

CHANGE OF CLIENT INFORMATION

UNITED KINGDOM

POLICYHOLDER(S)

Surname(s)	<input type="text"/>	First name(s)	<input type="text"/>
Surname(s)	<input type="text"/>	First name(s)	<input type="text"/>
Policy number(s)	<input type="text"/>		

GENERAL INFORMATION

Title	<input type="text"/>
Surname(s)	<input type="text"/>
First name(s)	<input type="text"/>
Gender	<input type="text"/>
Marital status	<input type="text"/>
Birth date	<input type="text"/>
Country of birth	<input type="text"/>
Principal nationality	<input type="text"/>
Language	<input type="text"/>
Passport/ID expiration date	<input type="text"/>
Passport/ID number	<input type="text"/>
Passport/ID type	<input type="text"/>
Passport/ID issue country	<input type="text"/>
Passport/ID issue institution type	<input type="text"/>
Passport/ID issue date	<input type="text"/>
Passport/ID issue town	<input type="text"/>

REGISTERED CONTACT(S)

List all contacts registered

LEGAL ADDRESS

House name

Apartment number

Street

Street number

City

Postcode

County

Area

Country

AUTOMATIC EXCHANGE OF INFORMATION CERTIFICATION

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

TAX COUNTRIES (PLEASE AVOID ANY ABBREVIATION)	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	REASON IF TIN UNAVAILABLE (A, B OR C)*	EXPLANATION IF TIN UNAVAILABLE (REASON B ONLY)

For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

CORRESPONDENCE ADDRESS(ES)

Sending Address 1

Policy(ies)	<input type="text"/>
c/o	<input type="text"/>
House name	<input type="text"/>
Apartment number	<input type="text"/>
Street	<input type="text"/>
Street number	<input type="text"/>
City	<input type="text"/>
Postcode	<input type="text"/>
County	<input type="text"/>
Area	<input type="text"/>
Country	<input type="text"/>

Utmost Luxembourg S.A. reserves the right to contact the Policyholder(s) directly at the latest known/registered residential address. Utmost Luxembourg S.A. shall be entitled, but not obliged, to contact the Policyholder(s) at any other address at which, in Utmost Luxembourg S.A.'s judgement, the information may reach him/her/them, using for that purpose the means of communication which Utmost Luxembourg S.A. deems most appropriate (e.g. telephone, fax or electronic communications). Where there is more than one Policyholder, it is sufficient for any communication to be given to one of them, the Policyholders granting each other a mandate. Where Utmost Luxembourg S.A. is obliged to obtain information from the Policyholder(s) in order to comply with any local or foreign law or regulation, including tax reporting, the Policyholder(s) agree(s) to provide the required information, including any tax information and/or financial information.

By signing below, I confirm that all information provided above truly, accurately and completely reflects an instruction given by the Policyholder(s). Further, I undertake to inform the Insurer without delay, if circumstances relating to information change or the given instruction is modified by the Policyholder(s).

Policyholder 1

SIGNATURE

Date

Place

Policyholder 2

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

A WEALTH *of* DIFFERENCE

www.utmostinternational.com
Utmost Luxembourg S.A. is registered with R.C.S. under number B37604 and regulated by the Commissariat aux Assurances (CAA)
Registered office address: 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg
Utmost Wealth Solutions is registered in Luxembourg as a business name of Utmost Luxembourg S.A.