

# PRIVATE WEALTH PORTFOLIO

# CHANGE OF NAME AND/OR ADDRESS FORM

## IMPORTANT NOTES

### HOW TO COMPLETE THIS FORM

Using **blue or black ink** and **BLOCK CAPITALS**, ensure all relevant sections are fully completed. 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.**

This form must be completed by each Policyholder<sup>1</sup> when they change their address. The Policyholder should complete this form in full and return the original form to Utmost PanEurope dac ('Utmost PanEurope') by post.

We will correspond with you using the new correspondence address, unless otherwise indicated.

Where the new residential address is in another jurisdiction you will be required to complete the **Portability Request form** as a replacement for this **Change of Address form** together with the **International Tax Compliance Self-Certification form**.

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

Changes of address and/or name requests made via Email, Fax or Telephone will not be accepted.

### 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/](http://www.utmostinternational.com/privacy-statements/) or you can request a copy from our Customer Service team.

## A POLICYHOLDER DETAILS

MANDATORY

Policy number

Full name of policyholder

What do you want to change? Change of name  Change of address

## B NAME DETAILS

OPTIONAL

New name (forename and surname)<sup>2</sup>

Date of change

<sup>1</sup> This form can also be used by a Life Assured when required.

<sup>2</sup> Please provide an original or true certified copy of an accepted and valid identification document.

## 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 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.

**C ADDRESS DETAILS**

**OPTIONAL**

Utmost PanEurope adheres to strict confidentiality procedures when we communicate with Policyholders. For security purposes, Utmost PanEurope will regard the correspondence address details you provide as your authorised contact details, and it is therefore important that they are accurate and that you let Utmost PanEurope know if any of these details change.

1 Which address do you want to change? Residential address  Correspondence address

2 New residential address<sup>3</sup>


Postcode

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3 New correspondence address

Same as new residential address

OR

different to the above residential address (please specify below)


Postcode

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4 Country/Countries of Tax Residency


5 New telephone number (including international dialling code)

Home	
Work	
Mobile	

6 Date of change

d	d	m	m	y	y	y	y
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7 Email Address

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**D SIGNATURES**

**MANDATORY**

	Policyholder 1	Policyholder 2 (if any)																	
<b>SIGNATURE</b>			<b>SIGNATURE</b>																
Print full name																			
Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;">d</td> <td style="width: 25px; height: 20px;">d</td> <td style="width: 25px; height: 20px;">m</td> <td style="width: 25px; height: 20px;">m</td> <td style="width: 25px; height: 20px;">y</td> <td style="width: 25px; height: 20px;">y</td> <td style="width: 25px; height: 20px;">y</td> <td style="width: 25px; height: 20px;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;">d</td> <td style="width: 25px; height: 20px;">d</td> <td style="width: 25px; height: 20px;">m</td> <td style="width: 25px; height: 20px;">m</td> <td style="width: 25px; height: 20px;">y</td> <td style="width: 25px; height: 20px;">y</td> <td style="width: 25px; height: 20px;">y</td> <td style="width: 25px; height: 20px;">y</td> </tr> </table>	d	d	m	m	y	y	y	y	
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<sup>3</sup> Please provide an original or true certified copy of an accepted document as proof of address in each Policyholder's name that is dated within the last 6 months. For joint Policyholders, a separate proof of address document must be provided for each Policyholder. Ensure any evidence to support this request is submitted along with this form.