APEX (PORTUGAL) WITHDRAWAL OR SURRENDER FORM



Complete 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**.

Words in the singular shall include the plural and vice versa.

Payments won't be released until all necessary original documentation and settlement of funds have been received.

Details about how we use your information, your rights over this information and how you can exercise your rights can be found in our Privacy Notice which is published on our website www.utmost.ie or you can contact our customer support team and request a copy. All persons whose details are collected in this form should read the Privacy Notice to understand how the data provided about them will be used.

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|--------|---|--------|---|-----|----|
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Declaration form.

| We want to process your payment as quickly as possible. | . To help us do this, | remember that on | completion of this | form we will |
|---|-----------------------|------------------|--------------------|--------------|
| need the following: | | | | |
| | | | | |

| If you are sending any additional information or documentation, attach it securely to the back of the form. If you have changed address, we will require updated address identification before we can pay out. | |
|--|--|
| Ensure that the form has been signed by all Policyholders or irrevocable Beneficiaries as applicable. | |
| If you are fully surrendering the policy, you must return the policy schedule and any endorsements with this | |

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

A WEALTH Of DIFFERENCE

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

 $\label{thm:continuous} Ut most Pan Europe \ dac \ is \ regulated \ by \ the \ Central \ Bank \ of \ Ireland.$

Utmost PanEurope dac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.

Utmost PanEurope dac is duly registered for the pursuit of the life insurance business in Portugal on a freedom to provide services basis, and is duly registered for such purposes with the Portuguese Insurance Supervisory Authority (Autoridade de Supervisão de Seguros e Fundos de Pensões or 'ASF') under the number 4693

UPE WS PR 00009 /25.06.2020

IMPORTANT INFORMATION

Identity and address verification

Receiving a request for payment requires us to ensure that the evidence of verification of identity and address we hold is up to current standards. To help avoid any delays we ask that you send an original or true certified copy of an accepted and valid identification document and proof of address dated within the last 6 months. If we are unable to suitably verify your details via this information we may be required to ask for additional information/documentation before the payment is processed.

Tax information

In order to comply with our international tax information exchange obligations, we will require you to complete the relevant self-assessment tax section within this form.

Taxation notes

We strongly recommend that you consult your Insurance Intermediary for information on the tax implications of taking payments from your life insurance policy.

The taxation consequences of each of the payment options may be different and will also depend on your country of residence and individual circumstances.

Minimum withdrawal (partial surrender) amounts

- > The current minimum amount for regular partial surrenders is €300/£200/US \$400/CHF400
- > The current minimum amount for ad-hoc single partial surrender is €500/£450/US \$550/CHF550

These minimum amounts may be subject to change in the future. Contact your insurance intermediary for confirmation of the current amount.

Third party payments

Payments to third parties are not normally allowed. If, in exceptional circumstances, we agree to make a third party payment, you will need to tell us why the payment is being requested, including details of the relationship between the policyholder and the recipient e.g. trust beneficiary. We will also need evidence of the identity of the person receiving the payment. If you are considering a third party payment you can call our customer support team in the first instance who will be pleased to discuss individual requirements in more detail before you submit your request, in order to reduce delays.

Sale of funds

A sale of funds associated with a requested withdrawal or surrender will normally be placed within two working days after receipt of this form being fully completed and accepted by us. Our ability to place the deal will depend on the nature of the assets held - some assets trade infrequently.

| Α | POLICY DETAILS | | | | | | | | | |
|-----|--|---|--|--|--|--|--|--|--|--|
| 1 | Policy number | | | | | | | | | |
| 2 | Full names of policyholders | | | | | | | | | |
| 3 | Reason for surrender | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| В | B PERSONAL DETAILS / INTERNATIONAL TAX COMPLIANCE SELF-CERTIFICATION | | | | | | | | | |
| Utn | nost PanEurope dac (Utmost P | anEurope) is required by Irish law to ask the policyholder for tax related information. | | | | | | | | |

Utmost PanEurope dac (Utmost PanEurope) is required by Irish law to ask the policyholder for tax related information Utmost PanEurope may be required to pass this information to the Office of Revenue Commissioners in Ireland. This section incorporates the requirements of:

- i. The US Foreign Account Tax Compliance Act (FATCA) based on the Intergovernmental Agreement signed on 21 December 2012 between the US Government and the Irish Government.
- ii. The standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard (CRS), as implemented in Irish Law.

If you have any questions on how to complete this section, we recommend you speak to your tax or legal adviser.

B1 INDIVIDUALS TO COMPLETE THIS SECTION ONLY

If there are more than two policyholders, photocopy this page, complete for the additional policyholders and securely attach to this form.

| | Policyholde | r 1 | | | Poli | cyhol | der 2 | | | | |
|--|-------------|-----|---|----|------|-------|-------|-----|---|---|---|
| Full name | | | | | | | | | | | |
| | | | | | | | | | | | |
| Date of birth | d d m | m y | У | уу | d | d | m n | n y | У | У | У |
| Current residential address | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Postcode | | _ | | | | | | _ | | | |
| Correspondence address | | | | | | | | | | | |
| (If different to residential address) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Postcode | | _ | | | | | | _ | | | |
| Email address | | | | | | | | | | | |
| Country of tax residence | | | | | | | | | | | |
| Taxpayer identification number (TIN) | | | | | | | | | | | |
| Citizen / Resident in the United States: | Yes | No | | | | Yes | | No | | | |
| If yes, provide your US Federal TIN | | | | | | | | | | | |

| C PAYMENT OPTIONS | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Indicate the type of payment you require by ticking one of the options from A to C. | | | | | | | | |
| A Full surrender of the life insurance policy | | | | | | | | |
| B Regular withdrawals | | | | | | | | |
| C Single partial surrender | | | | | | | | |
| Amount and currency of payment (EUR, GBP, USD, CHF only) | | | | | | | | |
| Frequency and start date of payments: Yearly Half-yearly Quarterly Monthly (if regular withdrawal) | | | | | | | | |
| Payments to commence from: | | | | | | | | |
| All payments will be made at end of each frequency period e.g. month end. | | | | | | | | |
| FOR SINGLE PARTIAL SURRENDER (OPTION C) | | | | | | | | |

Where the dealing account does not hold sufficient cash to cover this transaction, provide details below of the funds that you wish to sell.

If your instructions are not clear this may delay your payment.

| Full name of fund(s) to sell | SEDOL/ISIN number (if external fund) | % to be sold | OR | Amount (for single partial surrender) |
|------------------------------|---|--------------|----|---|
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You should allow a minimum of 2 -3 weeks for settlement of external funds, however some funds may take longer.

| D | PAYMENT | DETAILS |
|---|---------|---------|

PAYMENT TYPE

For payments to Euro bank accounts in an EU member state, these will all be made via SEPA. For payments to GBP / USD / CHF bank accounts or EUR accounts that are not based in an EU member state, the payment will be made via Telegraphic Transfer.

Currently Utmost PanEurope do not apply a charge for payments made to the Policyholder from the Policy, but reserves the right to increase the charge in the future by giving 3 months written notice.

| В | ANK/BUILDING SOCIET | ΓY D | ETA | AILS | | | | | | | | | | |
|---|---|------|-----|------|---|---|--|-----|-------|--------|-----|--|--|--|
| 1 | Name of account holder | | | | | | | | | | | | | |
| 2 | Account number (for payments this must be 8 digits) | | | | | | | | | | | | | |
| 3 | Bank sort code | | | _ | | _ | | (mu | st be | 6 digi | ts) | | | |
| 4 | Building Society roll number (if applicable) | | | | | | | | | | | | | |
| 5 | Bank BIC/Swift code (required for all banks outside the UK) | | | | | | | | | | | | | |
| 6 | IBAN (required for all bank accounts in the EU) | | | | | | | | | | | | | |
| 7 | Bank/Building Society name | | | | | | | | | | | | | |
| 8 | Address | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Postcode | | | | _ | | | | | | | | | |

E DECLARATION OF RESIDENCE OUTSIDE OF IRELAND

This must be completed by policyholders resident outside of Ireland who own an Utmost PanEurope dac life insurance policy.

Each applicant must read the definitions below and complete the declaration.

RESIDENCE - INDIVIDUAL

An individual will be regarded as being resident in Ireland for a tax year if he/she:

- 1) spends 183 days or more in the State in that tax year; or
- 2) Has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Up to 31 December 2008, presence in the State for a day means the personal presence of an individual at the end of the day (midnight). From 1 January 2009, presence in the State for a day means the personal presence of an individual at any time during the day.

ORDINARY RESIDENCE - INDIVIDUAL

The term "ordinary residence" as distinct from "residence" relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in the State of three consecutive tax years become ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which he/she is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2004 and departs from the State in that year will remain ordinarily resident up to the end of the tax year in 2007.

RESIDENCE - COMPANY

Prior to Finance Act 2014, company residence was determined with regard to the long established common law rules based on central management and control. These rules where significantly revised in Finance Act 2014 to provide that a company incorporated in the State will be regarded as resident for tax purposes in the State, unless it is treated as resident in a treaty partner country by virtue of a double taxation treaty. While the common law rule based on central management and control remains in place, it is subject to the statutory rule for determining company residence based on incorporation in the State set out in the revised section 23A TCA 1997.

The new incorporation rule for determining the tax residence of a company incorporated in the state will apply to companies incorporated on or after 1 January 2015. For companies incorporated in the State before this date, a transition period will apply until 31 December 2020.

Policyholders resident outside of Ireland are required by the Irish Revenue Commissioners to make the following declaration for the purpose of Section 730 D(2) Taxes Consolidation Act 1997, which is in a format authorised by them, in order to receive payments without deduction of Irish tax.

The Policyholders declare that they;

- have read the explanation of the terms detailed in the 'Residence Definitions' above;
- are the Policyholders in respect of which this declaration is being made;
- are not resident or ordinarily resident in Ireland.

If the Policyholders are making this declaration whilst in the process of setting up the policy, setting up a series of regular partial surrenders or making a first single partial surrender:

The Policyholders hereby undertake to inform Utmost PanEurope of any changes in the Policyholders' country of residence during the life of the life insurance policy.

F DECLARATION

By signing this section below it is confirmation that the Policyholders:

- > **Understand** that the withdrawal and/or surrender will be made in accordance with this form, the 'Policy Provisions and Fund Rules' and Utmost PanEurope's current limits, at the Policyholders' risk and in full and final settlement of Utmost PanEurope's liability for any units surrendered.
- > **Understand** that the life insurance policy is NOT currently held as security against a loan, mortgage or assigned to an individual or organisation.
- > **Understand** that the Policyholders may incur charges in respect of this payment and that the Insurance Intermediary can provide details of such charges.
- > **Acknowledge** that Utmost PanEurope may disclose any of the information provided in this form to the relevant tax, government, regulatory and police authorities where it is under a legal obligation to do so.

| | Policyholder 1 | | Policyholder 2 | | | | | | |
|--|-----------------------------------|----------|-------------------------------------|-----------|--|--|--|--|--|
| SIGNATURE | | | | SIGNATURE | | | | | |
| Print full name | | | | | | | | | |
| Date | d d m m y y | у у | d d m m y y y y | | | | | | |
| In certain circumstance | s the following signatures are re | equired: | | | | | | | |
| › If an irrevocable Benef | ficiary has been appointed. | | | | | | | | |
| If the life insurance po party's consent is requ | | erred in | another similar manner that another | | | | | | |
| Name | | | | | | | | | |
| | | | | | | | | | |
| SIGNATURE | | | | SIGNATURE | | | | | |
| Date | d d m m y y | у у | d d m m y y y y | | | | | | |
| Signature of the Policyholder's spouse is required below, if the Policyholder and the spouse are subject to the joint marital regime and the spouse is not the Policyholder. | | | | | | | | | |
| Name | | | | | | | | | |
| | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| Date | d d m m y y | уу | | | | | | | |