

UNIT LINKED - PARTIAL SURRENDER REQUEST

Please complete this form using BLOCK CAPITALS. All sections are mandatory unless indicated otherwise.

A PLANHOLDER DETAILS

Plan Number(s):	<input type="text"/>
First Planholder:	<input type="text"/>
Second Planholder (if any):	<input type="text"/>

	First Planholder:	Second Planholder:
Permanent 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"/>
If UK / Switzerland please indicate date of return to UK / Switzerland:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone contact details:	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
Employer:	<input type="text"/>	<input type="text"/>

Please provide information below to allow us to meet our tax information exchange reporting requirements under FATCA (for US persons) and CRS (the Common Reporting Standard) as applicable. Please ensure that you provide a valid TIN (Tax Identification Number) for each country where you are tax resident, or a valid explanation of why you do not have one. US TINs are mandatory for US persons. If completing in relation to a legal entity, please provide a separate Entity International Tax Compliance form. Please note that failure to provide complete information below may affect our ability to carry out instructions on your Plan(s) on a timely basis. By completing this information you declare that it is complete and accurate, and that no material fact has been omitted or concealed.

Tax Residence:

Jurisdiction 1:	<input type="text"/>	<input type="text"/>
TIN 1:	<input type="text"/>	<input type="text"/>
Jurisdiction 2:	<input type="text"/>	<input type="text"/>
TIN 2:	<input type="text"/>	<input type="text"/>
Jurisdiction 3:	<input type="text"/>	<input type="text"/>
TIN 3:	<input type="text"/>	<input type="text"/>

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions is the trading name used by Utmost Worldwide Limited and a number of Utmost companies.

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No. 27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Registered Head Office: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

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

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A PLANHOLDER DETAILS (CONTINUED)

	First Planholder:	Second Planholder:
Do you hold dual nationality?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list the Countries:	<input type="text"/>	<input type="text"/>
Please provide an explanation if you do not have a TIN number:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Please note: If the surrender is in respect of a legal entity, a separate Entity International Tax Compliance form is available.

B REASON FOR YOUR SURRENDER

Please indicate the reason for your surrender request:

Property Purchase:	<input type="checkbox"/>	Alternative Investment:	<input type="checkbox"/>
School / University Fees:	<input type="checkbox"/>	Plan Performance:	<input type="checkbox"/>
Personal Expenditure:	<input type="checkbox"/>	Other - Please state:	<input type="text"/>
			<input type="text"/>
			<input type="text"/>

C SURRENDER VALUE DISCLAIMER

Whilst this instruction is for a partial surrender, it is important that you understand the current full surrender value of your plan. Please sign below to indicate that you have reviewed a current valuation statement, you understand that the current indicative surrender value of your Plan is _____ * and that the final amount payable will be different (due to the need to sell units in your plan investments at the next available Bid Price when carrying out your instruction).

*Please complete currency and amount

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

D SURRENDER DETAILS

Utmost Worldwide Limited can make payment in a currency other than the Plan Currency if you request us to do so. Any applicable cost of payment (including currency exchange charges) will be deducted from the amount payable.

The foreign currency exchange risk associated with Utmost Worldwide Limited facilitating such a request will be borne by you.

Please tick the currency required, if left unticked the payment will be made in your Plan Currency.

☐ USD ☐ GBP ☐ EUR ☐ HKD
☐ JPY ☐ SGD ☐ AUD (FOCUS only)

If this is different to your Plan Currency, please tick this box to acknowledge the above statement regarding currency exchange charges. ☐

Amount[†] to be deducted across all plan investments*: ☐

or

Amount[†] to be deducted from specific plan investments: ☐

Plan Investment*	Approximate Value [^]	Number of Plan Units [^]

[†]The value of plan units deducted from your Plan will be calculated by Utmost Worldwide Limited using the next available bid price applying on the date that we accept your request for partial surrender. We will request the sale of a corresponding number of units in the underlying fund. It is the value we receive for these units less any applicable charges and costs which you will receive.

*See "Important - Please Note" section below.

[^]Specify **either** approximate value (including currency) or number of plan units **but not both**.

IMPORTANT

- › If an underlying fund corresponding to a plan investment* (See "Important - Please Note" section below) is suspended or has a long dealing period, please contact your financial adviser or your local Utmost Worldwide Limited office for more information and to request interim payments to be processed if required.
- › A minimum value must remain invested in each plan investment in accordance with the plan Terms and Conditions, unless the plan investment is surrendered in full.

E PAYMENT DETAILS

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

Payments 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 Planholders and attach to this form.

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

Utmost Worldwide are not responsible for any delays in payment that occur once the surrender proceeds have left our bank account.

Please tick if additional sheet attached.

☐

Payment to be made to the following bank account:

Bank Name:	<input type="text"/>		
Branch Name / Number:	<input type="text"/>		
Bank Address:	<input type="text"/>		
	<input type="text"/>		
Account Holder Name:	<input type="text"/>		
Account No.:	<input type="text"/>		
<input type="checkbox"/> IBAN	<input type="checkbox"/> CLABE:	<input type="text"/>	
<input type="checkbox"/> Sort Code	<input type="checkbox"/> Swift Code	<input type="checkbox"/> BIC	<input type="checkbox"/> ABA: <input type="text"/>
<input type="checkbox"/> Transit and Institution No	<input type="checkbox"/> BSB Code:	<input type="text"/>	

Please provide Correspondent bank details (details can be obtained from your bank):

Bank Name:	<input type="text"/>		
Bank Address:	<input type="text"/>		
	<input type="text"/>		
Account No.:	<input type="text"/>		
<input type="checkbox"/> IBAN	<input type="checkbox"/> CLABE:	<input type="text"/>	
<input type="checkbox"/> Sort Code	<input type="checkbox"/> Swift Code	<input type="checkbox"/> BIC	<input type="checkbox"/> ABA: <input type="text"/>
If your payment is to a different bank account than your source of funds bank account, please explain the reason why:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

F REQUIRED ADDITIONAL DOCUMENTATION

The below documents will be required in order to release your payments.

Please tick the boxes as your confirmation of completion and that you have provided the relevant documents.

This 'Partial Surrender Request', signed by all Planholders

☐

Certified identification and proof of address documents for all Planholders

☐

Evidence of the Bank Account the payment is being made to (We will require the account holder name, account number, statement date and bank details (i.e. logo) to be clearly visible)

☐

I have signed and completed Section C of this surrender form to confirm that I understand my plan surrender value

☐

G AUTHORISATION

I wish to partially surrender my Plan(s) and I understand:

- › that (where applicable) if the Planholder is not an individual but a trustee or a corporation, its authorised signatories should sign in accordance with its authorised signatory list.
- › (FOCUS product) that partial surrender during my commitment period will cause forfeiture of some or all of my commitment reward payable at the end of the commitment period.
- › that while partial surrender is free of associated charges and penalties it will not reduce the level of early discontinuance charge payable on future full surrender (where applicable to my Plan) nor will it reduce the level of any fees and charges payable under my Plan.
- › the implications of partially surrendering my Plan and have sought appropriate advice from my financial adviser including re-assessment of my investment goals for the Plan. In particular I understand that removing value from my Plan significantly impacts the investment growth possibility and thus the ultimate value I might expect to achieve from my Plan.



IMPORTANT - PLEASE NOTE

- › **This form** must be signed by all Planholders.
- › **If your Plan has been assigned or placed in trust** since the Plan Commencement Date this form **must be** signed by the assignees or trustees and **payment will be made** to the assignee or trustees as appropriate.
- › **Utmost Worldwide reserves the right to seek additional information/ documentation:**
 - › **If the payment bank account details differ** from the most recent Source of Funds Questionnaire completed;
 - › **Where the Planholder's signature** has changed or the signature on the surrender request form does not match that held on file; and/or
 - › **Where required, in order to meet regulatory requirements.**
- › **Certified copies:** Any copy documents must be certified by a qualified professional who has seen the original at the time of certification. We will also accept copies certified by the Office Manager or Sales Manager in your local Utmost Worldwide Limited office, provided the original was seen at the time of certification.
- › **We will not be in a position** to complete this surrender request until Utmost Worldwide is satisfied with and has verified your instruction and any required additional security checks are completed to our satisfaction. Please note that in times of extreme volatility there may be delays in processing your surrender request due to the volume of instructions that we receive. Utmost Worldwide are not liable for market conditions which result in lower surrender proceeds being obtained between the date of processing of your instruction and the date of sale of the relevant units.
- › **A payment from your Plan** will be made from our bank within seven business days of receipt of full proceeds of sale of the relevant units in the underlying funds corresponding to your plan investments, provided that the relevant claim has been approved or any requirement applicable to the termination of the Plan has been **met in accordance with our legal and operational requirements**. Please note that the dealing frequency of underlying funds, any trading restriction applied by the relevant underlying fund or a delay in receiving settlement proceeds from the relevant underlying fund e.g. extreme stock market conditions can cause delays in settlement of a claim or a payment which are beyond our control. **Please ensure all required bank payment instructions have been completed in full.**
- › **There may be tax consequences** on the partial surrender of your Plan. We recommend that you seek professional tax advice before proceeding. **If you are a UK resident:** When instructing a partial (instead of a full) surrender of your Plan, please be aware a gain will arise if the amount you choose to surrender exceeds your 5% tax-deferred allowance. Your 5% tax-deferred allowance is based on the value of premiums paid in each insurance year less the value of any previous partial surrenders you have made. In contrast, a full surrender gain arises if the surrender value of your plan exceeds the value of premiums paid and prior gains which have arisen on the plan. Please ensure that you fully understand the potential taxation consequences before proceeding, as gains on a partial surrender that occur as a result of exceeding your 5% tax-deferred allowance will apply regardless of the actual performance of your Plan. You should obtain qualified independent taxation advice where necessary. **Your Chargeable Gains Certificate following a partial surrender will not be issued until your Plan anniversary.**
- › **The cancellation, reduction or surrender** of your Plan for the purpose of subscribing to another similar contract may be disadvantageous to you. In particular, please make sure that you are aware of the financial consequences of replacing your Plan (for example the replacement plan may involve new, higher or additional charges compared to this Plan) which can be explained to you by your financial adviser.
- * **In relation to the term "plan investments"** used in this document, in certain territories the terms "ILP sub-fund", "investment option" or "fund" are used. All have the same meaning. Likewise holdings in such "plan investment" are called **"plan units"** in this document. Again, in certain territories the terms "sub-fund units", "notional units" or "units" are used for such holdings. Again all have the same meaning.

Local Rules, Laws and Regulations

All transactions related to your 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.

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AUTHORISATION (CONTINUED)

› I confirm that I have read and understood the Data Privacy Notice that is available on the Utmost Worldwide Web Site - utmostworldwide.com and that I consent to any personal or financial information relating to me held by Utmost Worldwide at any time (including information that may be considered confidential or that may constitute personal data for purposes of data protection legislation) ("Personal Data") being disclosed and transferred to other Companies in our corporate group and, where Personal Data is collected by a branch of Utmost Worldwide established outside Guernsey, to other Companies within our corporate group.

SIGNATURE

First Planholder:

Second Planholder:

Date

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