

UNIT LINKED ACCOUNTS

utmost™

WITHDRAWAL/CLOSURE/MATURITY FORM

THIS DOCUMENT WAS LAST UPDATED IN MARCH 2026.

Please confirm with your financial adviser that this is the most up-to-date document for your product or servicing needs.

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.

DATA PRIVACY

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 Statement. We publish our Privacy Statements on our website at www.utmostgroup.com/privacy-statements or you can call us and request a copy. All persons whose details are collected in this form should read the Privacy Statement to understand how the data provided about them will be used.

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. As such, you may be required to provide additional information/documentation before the payment is processed.

Refer to our [Anti-Money Laundering Guide](#) for more information on documentation that may be required and how it should be certified.

FOR USE WITH PRODUCTS SUCH AS, BUT NOT RESTRICTED TO:

Managed Capital Account

Managed Savings Account

Managed Pension Account

Executive Wealthbuilder Account

European Capital Account

All references to 'Utmost' in this form refer to either Utmost International Isle of Man Limited or Utmost PanEurope dac.

To complete this form:

- › Use black or blue ink
- › Use CAPITAL LETTERS only
- › Please read the questions and answers at the end of this form before completing and sending your instruction to us
- › Do not use correction fluid - cross through any amendments (initialled by all accountholders)
- › If you need to photocopy any pages to provide further details, please ensure all accountholders initial the pages
- › We recommend that you speak to your financial adviser before completing this form

For further assistance, please refer to the 'Questions and Answers' section at the end of this form.

NOTE

- › There may be charges associated with a full surrender which will be debited prior to payment.
- › Any payment instruction that has already been submitted and is in progress will be processed first and no further payment or surrender instruction can be processed until the previous payment has completed.
- › Utmost cannot be held liable for any delays if multiple payment instructions are received when existing payment instructions are pending completion.

A CONTACT DETAILS **MANDATORY**

Account number

Did you receive advice from a financial adviser for this request? Yes No

NOTE
There may be account charges and tax consequences associated with your request.

Who should we contact in case of queries with this request?

Please provide their contact details below: Accountholder Adviser

Contact name

Email address

Contact number

Alternative contact number

B POLICYHOLDER DETAILS, REASON FOR REQUEST, POLITICALLY EXPOSED PERSONS' DETAILS **MANDATORY**

NOTE
If your details have changed, a payment verification call may be needed. We will use the phone number we hold on file for you in the first instance but may need an alternative number. Please provide this in the section below to help prevent any delays. If there are more than two policyholders, please copy this sheet with the details and attach with initials of all applicants. Accountholder also means Policyholder throughout this form.

B1 POLICYHOLDER DETAILS

	Accountholder / Trustee 1	Accountholder / Trustee 2
1. Title (Mr, Mrs, Miss or Other)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
2. Gender	Male Female	Male Female
3. Forenames (in full)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
4. Surname	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5. Do you have a maiden name, previous name or alias? If "Yes", provide the other names	Yes No	Yes No
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
6. Employment status	Employed or Self-Employed Retired or Unemployed	Employed or Self-Employed Retired or Unemployed
Date of retirement or unemployment	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

7. Occupation	<input type="text"/>	<input type="text"/>
8. Employer	<input type="text"/>	<input type="text"/>
9. Employer Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
10. What is the relationship between the policyholders?	<input type="text"/>	<input type="text"/>
11. Nationality / dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
12. Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
13. Country of birth	<input type="text"/>	<input type="text"/>
14. Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
15. Please provide details of previous address since commencement of the Policy	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/> Postcode	<input type="text"/> Postcode
16. Contact telephone number	<input type="text"/>	<input type="text"/>
17. Email address	<input type="text"/>	<input type="text"/>
18. Country/Countries of Tax Residency	<input type="text"/>	<input type="text"/>
19. UK National Insurance (NI) number	<input type="text"/>	<input type="text"/>
20. US Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>
21. a)	I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number(US TIN) is shown above.	
b)	I confirm that I was born in the US but I am no longer a US citizen and enclose my US loss of nationality certificate.	
22. Other tax reference number(s)	<input type="text"/>	<input type="text"/>

Question 7 - Please include role e.g. Director and industry sector e.g. Accountancy. If retired/unemployed, provide details of your previous occupation and include date of retirements or date of unemployment in Question 6.

If more than one previous address, please provide details on a separate sheet and attach securely to this form.

Only complete question 19 if you are a UK tax resident.

Only complete question 20 if you are a US tax resident.

B2 CORPORATE DETAILS (IF APPLICABLE)

Entity type	<input type="checkbox"/> Private company <input type="checkbox"/> Public company <input type="checkbox"/> Trust Company <input type="checkbox"/> Other <input style="width: 400px; height: 15px;" type="text"/>
Corporate name	<input style="width: 100%; height: 20px;" type="text"/>
Registered office address	<input style="width: 100%; height: 20px;" type="text"/>
Country	<input style="width: 100%; height: 20px;" type="text"/>
Contact number	<input style="width: 250px; height: 20px;" type="text"/>

B3 REASON FOR REQUEST

1. Reason for withdrawal/ surrender	<input type="checkbox"/> Need access to Funds <input type="checkbox"/> Alternative Investment <input type="checkbox"/> Poor Service Value <input type="checkbox"/> Investment Performance <input type="checkbox"/> Trustee Payments for a Beneficiary <input type="checkbox"/> Other, please specify <input style="width: 150px; height: 15px;" type="text"/>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Where the payment is a Trustee Payment for a Beneficiary, please complete Section D2.</p> </div> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Where payment is being made to a private company, please complete section D3 Payments to a Private Company.</p> </div>
Where Other is selected failure to specify reason will delay processing payment.		
2. Nature and purpose of original investment	<input type="checkbox"/> Succession Planning <input type="checkbox"/> Retirement Planning <input type="checkbox"/> Other <input style="width: 150px; height: 15px;" type="text"/>	

B4 POLITICALLY EXPOSED PERSONS' DETAILS

We are required to identify persons associated with this application who could be classed as a Politically Exposed Person "PEP". A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities. For example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary or the Military, a senior employee of a State Owned Corporation, or a board member of a Central Bank. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

Is there anyone associated with this application who could be considered a PEP? Yes No

If "Yes" provide details

C PAYMENT OPTIONS

NOTE

There are tax implications when you take money from your account. Depending on the type of withdrawal you make, partial surrender across all policies or individual policy surrender, this can lead to different tax consequences. We cannot recommend which method is best for your personal circumstances. Please speak to your financial adviser to find out which method might best fit your needs.

Please indicate the type of payment you require by ticking one of the options.

Please note, payments can only be made in the policy currency.

A **Single Withdrawal** (across all segments)

Amount of Payment or write Maximum
or Maximum penalty free*

*Maximum means the largest partial withdrawal available whilst maintaining a minimum balance, in line with the account Terms, to keep the account open. Where requesting the maximum amount, please insert the word 'Maximum'. There may be a charge applied if you make a withdrawal over your 'penalty free allowance'. You can request a maximum penalty free withdrawal which may reduce the amount available, but will ensure no charge applies. Please note, that a tax charge may still apply.

B **Surrender of whole segments** (individual policies)

Number of segments to be
surrendered

C1 **Full surrender** (all segments). Please provide further details below:

Full surrender as soon as possible

NOTE

If you select this option we will proceed with the full surrender regardless of any upcoming maturity date which may result in a surrender penalty according with the Policy Terms and Conditions. When selecting this option, please cancel any standing order instructions currently in place for your funding account.

OR

C2 Full Surrender once Maturity date has been reached

NOTE

If you select this option and your maturity date is in the future, closure will only commence once the maturity date has been reached. When selecting this option, please cancel any standing order instructions once your maturity date has passed.

D PAYMENT DETAILS

NOTE

- › Payments must benefit all accountholders equally by being paid to a joint bank account. Payments to a third party are not permitted.
- › If not using a joint bank account, please specify the additional bank account details. Payments will be issued equally between accounts.
- › Providing new bank details not previously paid to could cause delays as additional verification may be required.

All payments will be sent by Telegraphic Transfer (TT). Please note TT charges will apply.

D1 BANK DETAILS OF ACCOUNTHOLDER(S)

Please provide bank details of accountholder(s) below.

Bank name	<input style="width: 100%;" type="text"/>		
Bank address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	
Payee name (accountholder)	<input style="width: 100%;" type="text"/>		
Payee account number/IBAN	<input style="width: 100%; height: 20px;" type="text"/>		
	<small>(Payments to banks outside the UK may require an IBAN. Please contact your bank if needed.)</small>		
Sort code (UK accounts only)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Branch code (non UK)	<input style="width: 60px;" type="text"/>
SWIFT code	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	ABA number	<input style="width: 60px;" type="text"/>
Additional information needed by the bank	<input style="width: 100%;" type="text"/>		
How long has the account been held?	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Years	

IMPORTANT NOTE

To avoid delays in receiving your payment please insert the correspondent SWIFT code if sending a payment where the currency is different to the indigenous currency of the receiving country.

Please provide further bank details of additional Accountholder(s) below (if applicable).

Bank name	<input style="width: 100%;" type="text"/>		
Bank address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
	<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	
Payee name (accountholder)	<input style="width: 100%;" type="text"/>		

Payee account number/IBAN

(Payments to banks outside the UK may require an IBAN. Please contact your bank if needed.)

Sort code (UK accounts only) - - Branch code (non UK)

SWIFT code ABA number

Additional information needed by the bank

How long has the account been held? Years

IMPORTANT NOTE

To avoid delays in receiving your payment please insert the correspondent SWIFT code if sending a payment where the currency is different to the indigenous currency of the receiving country.

D2 TRUSTEE PAYMENTS FOR A BENEFICIARY

Where the policyholder is a trustee and is requesting payment to a trust account for onward distribution to a trust beneficiary, please provide the details of the beneficiary below. It may be necessary to verify the identity of the beneficiary in some cases and we will advise if that is required.

Name of beneficiary

Do they have a maiden name, previous name or alias? Yes No

If "Yes" provide the other name(s)

Date of birth

Place of birth

Please list all nationalities/citizenships held by the beneficiary

Residential Address

Postcode Country

Relationship to settlor of trust

If paying to more than one Beneficiary please tick here and photocopy this page and attach secure to this form

D3 PAYMENT TO A PRIVATE COMPANY

Where the payment is being made to a private company on behalf of a beneficial owner, please provide the details of the beneficial owner(s) below. It may be necessary to verify the identity of the beneficial owner in some cases and we will advise if that is required.

Company Details

Name of Company

Registration number

Registered address

Postcode Country

Beneficial owner Details

Name

Do they have a maiden name, previous name or alias? Yes No

If "Yes" provide the other name(s)

Percentage of ownership/control %

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place of birth

Please list all nationalities/citizenships held by the beneficial owner

Residential Address

Postcode	Country
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If there is more than one beneficial owner, please tick here and photocopy this page and attach securely to this form

E IDENTITY AND ADDRESS VERIFICATION MANDATORY

Whilst you may have provided satisfactory evidence of identity and address previously, we may require additional and/or updated documents. If you have any questions on the documents we hold or additional documents we require now please contact us. Refer to our **Anti-Money Laundering Guide** for more information on documentation that may be required.

E1 CERTIFICATION REQUIREMENTS

How to certify documents is outlined in the document **Anti-Money Laundering Guide**.

E2 HOW DOCUMENTATION WAS OBTAINED

If you are presenting documents to verify your address, identity or bank account please confirm how the certifier reviewed the documents.

Accountholder/ Trustee 1 Accountholder/ Trustee 2

- Met you in person
- Met you face-to face via secure live video stream
- Did not meet you and received original documents by post
- Other, please provide details

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F POLICYHOLDER DECLARATION

MANDATORY

The declaration below is made by each person authorising the withdrawal/closure. I hereby:

- › Authorise and request Utmost to carry out the transaction detailed in either section C in accordance (where applicable) with Utmost's relevant account Terms and Conditions.
- › Confirm that there is no assignment or any person or company with a notice or interest in the account.
- › Confirm that there is no Bankruptcy Order against me or any beneficiary, nor am I or the beneficiary, an undischarged bankrupt or deemed to be insolvent under any relevant insolvency legislation.
- › Undertake to indemnify Utmost against any claims or demands made by any other person or party as a result of the payment requested in section C.
- › Agree that payment of the withdrawal, maturity or closure proceeds shall constitute full discharge of the liability of Utmost.
- › Confirm that by fully/partially encashing the account, the account holder(s) has/have sought and considered financial advice in regards to the potential tax consequences and have referred to the relevant account Terms and literature.
- › Confirm that I am aware of the potential tax consequences of receiving the withdrawal or closure proceeds and I will declare these proceeds, if applicable, to the relevant tax authority in my country of residence.
- › Confirm that I am aware of the right reserved by Utmost to defer the request for encashment to a date Utmost considers appropriate and equitable to safeguard all policyholders, where circumstances prevent Utmost from calculating fair and accurate unit prices for a particular transaction.

Utmost does not offer legal, tax or financial advice and we can accept no responsibility for any action taken or refrained from being taken on the basis of information provided by us. Any information provided is based on our understanding of the current law and practice and is subject to change in the future.

NOTE

For your convenience, you can securely email your completed form to iompaymentsoutheritage@utmostgroup.com including your account number in the subject field. You can also send the completed form back to us by post or email to the details provided in question 8.

Signatories - All accountholders, including trustees, authorised signatories and/or pledgees (where applicable), must sign the below. Please also indicate the capacity in which you are acting and ensure this form is dated to avoid delays with your request.

SIGNATURE

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Full name

Capacity

Individual Trustee Pledgee
 Other
 (please state)

Individual Trustee Pledgee
 Other
 (please state)

SIGNATURE

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Full name

Capacity

Individual Trustee Pledgee
 Other
 (please state)

Individual Trustee Pledgee
 Other
 (please state)

A WEALTH *of* DIFFERENCE

www.utmostgroup.com

Utmost International Isle of Man Limited is registered in the Isle of Man, registered number 024916C. Registered Office address: King Edward Bay House, King Edward Road, Onchan, IM99 1NU, Isle of Man.

Utmost International Isle of Man Limited is licensed by the Isle of Man Financial Services Authority as an Authorised Insurer.

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

Utmost PanEurope dac is registered in Ireland, registered number 311420. Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEurope dac is regulated by the Central Bank of Ireland as a Life Insurance Undertaking.

Utmost is registered in Ireland as a business name of Utmost PanEurope dac.

ULQ PR 13694 | 03/26

QUESTIONS AND ANSWERS

utmost™

Please read these questions and answers before completing and sending your instruction to us.

1 HOW DO I KNOW HOW MUCH I WILL GET WHEN I CLOSE MY ACCOUNT?

You can contact our Client and Adviser Support team by email to: iomaskheritage@utmostgroup.com or by phone, +44 (0) 2038 685 300, prior to making your request. The team will be able to provide you with an approximate full surrender (closure) value as well as a breakdown of any associated account charges.

2 WHAT DOES A UNIT LINKED ACCOUNT REFER TO?

A Unit Linked account refers to a regular premium contract including, but not restricted to, your Managed Capital Account, Managed Savings Account, Managed Pension Account, and Executive Wealthbuilder Account.

3 WHY DO I NEED TO PROVIDE MY TAX IDENTIFICATION NUMBER AND COUNTRY OF TAX RESIDENCE?

Under Automatic Exchange of Information (AEOI) regulations we are required to obtain certain information from our investors, including countries of tax residence and related tax identification numbers. We may have to provide this information to our domestic tax authority who may share it with overseas tax authorities. Failure to provide this information could result in your details automatically being reported under AEOI by default.

4 ARE THERE ANY TAX IMPLICATIONS IF I MAKE A WITHDRAWAL?

The answer to this question varies depending on your individual circumstances and for this reason we strongly recommend that you seek financial and tax advice prior to requesting a withdrawal or surrender. Utmost International Isle of Man Limited cannot provide you with financial or tax advice. For Ireland products, depending on the country of residence, Utmost PanEurope dac may be obliged to withhold tax from a payment.

5 ARE THERE ANY EARLY ENCASHMENT CHARGES?

There could be early encashment charges. However, they vary by product and can depend on the length of time you have held the account. Details can be found in your charges schedule. If you require more information, please contact us using the details shown in question 10.

6 WHAT HAPPENS IF SOMETHING IS MISSING?

If, in our view, your instruction is not clear or we are missing key information, we will be unable to proceed and we will typically contact you or your financial adviser as per your instruction in Section A. This will delay your request.

7 WHO HAS TO SIGN THE FORM?

All accountholders, including trustees, authorised signatories and/or pledgees (where applicable) must sign.

8 IF I DO NOT HAVE ACCESS TO EMAIL, WHERE CAN I SEND MY COMPLETED FORM TO?

To post your completed form, please address this to the Payment Department at either Utmost International Isle of Man Limited or Utmost PanEurope dac (using the location relevant to your product) and send this to King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles or alternatively you can email it to iompaymentsoutheritage@utmostgroup.com.

9 IF I HAVE CHOSEN A PERCENTAGE FOR MY REGULAR WITHDRAWAL, WHAT IS THIS BASED ON?

Percentages withdrawn will be based on the premium(s) received prior to this request. If you require the percentage to include any additional premiums received in the future, we will require revised instructions to this effect at the time of adding to the policy.

10 WHAT IF I HAVE MORE QUESTIONS?

Your financial adviser should be your first point of contact. However, if you would like to speak to us, please call our Client and Adviser Support team on +44 (0) 2038 685 300 or email us at IOMaskheritage@utmostgroup.com