



CLIENT INFORMATION AND CHANGE OF DETAILS FORM

The Offshore Collective Investment Bond is provided by Alpha International Life Assurance Company (Guernsey) Limited and administered by Utmost Administration Limited.

IMPORTANT INFORMATION

Please use this form if you are an existing Alpha International Life Assurance Company (Guernsey) Limited customer to notify us if you have changed:

- Your name and/or specimen signature (e.g. if you have married since taking out your policy).
- Your address (Note: if you have moved country you will need to provide updated tax information).
- Your email address.
- Your telephone number.

This is a generic form, which refers to Policy and Policyholder. Your policy terms and conditions may refer to Account/Account Holder, Plan/Planholder, Policy/Policyholder or Bond/Bondholder; the terms are interchangeable and have the same definition.

Where there are more than two policyholders, you will need to complete an additional form and append it to this one when sending it to us.

Our preference is to receive documentation scanned and emailed. Please return the completed form(s) and supporting suitably certified documentation to:

IOMservicing@utmostinternational.com

If you are unable to send documentation electronically, it can be posted to Utmost Administration Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

If you have any queries, please contact us on +44 (0)1624 655 555

SUPPORTING DOCUMENTATION

As well as this form, we may require relevant supporting documentation to verify the change. Failure to provide supporting documentation may result in a delay in processing.

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. Alpha International (Guernsey) Limited are the data controller who determine the purposes and means of the processing of your personal data. Utmost Administration Limited act as a data processor on behalf of Alpha International (Guernsey) Limited.

To view the privacy policy of Alpha International (Guernsey) Limited please visit <https://alphaintlife.com/privacy-policy.html>. To view the privacy policy of Utmost Administration Limited please visit www.utmostinternational.com/privacy-statements/. You can request a copy from our Customer Support Team.

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
2	A — Policyholder Details	Mandatory	
2	B — Change of Name/Specimen Signature	Only where changed	
3	C — Confirmation of Address	Mandatory	
4	D — Confirmation of Email Address	Mandatory	
4	E — Confirmation of Telephone Number	Mandatory	
5	F — Declaration	Mandatory	

A - POLICYHOLDER DETAILS (MANDATORY)

If you have changed your name please complete section B

	First Policyholder	Second Policyholder (if applicable)
Policy Number	<input type="text"/>	<input type="text"/>
Full Name	<div>First Policyholder</div> <input type="text"/>	<div>Second Policyholder (if applicable)</div> <input type="text"/>
Date of birth	<div> <div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<div> <div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>
Nationality	<input type="text"/>	<input type="text"/>
Do you hold dual nationality?	<div>Yes</div> <div>No</div>	<div>Yes</div> <div>No</div>
If so, please state second nationality here	<input type="text"/>	<input type="text"/>
Occupation/Role	<input type="text"/>	<input type="text"/>
Employer	<input type="text"/>	<input type="text"/>
Industry	<input type="text"/>	<input type="text"/>
Do you believe you are a Politically Exposed Person?	<div>Yes</div> <div>No</div>	<div>Yes</div> <div>No</div>

A Politically Exposed (PEP) is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities, for example: a head of state, a holder of a senior political or government post, a senior member of the judiciary or the military, a senior employee of a state owned corporation, or a board member of a central bank. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

B - CHANGE OF NAME/SPECIMEN SIGNATURE (OPTIONAL)

Only complete this section if you have changed your name

	First Policyholder	Second Policyholder (if applicable)
Title	<input type="text"/>	<input type="text"/>
Forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>

Alias/Other name(s)	<input type="text"/>	<input type="text"/>
Previous Name(s)	<input type="text"/>	<input type="text"/>
Reason for change	<input type="text"/>	<input type="text"/>

	Specimen Signature	Specimen Signature
Previous signature	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
New signature	<input type="text"/>	<input type="text"/>

Date of change	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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If you have changed your name, you must supply an original or certified copy of the document proving the change (e.g. marriage certificate, deed poll, statutory declaration).

Where a certified copy is needed please refer to our [Offshore Collective Investment Bond - Summary of Requirements](#) on how documents should be certified.

Correctly certified scanned versions of Proof of Identification and Proof of Address are acceptable for our records. We reserve the right to conduct follow-up security checks as required.

C - CONFIRMATION OF ADDRESS (MANDATORY)

	First Policyholder	Second Policyholder (if applicable)
Residential Address	<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"/>
Postcode	<input type="text"/>	Postcode <input type="text"/>

Correspondence Address	Same as residential address	Same as residential address
	<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"/>
Postcode	<input type="text"/>	Postcode <input type="text"/>

Date of change	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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If you have changed address, an original or certified copy of proof of your new address, dated within 6 months, is required.

Where a copy is needed please refer to our [Offshore Collective Investment Bond - Summary of Requirements](#) on how documents should be certified.

Correctly certified scanned versions of Proof of Identification and Proof of Address are acceptable for our records. We reserve the right to conduct follow-up security checks as required.

TAX DECLARATION

You must complete this section if you have moved country.

Where a Policyholder has moved jurisdiction we are required to request updated tax-related information. This section incorporates the requirements of:

1. The US Foreign Account Tax Compliance Act ("FATCA")
2. The Standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard ("CRS")

If you have any questions on how to complete this section we recommend that you speak to your tax, legal or financial advisor.

	First Policyholder	Second Policyholder (if applicable)
Country of tax residence	<input type="text"/>	<input type="text"/>
Taxpayer Identification Number (TIN)	<input type="text"/>	<input type="text"/>
2nd Country of tax residence (if applicable)	<input type="text"/>	<input type="text"/>
2nd TIN	<input type="text"/>	<input type="text"/>
3rd Country of Tax Residence (if applicable)	<input type="text"/>	<input type="text"/>
3rd TIN	<input type="text"/>	<input type="text"/>
Please provide an explanation if you do not have a TIN	<input type="text"/>	<input type="text"/>
Is the Policyholder a US Citizen or US Tax Resident?	Yes No	Yes No
If yes, please provide US TIN	<input type="text"/>	<input type="text"/>

D - CONFIRMATION OF EMAIL ADDRESS (MANDATORY)

	First Policyholder	Second Policyholder (if applicable)
Email address	<input type="text"/>	<input type="text"/>

E - CONFIRMATION OF TELEPHONE NUMBER (MANDATORY)

Please include country code

	First Policyholder	Second Policyholder (if applicable)
Home	<input type="text"/>	<input type="text"/>
Work	<input type="text"/>	<input type="text"/>
Mobile/Cell	<input type="text"/>	<input type="text"/>

Declaration

By signing below, I confirm I have been informed about the [Alpha International \(Guernsey\) Limited](#) and [Utmost Administration Limited privacy notices](#), and where to find them.

By signing below, I declare that this form has been completed to the best of my knowledge and belief and that I authorise you to make the changes requested.

I acknowledge that relevant information contained in this Declaration will be shared with any tax authorities as required under various exchange agreements, including FATCA and CRS.

I acknowledge my obligation to keep you informed of any changes to my personal details, tax residency or PEP status.

First Policyholder

Second Policyholder (if applicable)

Signature

Full name

Date of change

D

D

M

M

Y

Y

Y

Y

D

D

M

M

Y

Y

Y

Y



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

The Offshore Collective Investment Bond is issued by Alpha International Life Assurance Company (Guernsey) Limited.

The Company is regulated by The Guernsey Financial Services Commission and is licensed to carry on long term business under the Insurance Business (Bailiwick of Guernsey) Law 2002. Registered office: Albert House, South Esplanade, St Peter Port, Guernsey, GY1 1AW, Channel Islands. Registered No. 2424.

The Offshore Collective Investment Bond is administered by Utmost Administration Limited, registered in the Isle of Man under number 109218C and licensed by the Isle of Man Financial Services Authority. Utmost Administration Limited is part of the Utmost Group.

Administration Centre for correspondence: Utmost Wealth Solutions, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Phone: +44 (0)1624 655 555 Fax: +44 (0)1624 611 715.

Alpha International Life Assurance Company (Guernsey) Limited is not part of the Utmost Group.

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