

# DEED OF RETIREMENT OF TRUSTEES

## FOR TRUSTS WHERE THE SETTLOR HAS POWER OF APPOINTMENT

Before completing this deed you should take appropriate professional advice as to its suitability.

Once complete, please send this form together with any additional supporting information to:

**Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.**

Once all information has been received and your instruction has been processed, we will then note the amendment to the trust on our records.

	PAGE	SECTION	TO BE COMPLETED BY	TICK SECTIONS COMPLETED
<b>The retirement deed</b>	2	A - The deed	Settlor	<input type="checkbox"/>
	3,4	B - Signatures	Settlor, protector*, retiring & continuing trustees & witness *if applicable	<input type="checkbox"/>

## A WEALTH *of* DIFFERENCE

[www.utmostinternational.com](http://www.utmostinternational.com)

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

Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C. Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles. Tel: +44 (0)1624 643 345. Licensed by the Isle of Man Financial Services Authority.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

IOM PR 0020 | 11/22

## IMPORTANT INFORMATION

This draft deed is provided for the consideration of the parties and their legal adviser only. We have taken every care in preparing it, but cannot take any responsibility for the legal/tax consequences of using it. Therefore we strongly recommend that you consult with your own legal advisers and seek taxation advice in your country(ies) of domicile and/or residence.

If this deed is used with any deed appointing a new trustee(s), **this deed of retirement must be dated after the deed of appointment and include the new trustee(s).**

Please 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 ensure you initial the correction. **Please do not use correction fluid.**

### HOW WE USE YOUR INFORMATION

We use the information you give us, about yourself and other people, to provide our products and services. In order to support our products and services, we transfer information between different entities within our immediate operating group and to appointed data processors, but we do not transfer information to other parties, unless required to do so by law or regulation. We do not carry out marketing using the information or transfer, or sell, your personal information to others for marketing purposes.

More details about how we use your information, your rights over this information and how you can exercise your rights can be found in the applicable Privacy Notice. We publish our Privacy Notices on our website at [www.utmostinternational.com/privacy-statements/](http://www.utmostinternational.com/privacy-statements/) or you can ring us on **+44 (0)1624 643 345** and request a copy.

## A THE DEED

This deed of retirement  
is made on

d	d	m	m	y	y	y	y
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Between

Name(s) of trustee(s) to be retired


(will be referred to as 'the retiring trustee(s)') of the first part

and

Name(s) of continuing trustee(s)


(will be referred to as 'the continuing trustee(s)') of the second part

and

Name(s) of settlor(s)


(will be referred to as 'the settlor(s)') of the third part

and

Name(s) of protector (if applicable)


(will be referred to as 'the protector') of the fourth part (if applicable)

WHEREAS by a

Declaration of trust creating the trust

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Name of the trust



dated

d	d	m	m	y	y	y	y
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Date when the trust was created



of Policy number(s)


effected by the settlor(s) ('the Policy') and, where appropriate, a **Deed of appointment of additional trustees** (if applicable)

dated

d	d	m	m	y	y	y	y
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Date any additional trustee was appointed



the Policy and all monies which may become payable under it and the proceeds of any sale conversion or surrender of it are held by the retiring trustee(s) and the continuing trustee(s) upon Trusts as set out in the Trust with and subject to the powers and provisions expressed in it

**And whereas**

- 1) The retiring trustee(s) wishes to be discharged from the Trusts conferred on them by the Trust.
- 2) The protector (or where no protector has been appointed, the settlor(s)) is/are the person(s) named in the Trusts of the said Policy as having power to appoint new or additional trustees.
- 3) It is intended that the Policy and all monies which may become payable under it and the proceeds of any sale conversion or surrender of it shall be transferred into the names of the continuing trustee(s) alone.

**Now this appointment witnesses as follows:**

- 1) The retiring trustee(s) hereby declare(s) that they wish to be discharged from the Trusts of the Policy.
- 2) The protector (or, where no protector has been appointed, the settlor(s)) and the continuing trustee(s) hereby consent to the discharge of the said retiring trustee(s) from the Trusts of the Policy and to the vesting in the continuing trustee(s) alone of the Policy and all monies which may become payable under it and the proceeds of any sale conversion or surrender of it.
- 3) The retiring trustee(s) and the continuing trustee(s) hereby assign the Policy to the continuing trustee(s). The deed will be construed according to and governed by the law of the Isle of Man.

**B** SIGNATURES

The parties have executed this document as a deed on the first date stated above.

Please ensure all signatures are witnessed by an independent person.

**The retiring trustee**

Signed and delivered  
as a deed by the said  
(Name of retiring  
trustee)


**SIGNATURE**

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**SIGNATURE**

In the presence of  
(Name of independent  
witness)


**SIGNATURE**  
of independent  
witness

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**SIGNATURE**

Permanent residential  
address of witness


Postcode

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**The continuing trustee**

Signed and delivered  
as a deed by the said  
(Name of continuing  
trustee)


**SIGNATURE**

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**SIGNATURE**

In the presence of  
(Name of independent  
witness)


**SIGNATURE**  
of independent  
witness

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**SIGNATURE**

Permanent residential  
address of witness


Postcode

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