lost/destroyed and we hereby indemnify Utmost Worldwide Limited from all future claims in respect of the Plan. I/We request that the said amount be paid to me/us as indicated in section B below.

A WEALTH *of* DIFFERENCE

Registered Head Office address: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Utmost Wealth Solutions is the trading name used by Utmost Worldwide Limited and a number of Utmost companies.

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No. 27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Websites may make reference to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.

UWWS FOCUS (INT) CDB FORM 11'19

T +44 (0) 1481 715 800

F +44 (0) 1481 712 424

E UWCustomerService@utmostworldwide.com

W utmostworldwide.com

B PAYMENT DETAILS - PLEASE COMPLETE AS APPLICABLE

Please indicate as appropriate:

☐ paid by bank transfer (less bank charges)

☐ transfer proceeds to another plan in my name, number

Utmost Worldwide Limited will not authorise third-party payments, and will only make payment to a bank account in the name of the claimant(s).

Payment will be made by electronic transfer, the cost of which will be deducted from the amount payable. If there are any special instructions, please provide details on a separate sheet signed by all claimants and attach to this form.

We strongly recommend that you obtain FULL payment routing details from your Bank when completing this section.

Payment to be made to the following bank account:

Bank Name:

Bank Address:

Account Holder Name:

Account No.:

☐ IBAN ☐ CLABE:

☐ Sort Code ☐ Swift Code ☐ BIC ☐ ABA:

Correspondent bank details (if known):

Bank Name:

Bank Address:

Account No.:

☐ IBAN ☐ CLABE:

☐ Sort Code ☐ Swift Code ☐ BIC ☐ ABA:

B PAYMENT DETAILS - PLEASE COMPLETE AS APPLICABLE (CONTINUED)

Local Rules, Laws and Regulations

All transactions related to the Plan are subject to any rules, laws and regulations applicable to Utmost Worldwide in your jurisdiction of tax residence; inclusive of tax deductions and reporting. **We recommend that you obtain independent tax advice before submitting a claim for death benefit.**

	First Claimant:	Second Claimant:
SIGNATURE	<div></div>	<div></div>
Date:	<div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div>	<div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div>
Witness to the Signature and Identity of:	<div></div>	
	<div></div>	
	<div></div>	Claimant(s)
First Witness:	<div></div>	
Address:	<div></div>	
	<div></div>	
Occupation:	<div></div>	
Second Witness:	<div></div>	
Address:	<div></div>	
	<div></div>	
Occupation:	<div></div>	
	First Witness:	Second Witness:
SIGNATURE	<div></div>	<div></div>
Date:	<div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div>	<div><div>d</div><div>d</div><div>m</div><div>m</div><div>y</div><div>y</div><div>y</div><div>y</div></div>

Utmost Worldwide Limited will provide details of the death benefit payable. Confirmation of the payment amount and release date will also be included.