

DEATH CLAIM FORM

UPON DEATH OF THE RELEVANT LIFE ASSURED



Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost International Isle of Man Limited and Utmost PanEurope dac.

INTRODUCTION

This form is to be completed by all eligible Claimants the relevant death in order to claim the entire death benefit payable under the policy/bond.

Where a nomination of Beneficiaries has been noted and accepted by Utmost payment of the Death Benefit will be made to the Beneficiary or their parent or legal guardian if the Beneficiary is under the age of 18. In the event that there are no surviving Policyholders or Beneficiaries, then we will require a copy of the IOM or UK Probate document.

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

USING THE EDITABLE FIELDS

Electronic completion: To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

Paper completion: If completing a hard copy of this form, please use **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.**

INTERPRETATION

References to "we", "us", "Utmost" refer to Utmost International Isle of Man Limited (including its branches) or Utmost PanEurope dac as relevant. Where we refer to "Policy" or "Policyholder" we also include the terms "Account" or "Account Holder"; "Bond" or "Bondholder"; "Plan" or "Planholder"; these terms are interchangeable, the meaning is that defined in the relevant product's terms and conditions. The singular includes the plural and vice versa.

IMPORTANT INFORMATION

DATA PROTECTION

Before you provide us with your personal information, please read our **Privacy Notice** available on our website at utmostinternational.com/privacy-statements/ for information about your data protection rights and how we use your personal data. Utmost International reserves the right to change the **Privacy Notice** from time to time. We encourage you to periodically review the **Privacy Notice** to keep informed about how we use your personal data and how we keep it protected.

IDENTITY AND ADDRESS VERIFICATION

Receiving a request for payment requires us to ensure that the evidence of verification of identity and address we hold is up to current standards. As such, you may be required to provide additional information/ documentation before the payment is processed. To avoid delays we ask that you send certified copies of identity documents and proof of address that are less than six months old.

TAX INFORMATION REQUIREMENTS

Under Automatic Exchange of Information ("AEOI") regulations we are required to obtain certain information from individual Claimants, including where they were born, their nationalities, countries of tax residence¹, related tax identification numbers ("TIN")² and their 'self-certification' that the information they provide is true and complete. We may share this information with the relevant domestic tax authority who may share it with overseas tax authorities.

¹ If you are unsure of your citizenship and/or jurisdiction(s) of tax residency, you should seek professional advice.

² A TIN is a country specific and unique number issued to an individual or entity for tax administration purposes.

INCOMPLETE INFORMATION

To avoid delays in payment, refer to the checklist in section I and ensure that all relevant sections are fully complete. **We cannot process your claim until this form is fully completed and any supplementary information and/or supporting evidence has been received.**

WHERE TO SUBMIT COMPLETED FORMS

You can email digitally signed and/or scanned forms and supporting evidence, including Policy Schedules and any title documents, to us at: IOMPayoutsOut@utmostgroup.com

Alternatively, post paper forms and supporting evidence, including Policy Schedules and any title documents, to: **Claims Department, Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man IM99 1NU, British Isles.**

A POLICY DETAILS **MANDATORY**

1	Policy/bond number	<input style="width: 150px; height: 20px;" type="text"/>
2	Product	<input style="width: 150px; height: 20px;" type="text"/>
3	Full name(s) of Policyholder(s) (including individuals acting as Trustees on behalf of a trust)	<input style="width: 580px; height: 20px;" type="text"/> <input style="width: 580px; height: 20px;" type="text"/>
4	Full name of each Life Assured	<input style="width: 580px; height: 20px;" type="text"/> <input style="width: 580px; height: 20px;" type="text"/>

B CLAIMANT DETAILS **MANDATORY**

Individual Claimants including individuals acting as Trustees on behalf of a Trust must complete Subsection B1. Corporate Policyholders including Corporate Trustees must complete Subsection B2.

Where a nomination of beneficiaries has been noted and accepted by Utmost International payment of the Death Benefit will be made to the Beneficiary or their parent or legal guardian if the Beneficiary is under the age of 18. In the event that there are no surviving Policyholders, or a nomination of beneficiaries form was not made, then we will require a copy of the IOM or UK Probate document, confirming who has been appointed by the high court to deal with the estate.

B1 INDIVIDUAL CLAIMANTS

If there are more than two individual Claimants, please photocopy this section, attach the details with this claim form and tick here.

	Claimant 1	Claimant 2 (if any)
1 Amount claimed %	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> %	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> %
2 Surname	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
3 Forenames (in full)	<input style="width: 90%; height: 40px;" type="text"/>	<input style="width: 90%; height: 40px;" type="text"/>
4 Do you have a maiden name, a previous name or alias?	Yes No	Yes No

Question 1, the sum of the 'Amount claimed %' must total 100%.

If "Yes", provide the other names

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5 Date of birth

d d m m y y y y	d d m m y y y y
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6 Place of birth

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7 List all nationalities/citizenships which apply

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8 Employment status

- | | |
|--|--|
| Employed
Self-Employed
Retired
Unemployed | Employed
Self-Employed
Retired
Unemployed |
|--|--|

9 Date of retirement, unemployment or becoming a homemaker

d d m m y y y y	d d m m y y y y
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10 Occupation (previous if retired, unemployed or homemaker)

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11 Last year's annual income/salary

Currency <input style="width: 100%;" type="text"/> Amount <input style="width: 100%;" type="text"/>	Currency <input style="width: 100%;" type="text"/> Amount <input style="width: 100%;" type="text"/>
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12 Employer

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13 Employer's address

Postcode	Country

14 Permanent residential address (PO Box and 'care of' addresses are not acceptable)

Postcode	Country

15 Full correspondence address (If this address is the same as your residential address tick here)

Postcode	Country

B2 CORPORATE CLAIMANTS

Only to be completed if there is a Corporate Claimant, including Corporate Trustee.

1 Entity type	Private company Public company Other <input style="width: 150px; height: 15px;" type="text"/>		
2 Corporate name	<input style="width: 100%; height: 20px;" type="text"/>		
3 Name of contact person	<input style="width: 100%; height: 20px;" type="text"/>		
4 Company registration number	<input style="width: 100%; height: 20px;" type="text"/>		
5 Registered office address (PO Box or 'care of' addresses are not acceptable)	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Postcode</td> <td style="width: 50%; padding: 2px;">Country</td> </tr> </table>	Postcode	Country
Postcode	Country		
6 Correspondence address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Postcode</td> <td style="width: 50%; padding: 2px;">Country</td> </tr> </table>	Postcode	Country
Postcode	Country		
7 If the correspondence address is different from the registered address, give a reason	<input style="width: 100%; height: 20px;" type="text"/>		
8 Telephone number (international format)	<input style="width: 100%; height: 20px;" type="text"/>		
9 Corporate email address	<input style="width: 100%; height: 20px;" type="text"/>		
10 Corporate website address	<input style="width: 100%; height: 20px;" type="text"/>		

Question 6,

We accept no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently.

We reserve the right to send correspondence to the registered office address where regulations prevent it being sent to any other address.

C TAX CLASSIFICATION OF CLAIMANTS

MANDATORY

In order to comply with our international tax information exchange obligations, we need to ask you to complete a tax declaration and self-certification before we can make any payment. **Failure to provide this declaration and certification will delay processing of your payment.**

Individual Claimants including individuals acting in the capacity of a Trustee on behalf of a Trust must complete Subsection C1. Corporate Claimants including Corporate Trustees should refer to Subsection C2.

C1 TAX DECLARATION AND SELF CERTIFICATION FOR INDIVIDUAL CLAIMANTS

If there are more than one individual claimant, please photocopy this subsection, attach the details to this form and tick here.

1 List all countries of tax residence and your corresponding TIN³

-  If a TIN is not available, please provide the appropriate reason a, b or c:
- A The jurisdiction where the Claimant is resident does not issue TINs.
 - B We are unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN if you have selected this reason.
 - C No TIN is required. **Only select this reason if** the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.

LIST ALL COUNTRIES OF TAX RESIDENCE	LIST ALL RELEVANT TIN NUMBER(S)	REASON IF NO TIN IS AVAILABLE (A, B or C as defined above)

If you have answered "B", in relation to any country of tax residence, explain why you are unable to obtain a TIN

2 Were you were born in the United States of America ("US"), are a US citizen and/ or are US tax resident Yes No

If "Yes", please tick one of the following statements:

- 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 in the table above
- I confirm that I was born in the US (or a US territory) but I am no longer a US citizen.

 Please note you must provide evidence of your **Certificate of Loss of Nationality of the United States** if you have selected this option.

Please refer to the declarations in Subsection H1.

³ For UK tax resident individuals National Insurance (NI) numbers and Unique Taxpayer Reference (UTR) numbers can be used as a TIN

C1 TAX DECLARATION AND SELF CERTIFICATION FOR CORPORATE CLAIMANTS

Please complete the relevant declaration and self certification as follows:

- › Tax Declaration and Self Certification for Entity Investors
- › Tax Declaration and Self Certification for Trusts

If you completed as tax declaration and self-certification form, attach it securely to this form and tick here

D IRISH RESIDENCE DEFINITIONS

CONDITIONAL

This section only applies to Claimants of Utmost PanEurope dac products.

Each signatory must read the definitions below.

C1 IRISH TAX RESIDENCY DEFINITIONS

Residence - Individual

An individual will be regarded as being resident in Ireland for a tax year if he/she:

- › spends 183 days or more in the State (Ireland) in that tax year; or
- › has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two year test. Up to 31 December 2008, presence in the State for a day means the personal presence of an individual at the end of the day (midnight). From 1 January 2009, presence in the State for a day means the personal presence of an individual at any time during the day.

Ordinary Residence - Individual

The term "ordinary residence" as distinct from "residence" relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which they are not resident. Thus, an individual who is resident and ordinarily resident in the State in 2021 and departs from the State in that year will remain ordinarily resident up to the end of the tax year in 2024.

Residence - Company

Prior to Finance Act 2014, company residence was determined with regard to the long established common law rules based on central management and control. These rules were significantly revised in Finance Act 2014 to provide that a company incorporated in the State will be regarded as resident for tax purposes in the State, unless it is treated as resident in a treaty partner country by virtue of a double taxation treaty. While the common law rule based on central management and control remains in place, it is subject to the statutory rule for determining company residence based on incorporation in the State set out in the revised section 23A TCA 1997.

The new incorporation rule for determining the tax residence of a company incorporated in the State will apply to companies incorporated on or after 1 January 2015. For companies incorporated in the State before this date, a transition period applied until 31 December 2020.

Please refer to the declarations in Subsection H2.

BIC/SWIFT ⁸											
Name of bank											
Name and address of bank											
	Postcode						Country				
How long has the account been held?			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.

Intermediary SWIFT code												
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Please tick here if you wish to proceed with the intermediary SWIFT code

If you do not complete the intermediary SWIFT code and tick the box above 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 CERTIFIED DOCUMENTS MANDATORY

Under Isle of Man anti-money laundering regulations we are required to verify the identity and address of all Claimants. Refer to our **Anti-Money Laundering and Source of Wealth Requirements** for more information for Utmost International Isle of Man products. Please refer to our **Anti-Money Laundering and Source of Wealth Pack** for the equivalent Irish requirements.

- How to certify documents is outlined:
- › for Utmost International Isle of Man Limited products in our **Anti Money Laundering and Document Certification Requirements**.
 - › for Utmost PanEurope dac products in our **Anti-Money Laundering and Source of Wealth Pack**.

If you are presenting documents to verify the death of the Life Assured or Claimant(s) address, identity or bank account please confirm how the certifier reviewed the documents.

	First claimant	Second claimant (if any)
Met you in person	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
Met you face-to face via secure live video stream	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
Other, please provide details		

H DECLARATIONS AND REQUEST FOR PAYMENT

MANDATORY

All claimants or their authorised signatories must sign below.

References to "I" or "me", mean you, the Claimant (including individuals acting on behalf of a Trust or entity) both individually and collectively.

H1 TAX DECLARATION AND SELF CERTIFICATION - INDIVIDUAL CLAIMANTS ONLY

- › I understand that for regulatory purposes, Utmost is required to obtain information concerning my taxation status.
- › I am a national of the countries shown in section B1 of this form and I am not a national or a citizen of any other country.
- › I am resident for taxation in the countries shown in section C1 of this form and I am not resident for taxation elsewhere.
- › I will inform Utmost of any changes in circumstances which affect my tax residency status and that of any other individuals detailed in this form, or which causes the information to become incorrect, and to provide Utmost with a suitably updated self certification and declaration in the event of such a change of circumstances.
- › I understand that:
 - › Utmost may need to contact me for further details regarding tax information.
 - › Utmost may be required by law to transfer information provided by me to relevant tax authorities under automatic exchange of tax information regulations.
 - › If the details provided differ to the ones held on file, Utmost will use this form to update our records.
- › the information in this form and the statements made in this declaration are correct and complete, to the best of my knowledge and belief.

H2 IRISH RESIDENCY DECLARATION - APPLIES TO UTMOST PANEUROPE PRODUCTS ONLY

1 Is any Claimant resident or ordinarily resident in Ireland?	Yes	No
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If "Yes", supply details

Please note that Irish withholding tax will be applied to your payment.

If "No", please note that claimants resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration for the purpose of Section 730D Taxes Consolidation Act 1997, which is in a format authorised by them, in order to receive payments without deduction of Irish tax.

By signing this form, I declare that, if applicable:

- › I have read the explanation of the terms detailed in the 'Residence Definitions' in Section D;
- › I am a claimant in respect of which this declaration is being made;
- › I am not resident or ordinarily resident in Ireland; and
- › I undertake to inform Utmost PanEurope dac of any change in my country of residence prior to receipt of claim payment.

H3 IRISH RESIDENCY DECLARATION - APPLIES TO UTMOST PANEUROPE PRODUCTS ONLY

I the undersigned as a Claimant hereby:

- › authorise and request Utmost to pay the amount of Death Benefit to the Claimants named in Section B;
- › confirm that all the information contained in this document is true and correct and that they are entitled to the legal and/or beneficial interest in the Policy;
- › confirm that no assignment or notice affecting the beneficial interest has been made other than as stated in Section E;
- › confirm that there is no bankruptcy order against any Policyholder or claimant nor are they an undischarged bankrupt or deemed to be insolvent under any relevant insolvency legislation;
- › claim the amount due under the Policy and authorise the payment of the amount of the claim to the person or persons named in Section B at the address shown there understands that this payment will be carried out at the Claimant's own risk,
- › undertakes to indemnify Utmost against any claims or demands made by any other person, party or parties as a result of the payment of this claim;
- › agrees that payment of the amount claimed in accordance with the payment instructions given shall constitute a full discharge of the liability of Utmost.

SIGNATURE	Claimant/Authorised Signatory 1	Claimant Authorised Signatory 2 (if any)
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Print full name

Date

d	d	m	m	y	y	y	y
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d	d	m	m	y	y	y	y
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If the Policy has been assigned, pledged as security, or otherwise given to any person (e.g. irrevocable beneficiary, etc.) who could have a claim under the Policy prior to this nomination that person must sign below.

SIGNATURE

Capacity of signatory

- Assignee
- Pledgee/pledge creditor
- Irrevocable beneficiary
- Other

If "Other", please specify

Print full name

Date

d	d	m	m	y	y	y	y
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I CHECKLIST

Where a nomination has been noted and accepted by Utmost International payment of the death benefit will be made to the Beneficiary or their parent or legal guardian if the beneficiary is under the age of 18.

In the event that there are no surviving policyholders, or no nomination of beneficiaries form was completed, then we will require a copy of the IOM or UK Probate document, confirming who has been appointed by the high court to deal with estate.

Has the form been fully completed?

Has certified ID been submitted, this must be in the form of a Valid passport/ID card?

Has certified Proof of address been submitted, this must be in the form of a recent utility bill, Bank statement?

Have bank details been completed In Section 'E' and evidence of the bank account in the name of the Claimant been provided?

Has the form been signed and dated?

Has an up to date authorised signatory list been provided (for company bonds only)?

Has the original or certified copy of the Death Certificate been submitted?

Has "cause of death" been confirmed either via the death certificate or other means?

Has an official translation of the death certificate been submitted (if not issued in English)?

If the Policy has been assigned, has the original assignment/reassignment documentation been provided?

IMPORTANT NOTE - if any information is missing this could delay the settlement of this claim

Please ensure all documentation is certified in line with our requirements outlined in Section G.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

Utmost Wealth Solutions is a registered business name of Utmost International Isle of Man Limited Singapore Branch. Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909. Tel: +65 6216 7990 Fax: +65 6216 7999. Registered in Singapore Number T08FC7158E. 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 International Hong Kong Office: Unit 2402C, Great Eagle Centre, 23 Harbour Road, Wanchai, Hong Kong. Tel: +852 3552 5888 Fax: +852 3552 5889. Authorised by the Insurance Authority of Hong Kong to carry on long-term business.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 024916C. Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles. Licensed by the Isle of Man Financial Services Authority.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland.

Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

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

ULQ PR 07806 | 05/25