

SPECIMEN SIGNATURE FORM

Please ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

This form should be used for policies issued by Utmost Limited and Utmost PanEurope dac.

Complete this form using **blue or black 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.**

SIGNATURE This symbol highlights the signature sections within this form which need to be signed by the policyholder or witness.

IMPORTANT INFORMATION

In order to maintain our records, please provide a specimen of your signatures below, which should be witnessed by a Notary Public, a Commissioner for Oaths or a financial adviser who is regulated in the UK, or in such other jurisdictions as we may agree. If you require any additional information regarding a suitable witness, contact us on **+44 (0)1624 643 345**.

Please read this information carefully before completing this form

- › If you are using this form to coincide with a change of name, you must provide both your previous and new signature
- › If you are completing this as Executors of a Will, please complete the address as the current correspondence address for the bond and sign in the new signature boxes
- › If you have been asked to complete this form due to your signature appearing different to our records, complete the new signature box.

Both pages of this form can be photocopied and completed if there are more than two Policyholders, Trustees or Executors. Once complete, forward this form to our office with all other certified documents that have been requested (if applicable).

HOW WE USE YOUR INFORMATION

Details about how we use your information, your rights over this information and how you can exercise your rights can be found in the applicable Privacy Notice. We publish our Privacy Notice on our website at www.utmostinternational.com or you can ring us on **+44 (0)1624 643 345** and request a copy. All persons whose details are collected in this form should read the Privacy Notice to understand how the data provided about them will be used.

CHECKLIST

We want to process this form as quickly as possible, to help us do this please remember:

- › If you are sending any additional information or documentation, securely attach them to the back of the form
- › Ensure that the form has been signed by all relevant parties and both pages are returned.

Once complete, return this form and any supporting documents to:

Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.

OR

Utmost PanEurope dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions is a trading name used by a number of Utmost companies. Utmost Trustee Solutions is the trading name used by Utmost Trustee Solutions Limited. This item has been issued by Utmost Limited and Utmost PanEurope dac.

The following companies are registered in the Isle of Man: Utmost Limited (No 056473C), Utmost Administration Limited (No 109218C) and Utmost Trustee Solutions Limited (No 106739C) which are regulated or licensed by the Isle of Man Financial Services Authority. Utmost Services Limited (No 059248C) is an appointed representative of Utmost Limited. Each has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles. Utmost Limited is authorised in the UK by the Financial Conduct Authority (160418).

Utmost PanEurope dac (No 311420), trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.


Where required, all promotional material has been approved by Utmost Limited which is authorised in the UK by the Financial Conduct Authority.

AWI PR 0004/11.2021

A SPECIMEN SIGNATURE


1 Product provider

Utmost Limited
 Utmost PanEurope dac

Confirm the product provider for your policy. 

2 Policy number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Insert your policy number here. 

3 Name of Policyholder/
Executor/Trustee (1)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4 Name of Policyholder/
Executor/Trustee (2)

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5 Address

Postcode

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By signing this form I declare that the signature is my true signature which I intend to use on all documentation and correspondence in connection with this policy as of the date stated below.

	Policyholder/Trustee 1	Policyholder/Trustee 2	
6 Previous SIGNATURE	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	SIGNATURE
7 Date	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	
	Policyholder/Trustee/Executor 1	Policyholder/Trustee/Executor 2	
8 New SIGNATURE	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	SIGNATURE
9 Date	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	



All signatures must be witnessed by a Notary Public, a Commissioner for Oaths or a financial adviser who is regulated in the UK, or in such other jurisdictions as we may agree. If you require any additional information regarding a suitable witness, contact us on **+44 (0)1624 643 345**.

WITNESSED BY

1 Name	<input style="width: 100%; height: 25px;" type="text"/>
2 Address	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/>
Postcode	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>

I confirm that I have witnessed the signing of this document in my presence.

3 SIGNATURE	<input style="width: 100%; height: 40px;" type="text"/>	SIGNATURE
4 Date	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	
5 Position	<input style="width: 100%; height: 25px;" type="text"/>	
6 Notary Public, Commissioner for Oaths or Financial Adviser stamp	<input style="width: 100%; height: 150px;" type="text"/>	

If no company stamp is available, please provide company address.