

BEREAVEMENT CLAIM FORM

FOR LIFE ASSURANCE BONDS

If you are completing a hard copy of this form, please use **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**.

All sections must be fully completed. In this form words in the singular shall include the plural and vice versa.

CHECKLIST

We want to process your claim as quickly as possible. To help us do this, upon completion of this form we will require the following:

- › All identity and address verification, along with any additional information or documentation, should be securely attached to this form. Refer to our **Anti-Money Laundering and Source of Wealth Pack** for details of our identity and address verification requirements
- › The form must be duly signed by the Personal Representatives/Policyholder/Trustees, as applicable
- › Personal Representatives will also need to complete a **Specimen Signature Form**.

For further information, contact our Customer Support team.

WHAT TO DO WHEN YOU'VE COMPLETED THIS FORM

Return the completed form to:

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

OR

Utmost PanEurope dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland. (For Utmost PanEurope dac policies)

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned can be emailed to us at: **servicing@utmostwealth.com** (for Utmost Limited policies) or **info@utmostwealthsolutions.ie** (for Utmost PanEurope dac policies).

We will act on all requests received by email, however, requests will not be finalised until the following documents (as applicable) have been received by Utmost Limited and Utmost PanEurope dac at the above postal address:

- › Original forms 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).

IMPORTANT NOTES

This form is to be used for Life Assurance bonds **only** where the sole/last life assured has passed away. Once the sole/last life assured passes away, the bond must cease and this form must be completed by the Personal Representatives/Trustees and/or Authorised Signatories to confirm where the proceeds of the bond are to be paid to. If the bond is written on a Capital Redemption basis, please complete and return our **Withdrawal and Surrender Form** instead of completing this document.

Throughout this form 'the Company' refers to Utmost Limited or Utmost PanEurope dac, as applicable depending on the bond provider.

Should you require any assistance or further information, contact our Customer Support team on **+44 (0)1624 643 345** or by email at **customersupport@utmostwealth.com** (for Utmost Limited policies) or **0845 602 9281** or by email at **info@utmostwealthsolutions.ie** (for Utmost PanEurope dac policies).

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.

UWS PR 0182/01.02.2022

A POLICY DETAILS **MANDATORY**

Policy number

On the life of

Provide the full name of the life assured that has passed away.

PERSONAL REPRESENTATIVE/POLICYHOLDER/TRUSTEE DETAILS

| | Personal Representative/ Policyholder/Trustee 1 | Personal Representative/ Policyholder/Trustee 2 |
|--|---|---|
| 1 Title (Mr, Mrs, Miss or Other) | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| 2 Surname | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| 3 Maiden name or any previous names (if applicable) | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| 4 Forenames (in full) | <input style="width: 100%; height: 25px;" type="text"/> | <input style="width: 100%; height: 25px;" type="text"/> |
| 5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable) | <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> | <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"/> <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"/> |
| 6 Correspondence address (PO Boxes and 'care of' addresses are not acceptable) | <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> | <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"/> <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"/> |

If there are more than 2 Personal Representatives/Policyholders/Trustees, photocopy this page and attach securely to this form.

B PAYMENT OPTIONS **MANDATORY**

PAYMENT TYPE

We prefer electronic payment methods for speed and security. However, if you require a payment to be made by cheque, you must confirm this in a covering letter and include the payee name and address.

Payments sent by BACS take 3 to 5 working days to clear in your account after the payment has been sent and there is currently no charge for this payment method.

For any payments sent by CHAPS or Telegraphic Transfer we will take a payment charge (in addition to any charges that may accrue with your correspondent bank). Contact our Customer Support team for the current charge amount.

Payment should be made direct to my bank or financial institution account by:

BACS (£ UK Only) Telegraphic Transfer (non-sterling payments and payments overseas)

CHAPS (£ UK Only)

BANK/BUILDING SOCIETY DETAILS

| | | |
|---|---|---|
| 1 | Name of account holder | <input style="width: 100%; height: 20px;" type="text"/> |
| 2 | Account number <small>(for BACS payments this must be 8 digits)</small> | <input style="width: 100%; height: 20px;" type="text"/> |
| 3 | Bank sort code | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>(must be 6 digits)</small> |
| 4 | Building Society roll number <small>(if applicable)</small> | <input style="width: 100%; height: 20px;" type="text"/> |
| 5 | Bank BIC/Swift code <small>(required for all banks outside the UK)</small> | <input style="width: 100%; height: 20px;" type="text"/> |
| 6 | IBAN <small>(required for all bank accounts in the EU)</small> | <input style="width: 100%; height: 20px;" type="text"/> |
| 7 | Bank/Building Society name | <input style="width: 100%; height: 20px;" type="text"/> |
| 8 | 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"/> |
| | Postcode | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

Further customer due diligence may be required for foreign payments.

If an IBAN is not supplied for an EU bank account, due to EU regulations we will be unable to process your payment.

PRIVACY STATEMENT

Our Privacy Statement 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 on our website www.utmostinternational.com/privacy-statement or you can contact our Customer Support team on **+44 (0)1624 643 345** for Utmost Limited or **0845 602 9281** for Utmost PanEurope dac.

C DECLARATION OF RESIDENCE OUTSIDE OF IRELAND

OPTIONAL

This must be completed by policyholders resident outside of Ireland who own an Utmost PanEurope dac bond.

Each policyholder must read the definitions below and complete the declaration.

RESIDENCE - INDIVIDUAL

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

- 1) spend 183 days or more in the State in that tax year; or
- 2) have 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 2004 and departs from the State in that year will remain ordinarily resident up to the end of the tax year in 2007.

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 will apply until 31 December 2020.

Policyholders resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration for the purpose of Section 730 D(2) Taxes Consolidation Act 1997, which is in a format authorised by them, in order to receive payments without deduction of Irish tax.

I/we* declare that;

- › I/we* have read the explanation of the terms detailed in the 'Residence Definitions' above;
- › I am/we are/the company is* the policyholder in respect of which this declaration is being made;
- › I am/we are/the company is* not resident or ordinarily resident in Ireland.

*Delete as appropriate. 

D DECLARATION **MANDATORY**

- › I/We hereby request that the Company make a bereavement claim payment due under the above named contract as directed in accordance with this form, Policy Provisions and Fund Rules, at my/our own risk and in full and final settlement
- › I/We understand that the payment shall discharge all liabilities and claims under all policies within the contract
- › I/We hereby certify that I am/we are entitled to receive the payment and I am/we are not aware of any other person(s) who may have any rights to the proceeds of the policies
- › I/We acknowledge that the Company may disclose any of the information provided in this form to the relevant tax, government, regulatory and police authorities where it is under a legal obligation to do so.

| | Personal Representative/ Policyholder/Trustee 1 | Personal Representative/ Policyholder/Trustee 2 | | | | | | | | | | | | | | | | |
|------------------|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| SIGNATURE | <div style="border: 1px solid black; height: 40px;"></div> | <div style="border: 1px solid black; height: 40px;"></div> | | | | | | | | | | | | | | | | |
| Print full name | <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> | | | | | | | | | | | | | | | | |
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| d | d | m | m | y | y | y | y | | | | | | | | | | | |
| d | d | m | m | y | y | y | y | | | | | | | | | | | |

SIGNATURE

If there are more than two signatures required, photocopy this page and attach securely.