

CLAIM FOR DEATH BENEFIT



Please complete this form in BLOCK CAPITALS and return the original by post to Utmost Worldwide Limited.

Please return with the original Plan documents and acceptable documentary proof of the death of the relevant life assured.

Death benefits will only be paid in accordance with the Terms and Conditions of the Plan. All payments will be subject to satisfactory proof of identity and current residential address for all claimants.

Please note that further documentation may be required. We will advise you accordingly while processing your claim.

Each beneficiary will receive the relevant proportion of the death benefit as specified within the Plan.

Please submit additional signed form(s) if more than two claimants.

IF YOU NEED ASSISTANCE

Your intermediary will be able to provide further information and assistance with completing this form. Alternatively, you may contact our Customer Service team as follows:

Singapore

+65 6672 9152

SingaporeRO@utmostworldwide.com

Rest of World

+44 203 868 5300

UWCustomerService@utmostworldwide.com

A PLANHOLDER DETAILS

Plan Number:

Planholder(s):

Relevant Life Assured:

Claimant Name(s) & Address(es):

Capacity in which the claim is being submitted:

as Planholder(s)	<input type="checkbox"/>	as Nominated Beneficiary(ies)	<input type="checkbox"/>
as Assignees(s)	<input type="checkbox"/>	as Trustees of the trust holding the Plan	<input type="checkbox"/>
as Administrator(s)/Executor(s) of the estate of the Planholder	<input type="checkbox"/>		
as Parent or / Legal Guardian of Nominated Beneficiary(ies)	<input type="checkbox"/>		

Declaration

I/We the undersigned hereby declare that the death benefit payable is the total amount rightly and legally due to me/us in respect of the above-mentioned Plan. We further consent and agree that the payment to me/us or to my/our legal representative will be in full discharge of all liability to me/us under the said Plan which has been delivered up to Utmost Worldwide Limited and will be cancelled accordingly. Alternatively, where the Plan cannot be delivered up, I/We have separately declared the plan schedule as being lost/destroyed and we hereby indemnify Utmost Worldwide Limited from all future claims in respect of the Plan. I/We request that the said amount be paid to me/us as indicated in section B below.

B PAYMENT DETAILS - PLEASE COMPLETE AS APPLICABLE

Please indicate as appropriate:

paid by bank transfer (less bank charges)

transfer proceeds to another plan in my name, number

Utmost Worldwide Limited will not authorise third-party payments, and will only make payment to a bank account in the name of the claimant(s).

Payment will be made by electronic transfer, the cost of which will be deducted from the amount payable. If there are any special instructions, please provide details on a separate sheet signed by all claimants and attach to this form.

We strongly recommend that you obtain FULL payment routing details from your Bank when completing this section.

Payment to be made to the following bank account:

Bank Name:

Bank Address:

Account Holder Name:

Account No.:

IBAN CLABE:

Sort Code Swift Code BIC ABA:

Correspondent bank details (if known):

Bank Name:

Bank Address:

Account No.:

IBAN CLABE:

Sort Code Swift Code BIC ABA:

B PAYMENT DETAILS - PLEASE COMPLETE AS APPLICABLE (CONTINUED)

Local Rules, Laws and Regulations

All transactions related to the Plan are subject to any rules, laws and regulations applicable to Utmost Worldwide in your jurisdiction of tax residence; inclusive of tax deductions and reporting. **We recommend that you obtain independent tax advice before submitting a claim for death benefit.**

	First Claimant:	Second Claimant:
SIGNATURE	<input type="text"/>	<input type="text"/>
Date:	<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"/>

Utmost Worldwide Limited will provide details of the death benefit payable. Confirmation of the payment amount and release date will also be included.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost Worldwide Limited, Singapore Branch, is registered in Singapore as a foreign company (UEN T10FC0110K). Registered address 6 Battery Road, #16- 02, Singapore 049909.

Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Utmost Worldwide Limited is incorporated in Guernsey, registered number 27151. Registered Office address: Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR.

It is authorised and regulated by the Guernsey Financial Services Commission to conduct long term business and general business. Utmost Worldwide Limited also holds a permit issued by the Jersey Financial Services Commission to conduct long term business in Jersey.

Websites may refer to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.

Utmost Wealth Solutions is a trading name used by Utmost Worldwide Limited.

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