

# PRIVATE CLIENT PORTFOLIO

## GIBRALTAR

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Luxembourg S.A.

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

Policy Number

### BENEFICIARY NOMINATION FORM

#### BENEFICIARIES IN THE EVENT OF SURVIVAL

To be completed only if you have opted for a Mixed Policy, which provides both death and survival coverage.

#### PRIMARY BENEFICIARIES

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

%
---

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

 %

100%

**SECONDARY BENEFICIARIES** (in the event that all of the Primary Beneficiaries are deceased)

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

 %

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

 %

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address  
Street/N°

City/County  Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address  
Street/N°

City/County  Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**TERTIARY BENEFICIARIES** (in the event that all of the Secondary Beneficiaries are deceased)

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address  
Street/N°

City/County  Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address  
Street/N°

City/County  Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address  
Street/N°

City/County  Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

100%

**BENEFICIARIES IN THE EVENT OF DEATH**

**PRIMARY BENEFICIARIES**

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address  
Street/N°

City/County  Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address  
Street/N°

City/County  Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

100%

SECONDARY BENEFICIARIES (in the event that all of the Primary Beneficiaries are deceased)

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

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City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

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Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

100%

TERTIARY BENEFICIARIES (in the event that all of the Secondary Beneficiaries are deceased)

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address  
Street/N°

City/County  Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address  
Street/N°

City/County  Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**  Mr  Mrs  Other

Surname(s)  First name(s)

Date of birth         Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

**Beneficiary**

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

100%

**IMPORTANT:**

Unless otherwise agreed, the Beneficiaries in each category are entitled to the Policy Proceeds in equal shares. The Beneficiaries are entitled to the Policy Proceeds by category and in the following order: Primary, Secondary, Tertiary.

If, at the moment of payment of the Policy Proceeds, one or more Beneficiaries in the entitled category are deceased, the remaining Beneficiaries in the same category will be entitled to receive the Policy Proceeds in equal shares.

If, at the moment of payment of the Policy Proceeds, no Beneficiaries remain in a particular category then the Beneficiaries in the next category will be entitled to the Policy Proceeds in equal shares.

If no Beneficiaries are nominated or, for whatever reason, none remain then the Policy Proceeds will be payable to the Policyholder or, if more than one, the Policyholders in equal shares.

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IRREVOCABLE NOMINATION (Optional)

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I/We,

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

(name and surname of each Policyholder)

confirm that the nomination of the Beneficiaries identified above shall be irrevocable.

I/We agree that by nominating the above Beneficiaries irrevocably, I/we waive my/our right to change the Beneficiaries, to carry out withdrawals, Regular Withdrawals or a surrender of the Policy and to assign or otherwise charge the Policy.

**Policyholder 1**

**SIGNATURE**

Date

Place

**Policyholder 2**

**SIGNATURE**

Date

Place

**Policyholder 3**

**SIGNATURE**

Date

Place

**Policyholder 4**

**SIGNATURE**

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Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place

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A WEALTH *of* DIFFERENCE

[www.utmostinternational.com](http://www.utmostinternational.com)

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Utmost Wealth Solutions is registered in Luxembourg as a business name of Utmost Luxembourg S.A.