# NOMINATION FORM



# FOR ALL UTMOST PANEUROPE PRODUCTS

Not to be used for contracts subject to the laws of England and Wales, or Ireland.

Complete this form if you wish to nominate a beneficiary for your Utmost PanEurope policy if you are the policyholder and sole life assured.

Once completed, please sign and return this form to our Administration Centre at: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU.

When completing this form, please use BLOCK CAPITALS and blue or black ink only and complete all relevant sections.

Please do not use correction fluid; any amendments should be crossed out and initialled.

All references to 'Utmost PanEurope' in this form are references to Utmost PanEurope dac.

You are able to designate that in the event of your death, the benefits of the policy are payable to your chosen beneficiary or beneficiaries. Depending upon your country of residence, it may be usual to nominate beneficiaries generically such as 'my spouse', for example in Belgium; or by name, for example in Spain.

| Full name of Policyholder  |   |             |            |            |                |              |              |     |   |
|--|---|-------------|------------|------------|----------------|--------------|--------------|-----|---|
| Policy number<br>(if known)  |   |             |            |            |                |              |              |     |   |
| B BENEFICIARY(IES)   |   |             |            |            |                |              |              |     |   |
| If you nominate more than one p<br>permissible by local law. If you w<br>ensure the total is 100%. | erson, any benefits of the policy will be divided equally betw<br>ish to specify a percentage based division of the benefits, ple | een<br>ease | the<br>use | ben<br>who | efici<br>ole r | iarie<br>num | s if<br>bers | and | b |
| I nominate the following to recei  | ve the benefits of my policy in the event of my death:  |             |            |            |                |              |              |     |   |
| BENEFICIARY(IES)   |   | DA          | ΤE         | OF         | BIR            | тн           |              |     |   |
|  |   | d           | d          | m          | m              | У            | у            | У   | У |
|  |   | d           | d          | m          | m              | У            | У            | У   | У |
|  |   | d           | d          | m          | m              | У            | У            | У   | У |
|  |   | d           | d          | m          | m              | У            | У            | У   | У |
| Address of nominated beneficiary(ies)  |   |             |            |            |                |              |              |     |   |
|  |   |             |            |            |                |              |              |     |   |
| C SIGNATURE  |   |             |            |            |                |              |              |     |   |
| I declare that this nomination rev   | okes any nomination I have made previously.   |             |            |            |                |              |              |     |   |
| SIGNATURE  | Policyholder  |             |            |            |                |              |              |     |   |
|  |   |             |            |            |                |              |              |     |   |
| Date   | d d m m y y y y   |             |            |            |                |              |              |     |   |

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#### NOTES

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- 1. Verification of the identity of the beneficiary under a policy is required before the time of payout or before the time the beneficiary exercises a right vested under the policy.
- 2. We can only accept an original signed copy of the nomination form, not faxed or photocopied documents.
- 3. If a beneficiary dies before the policy becomes payable, then either the nomination will lapse or their share will pass to any remaining beneficiaries.
- 4. 'Spouse' means the spouse to whom you are married or in a civil partnership\* with (and not separated from) at the time the death benefit is payable.
- 5. We recommend that you obtain legal advice before making any nomination.
- \* as defined by the Civil Partnership Act 2004.

Important note: The product(s) named in this document and to which this document relates is accurate as at December 2021 and is subject to change.

To ensure applicability with respect to a product and, if applicable, a related policy, before taking any action, please liaise with your adviser and/or contact us directly.

## A WEALTH of DIFFERENCE

www.utmostinternational.com

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

Utmost PanEurope dac is regulated by the Central Bank of Ireland.

Registered No 311420. Administration Centre for correspondence: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles. Tel: +353(0)1 479 3900 Fax: +353(0)1 475 1020.

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

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

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