

DECLARATION OF LOSS OF PLAN SCHEDULE

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

HOW WE USE YOUR INFORMATION

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 at www.utmostinternational.com/privacy-statements or you can request a copy from our Client Relations Team.

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Return the completed form, by post, to Utmost PanEurope dac.

Utmost PanEurope dac, 16 Joyce Way, Park West Business Park, Dublin 12, Ireland.

A BOND DETAILS

Contract Type
(tick one box only)

Investment Bond

Inheritance Plan

Complete Investment Portfolio

Universal Capital Account

Guaranteed With Profit Bond

Flexible Investment Plan

International With Profit Investment Bond

Portfolio Bond

International With Profit Redemption Bond

Dublin With Profit Redemption Bond

Plan Number

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

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

Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

UIC PR 00158 | 07/22

B OWNERS OF THE BOND - PERSONAL INVESTORS ONLY

	Owner 1	Owner 2 (if any)
Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames (in full)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Address (for correspondence)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

If there is an additional owner of the bond, please copy section B, complete the corresponding details for the additional owner and attach the completed page to this Declaration of Loss of Plan Schedule.

	Owner 3 (if any)	Owner 4 (if any)
Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames (in full)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Address (for correspondence)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

If there is an additional owner of the bond, please copy section B, complete the corresponding details for the additional owner and attach the completed page to this Declaration of Loss of Plan Schedule.

C OWNERS OF THE BOND - TRUSTEE / CORPORATE INVESTORS ONLY

Name of Trust/Corporate Body

Address (for correspondence)

Postcode -

Please complete the details below for all of the Trustees / Authorised Signatories who are authorised to give instructions relating to this bond.

	Trustee/Authorised Signatory 1	Trustee/ Authorised Signatory 2 (if any)
Name	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Trustee/ Authorised Signatory 3 (if any)	Trustee/ Authorised Signatory 4 (if any)
Name	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

If there is an additional trustee / authorised signatory of the bond, please copy Section 3, complete the corresponding details for the additional trustee / authorised signatory and attach the completed page to this Declaration of Loss of Plan Schedule.

D DECLARATION

I declare that:

- › The Plan Schedule is lost
- › I am the legal owner of the bond and I am legally entitled to the proceeds of the above bond
- › The bond has not been assigned, pledged as security or given to any person who could have any claim upon it
- › I will return the Plan Schedule to Utmost PanEurope dac if this is found
- › I will indemnify Utmost PanEurope dac against any claim and any loss or expense which it may occur in consequence of the above not being true and/or payment of the proceeds being made without the Plan Schedule being returned to Utmost PanEurope dac.

	Signature of Owner / Trustee / Authorised Signatory 1	Signature of Owner / Trustee / Authorised Signatory 2 (if any)
SIGNATURE	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Signature of Owner / Trustee / Authorised Signatory 3 (if any)	Signature of Owner / Trustee / Authorised Signatory 4 (if any)
SIGNATURE	<input type="text"/>	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If there are additional owners / trustees / authorised signatories of the bond, please copy this page, complete the corresponding details for each additional owner / trustee / authorised signatory and attach the completed page to this Declaration of Loss of Plan Schedule.