

BENEFIT CRYSTALLISATION EVENTS DECLARATION REQUIRED BY SECTION 787R(4), TCA, 1997

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

IMPORTANT NOTES

HOW TO COMPLETE THIS FORM

This form should be completed 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.**

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

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

If you are unable to send documentation electronically, it can be posted to Utmost PanEurope dac, Bishop's Square, Redmond's Hill, Dublin 2, Ireland.

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.

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.

A SCHEME DETAILS

Scheme Name	<input type="text"/>
Scheme Number	<input type="text"/>
Policy Member	<input type="text"/>
Policy Number	<input type="text"/>

B DECLARATION

 This Declaration should be completed and given to the Administrator of your pension arrangement prior to the payment of any benefits from that arrangement.

If you have a Personal Fund Threshold Certificate, issued by Revenue, enclose a copy with your completed Declaration. Where your PFT includes a defined benefit arrangement, state the valuation factor used.

Information in relation to payment of the State pension from the Department of Social & Family Affairs is not required.

This Declaration should be completed in respect of benefits arising **on or after 7 December 2005**.

UTMOST PANEUROPE DAC
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(tick one box)

- 1 Did you become entitled, on or after 7 December 2005, to any pension, lump sum or any other pension related benefit? Yes No
- 2 Prior to, or on, the date of receiving benefits from this pension arrangement, do you expect to become entitled to any pension, lump sum or any other pension related benefit from another pension arrangement? Yes No
- 3 Have you directed, on or after **7 December 2005**, or do you intend to direct prior to the date of receiving benefits from this pension arrangement, that a payment or transfer be made to an overseas pension arrangement? Yes No

4 If you have answered **YES** to any of the above questions, provide the following details to the Administrator of your pension arrangement

- › Name of the scheme or arrangement
- › Contact details for the Administrator
- › Policy or reference number
- › Type of pension arrangement
- › Date of entitlement to benefits
- › Benefits provided or Value if benefits are still to be taken
- › Amount of any transfer or payment to an overseas arrangement & contact details for the receiving pension arrangement
- › If a **defined contribution** arrangement, the value of the fund on the date of benefit entitlement €
- › If a **defined benefit arrangement** the amount of annual pension, the amount of any lump sum and the factor used for calculating the capital value of the pension €
- › The amount or market value of any assets transferred by exercise of an "ARF option".

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I declare that to the best of my knowledge and belief, the information in this Declaration is correct

Trustee name
(Print Name)

If there is more than one trustee named on the policy, please photocopy this page, complete these details for all trustees and attach it securely to the back of this form.

SIGNATURE of Trustee

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Date

d	d	m	m	y	y	y	y
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Member name
(Print Name)

PPS Number

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SIGNATURE of Member

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Date

d	d	m	m	y	y	y	y
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A WEALTH *of* DIFFERENCE