

Death Benefit Claim Form

Policy number: _____

Name: _____ Address: _____

Date of birth:

Policyholder Beneficiary Administrator/ Executor

Death Benefit claim

Documentation for Death Benefit claim

The following documentation should be provided to Utmost PanEurope dac (Utmost PanEurope) with this claim form:

- Original Policy documentation
- Certified copy of the death certificate
- Certified copy of the documents proving entitlement to the Death Benefit in your specific jurisdiction
- Certified copies of identification and proof of address for ALL claimants
- International Tax Compliance Self-Certification form for ALL claimants

Utmost PanEurope may require additional documentation and can only fully process a claim upon receipt of all required documentation.

Lost Policy Schedule Declaration

- I confirm that the Policy Schedule cannot be located and I believe it has been lost or destroyed.
- I declare that to my knowledge that the Policy has never been assigned, used as security for a mortgage, charge or lien.
- To my knowledge, other than the Beneficiaries nominated in accordance with the rules of the Policy, I am the only person legally entitled to claim the Death Benefit.

(Continued overleaf)

Death Benefit Claim Form (continued)

Payment details

Please note that IBAN and BIC/Swift are required for all European payments. Payments are made in the currency in which the Policy is denominated and will be paid by electronic transfer to the claimants bank account only (all charges for electronic transfers will be accounted to the payee).

Name of account holder: _____

Name of bank: _____

Address of bank: _____

Account number: _____ Sort code: _____

BIC/Swift: _____ IBAN: _____

International Tax Compliance Self-Certification

Utmost PanEurope dac (Utmost PanEurope) is required by Irish law to ask the Policyholder or the person claiming the payment of the benefit for tax related information. Utmost PanEurope may be required to pass on this information to The Office of the Revenue Commissioners in Ireland. This form incorporates the requirements of:

- i. the US Foreign Account Tax Compliance Act (FATCA) based on the Intergovernmental Agreement signed on 21 December 2012 between the US Government and the Irish Government.
- ii. the Standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard (CRS), as implemented in Irish law.

If you have any questions on how to complete this form, Utmost PanEurope recommends that you speak to your tax or legal adviser.

If there are more than two Beneficiaries or claimants, please use a separate sheet to provide the required information.

First Beneficiary/ claimant	Second Beneficiary/ claimant (if any)												
Name: _____	Name: _____												
Date of birth: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	Date of birth: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">D</td><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">M</td><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y								
D	D	M	M	Y	Y								
Current residential address: _____	Current residential address: _____												
Country of tax residence ¹ : _____	Country of tax residence ¹ : _____												
Taxpayer Identification Number (TIN): _____	Taxpayer Identification Number (TIN): _____												
Citizen/Resident in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>	Citizen/Resident in the United States: Yes <input type="checkbox"/> No <input type="checkbox"/>												
If yes, US Federal TIN: _____	If yes, US Federal TIN: _____												

If the Beneficiary/ claimant is an entity please request and complete an International Tax Compliance Self-Certification Form.

(Continued overleaf)

¹ If you are tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN.

Death Benefit Claim Form

Data protection

Utmost PanEurope is registered as a data controller with the Data Protection Commissioner of Ireland. Utmost PanEurope complies with its legal obligations under the Data Protection Acts 1988 and 2003 as may be amended including but not limited to by the General Data Protection Regulation (Regulation (EU) 2016/679) and ensures that the treatment of data you provide in this form, including sensitive personal data (if any), remains confidential and is processed only for the purposes outlined in this form. You should only provide personal information about another individual in this form where you have received their consent to do so. By signing this form you are providing your consent to Utmost PanEurope processing your personal data as described above and confirming that you have obtained the required consent of any other individual whose data may be provided in this form.

Declaration

My signature below is confirmation that:

- I consent to the collection, use and disclosure of my personal information, including sensitive data, by Utmost PanEurope for the purposes of assessing this claim, for investigating and preventing fraud, administration, claims handling and to comply with legal and regulatory obligations set out under data protection and anti-money laundering laws.
- if I have not provided the original Policy Schedule, I have read and agree to the Lost Policy Schedule Declaration above.
- the information I have given in this form and supporting documentation are correct and accurate and I have not withheld any information that might be relevant.
- I have no knowledge of any other claims on the Death Benefit.
- I agree to indemnify Utmost PanEurope against any claims or costs incurred as a result of relying on the provided information.
- I acknowledge that the information contained in this form and information regarding my Policy may be shared with The Office of the Revenue Commissioners in Ireland and exchanged with the tax authorities of another country or countries as required under intergovernmental agreements.
- I agree to inform Utmost PanEurope within 30 days of a change in circumstances that causes any information on this form to become incorrect by the completion of a new International Tax Compliance Self-Certification form.
- I declare that I have examined the information on this form and to the best of my knowledge and belief, it is true, correct and complete.

Signature of first claimant:

Date:

Signature of second claimant (if any):

Date:

(Continued overleaf)

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