

APEX (FRANCE) LOST POLICY DECLARATION FORM

HOW TO COMPLETE THIS FORM

This form should be completed 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 that need to be signed by the Policyholders or Insurance Intermediary.

HOW WE USE YOUR INFORMATION

Our Privacy Notice explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy at www.utmostinternational.com/privacy-statements/ or you can request a copy from our Customer Operations team.

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Once complete return this form and any supporting documents to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, Ireland C15 CCW8.**

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at: **ccfrontoffice@utmost.ie**

We will act upon on all requests received by email, however, requests will not be finalised until the following (as applicable) have been received by us at the postal address outlined above:

- › Original forms or Written Requests containing a wet ink signature (only required if a valid digital signature has not been used)
- › All necessary supporting documentation (i.e. true certified copies as applicable).

For more information about what we can accept by email submission, please contact us on **00 353 46 9099 700.**

IMPORTANT INFORMATION

A Policy Schedule should not be considered lost until all possible enquiries and searches have been made. For example, asking additional Policyholders, your Insurance Intermediary, bank or financial institution.

If your Policy was issued more than 6 months ago, the declaration form will need to be signed by all Policyholders / Beneficiaries / authorised signatories or any other parties with a notice of interest on the Policy.

NON RECEIPT

If your Policy was issued less than 6 months ago and the Policy Schedule was never received, your Insurance Intermediary can sign this Lost Policy Declaration and return it to us.

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions is a brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

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

Utmost PanEurope dac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEurope dac is authorised for the pursuit of the life insurance business in France on a freedom to provide services basis, and is duly registered for such purposes with the French Prudential Control and Resolution Authority (Autorité de Contrôle Prudentiel et de Résolution or 'ACPR') under the number 228159.

UPE WS PR 00109/06.09.2021

A POLICY DETAILS

1	Policy number	<input type="text"/>
2	Full name of the Policyholder	<input type="text"/>
3	Correspondence address (in full)	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
	Postcode	<input type="text"/>
4	Telephone number (including international dialling code)	<input type="text"/>
5	Email address	<input type="text"/>
6	Tick if you have never received a Policy Schedule	<input type="checkbox"/>

B DECLARATION

By submitting this form, the Policyholder confirms that:

- › all information within this form is, to the best of the Policyholder's knowledge and belief, accurate and correct
- › the Policy Schedule cannot be located and I believe it has been lost or destroyed (only applicable if section A6 has not be ticked)
- › the Policyholder has not received the original Policy documentation and that the Policyholder has no knowledge of its whereabouts (if section A6 has been ticked)
- › the Policyholder requests a duplicate Policy Schedule to be sent to the Policyholder at the address above Yes ☐ No ☐
- › the Policyholder undertakes to forward the original Policy Schedule if it is found, to Utmost PanEurope dac
- › the Policyholder agrees to meet and pay on demand to Utmost PanEurope dac any claim, costs, loss, damage, expense or demands suffered by Utmost PanEurope dac in consequence of:
 - issuing a duplicate Policy Schedule or Statement of Benefits in substitution of the original Policy document, and/or
 - making a payment to the Policyholder under the Policy without production of the original Policy document to Utmost PanEurope dac.

C SIGNATURES

Link to the Policy
(i.e. Policyholder,
Beneficiary)

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SIGNATURE

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SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y	d	d	m	m	y	y	y	y
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Link to the Policy
(i.e. Policyholder,
Beneficiary)

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SIGNATURE

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SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y	d	d	m	m	y	y	y	y
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Insurance Intermediary

SIGNATURE

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SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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