

APEX (FRANCE) ASSIGNMENT OF POLICIES

HOW TO COMPLETE THIS FORM

Using **blue or black ink** and **BLOCK CAPITALS**, ensure all relevant sections are fully completed. 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.**

SIGNATURE This symbol highlights the signature sections within this form which need to be signed by the Assignor, Assignee, Accepting Beneficiary or other relevant parties to the Policy.

CHECKLIST

We want to process your request as quickly as possible. To help us do this we will need:

- › any additional information or documentation, securely attached to the back of this form
- › this form to be signed by all relevant parties.

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WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Once complete, return this form together with any supporting documents to:

Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Alternatively, completed forms and supporting documentation that are digitally signed and/or scanned, can be emailed to us at: **ccsfrontoffice@utmost.ie**

HOW WE USE YOUR INFORMATION

Our Privacy Notice explains when and why we collect personal information about our customers, how we use it, 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 Customer Operations team.

IMPORTANT INFORMATION

The change of ownership of the Policy to the Assignee will not be noted on the Policy Schedule until the assignment has been received, accepted by Utmost PanEurope dac (Utmost PanEurope), and the identity of the Assignee has been verified in accordance with anti-money laundering standards. In addition, a change in ownership is deemed a 'trigger event' under anti-money laundering regulations and we must bring any previous verification of identity up to current standards for all parties associated with the contract. As such, you may also be required to provide identity and address verification for the Assignors. You can obtain details of the documentary evidence needed to verify identity and address from our website www.utmostinternational.com or by contacting our Customer Operations team on **00 353 46 9099 700**.

This assignment of the Policy results in a change of ownership. It may also affect the personal tax of the parties involved. You should, therefore, refer to your professional advisers before completing this form to ensure that it meets your requirements.

The validity of any assignment made using this form shall be construed according to and governed by the laws of France.

No responsibility is accepted by Utmost PanEurope for any consequences arising from the assignment of the Policy.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland. Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland. Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.


Utmost PanEurope dac is authorised for the pursuit of the life insurance business in France on a freedom to provide services basis, and is duly registered for such purposes with the French Prudential Control and Resolution Authority (Autorité de Contrôle Prudentiel et de Résolution or 'ACPR') under the number 228159.

UPE WS PR 00122 | 01/25

A POLICY DETAILS

Policy number

Purpose of assignment
e.g. gift/sale

For example, this  may be a gift to a family member or sale to another party (e.g. for consideration of money or money's worth).

If this assignment is a sale, please
advise amount of consideration
EUR/GBP/USD/CHF*

* Delete as appropriate.

If the assignment arises from a sale (for money or money's worth), we will require additional information regarding the Assignee, including how the money being used for the purchase has been accumulated. We will ask for documentary evidence regarding source of wealth and may request additional information in order to satisfy our regulatory obligations.

B POLITICALLY EXPOSED PERSONS

Under our current anti-money laundering obligations, we are required to identify any 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.

Provide details in the box below of any persons that could be considered to be a PEP (as defined above) in relation to this application. Non-completion confirms that there are no associated PEPs:

C1 POLICYHOLDER (ASSIGNOR'S) DETAILS

1 Title (Mr, Mrs, Miss or Other)

Assignor 1

Assignor 2

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2 Surname

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Assignor is the person making the assignment of the Policy.

3 Maiden name
(if applicable)

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If there are more than two assignors, photocopy this page, complete and attach it securely to this form.

4 Previous name or any aliases (if applicable)

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5 Forenames (in full)

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6 Permanent residential address
(PO Boxes and 'care of' addresses are not acceptable)

	Postcode

	Postcode

7 Email address

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8 Telephone no.	<input type="text"/>	<input type="text"/>
9 Mobile Telephone no.	<input type="text"/>	<input type="text"/>
10 Employment Status	employed/self employed	employed/self employed
	retired/unemployed	retired/unemployed
Date of unemployment/ retirement	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
11 Occupation	<input type="text"/>	<input type="text"/>
12 Last year's annual income/Salary	<input type="text"/>	<input type="text"/>
13 Employer Name	<input type="text"/>	<input type="text"/>
14 Employer 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"/>
	<input type="text" value="Postcode"/>	<input type="text" value="Postcode"/>

If retired/unemployed, please provide your former occupation. including role e.g. Director and industry sector e.g. accountancy and include date of retirement or unemployment.

If you receive income other than from your Occupation, please provide full details here. (eg Dividend, Investment, rental income including the nature and source)

The Policyholder (Assignor) hereby assigns the Policy detailed in section A to the Assignee(s) as detailed in section C2.

The Policyholder confirms and declares that all information that the Policyholder has provided to Utmost PanEurope is accurate and correct to the best of the Policyholder's knowledge.

The Policyholder agrees to inform Utmost PanEurope immediately should any information within this form change, and understands that the Policyholder is obliged to do so.

The Policyholder acknowledges that Utmost PanEurope may disclose the Policyholder's personal data to relevant tax authorities as a consequence of its legal obligations.

	Assignor 1	Assignor 2	
Signed as a deed by the Assignor	<input type="text"/>	<input type="text"/>	SIGNATURE
Print full name	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
Date	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	

C2 ASSIGNEE'S DETAILS

Where multiple assignees are detailed here, they will jointly hold any policy segments being assigned.

	Assignee 1	Assignee 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Maiden name (if applicable)	<input type="text"/>	<input type="text"/>
4 Previous name or any aliases (if applicable)	<input type="text"/>	<input type="text"/>
5 Forenames (in full)	<input type="text"/>	<input type="text"/>
6 Nationality	<input type="text"/>	<input type="text"/>
7 Date of birth	<input type="text" value="ddmmYYYY"/>	<input type="text" value="ddmmYYYY"/>
8 Country of birth	<input type="text"/>	<input type="text"/>
9 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
10 Full correspondence address If your correspondence address is the same as your residential address, please tick here	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
11 Telephone no.	<input type="text"/>	<input type="text"/>
12 Email address	<input type="text"/>	<input type="text"/>
13 Employment Status	employed/self employed retired/unemployed	employed/self employed retired/unemployed
14 Date of unemployment/retirement	<input type="text" value="ddmmYYYY"/>	<input type="text" value="ddmmYYYY"/>
15 Occupation	<input type="text"/>	<input type="text"/>
16 Last year's annual income/salary	<input type="text"/>	<input type="text"/>
17 Employer Name	<input type="text"/>	<input type="text"/>
18 Employer Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>

Assignee is the person who is receiving the Policy. Note, if only some of the persons are to be changed on a Policy then some Policyholders may need to sign as both Assignor and Assignee. For example, client A and client B wish to assign a Policy to client B and a new client C. Here, client B needs to sign as both Assignor and Assignee.

If there are more than two assignees, photocopy this page, complete the relevant details and attach it securely to this form.

If retired/unemployed, please provide your former occupation including role e.g. Director and industry sector e.g. accountancy and include date of retirement or unemployment.

If you receive income other than from your Occupation, please provide full details here. (eg Dividend, Investment, rental income including the nature and source)

C3 INTERNATIONAL TAX COMPLIANCE SELF-CERTIFICATION

You **must** complete the relevant separate Tax Declaration

For individuals: **Tax Declaration and Self Certification for Individual Investors**

For individual trustees: **Tax Declaration and Self Certification for Trusts**

For corporate entities: **Tax Declaration and Self Certification for Entity Investors (Corporate and Trustee Investors)**

D ASSIGNEE DECLARATION

The Assignee understands that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to Utmost PanEurope by the Assignee or on the Assignee's behalf was misleading or incomplete, then this might invalidate the Assignee's contract and adversely affect the Assignee's right to the payment of Policy benefits. The Assignee understands the requirement to provide accurate and relevant information in the Assignee's dealings with Utmost PanEurope is continuous and binding upon the Assignee or any subsequent holder of the Policy.

The Assignee agrees that this information, together with any supporting information completed or given by the Assignee in the Assignee's name, shall form the basis of the contract with Utmost PanEurope.

The Assignee confirms that all information that the Assignee has provided to Utmost PanEurope is accurate and correct to the best of the Assignee's knowledge.

The Assignee agrees to inform Utmost PanEurope immediately should any information within this form change, and understands that the Assignee is obliged to do so.

The Assignee accepts that:

- › the selection of investments is the Assignee's responsibility, or, where appropriate, that of the Assignee's Investment Adviser or any appointed Discretionary Fund Manager and/or Custodian
- › Utmost PanEurope has no legal responsibility in respect of future performance of such linked assets.

The Assignee agrees that a copy of the Assignee's agreement given in this Declaration will have the validity of the original. The Assignee understands that the Assignee's Insurance Intermediary is acting as the Assignee's agent and not as an agent of Utmost PanEurope.

The Assignee confirms and declares that the Assignee is habitually tax resident in the jurisdiction entered in section C2 of this Assignment of Policies Form.

The Assignee agrees and acknowledges that subject to the acceptance of this Assignment by Utmost PanEurope, the Policy is subject to the existing Policy Conditions as amended from time to time together with any relevant declaration or consents given by any previous Policyholder(s) to Utmost PanEurope.

	Assignee 1	Assignee 2	
Signed as a deed by the Assignee	<div></div>	<div></div>	SIGNATURE
Date	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>	<div> <div>The witness must be independent, not next of kin or linked to the Policy.</div> <div></div> </div>
In the presence of (full name of witness)	<div></div>	<div></div>	
Witness SIGNATURE	<div></div>	<div></div>	SIGNATURE
Date	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>	
Witness address	<div></div>	<div></div>	
	<div></div>	<div></div>	
	<div></div>	<div></div>	
	<div></div>	<div></div>	
Postcode	<div></div>	<div></div>	
Occupation of witness	<div></div>	<div></div>	
	<div></div>	<div></div>	

DECLARATION OF CONNECTED PARTIES TO THE POLICY

In the following circumstances additional signatures are required:

- › if an Accepting (irrevocable) Beneficiary has been appointed
- › if the Life Assured(s) are not the named Assignor/Assignee
- › if the Policy has been pledged or transferred to another party.

If there are more than two Lives Assured or irrevocable Beneficiaries, photocopy this page and attach it securely to this form.

SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print full name	<div></div>	<div></div>	
	<div></div>	<div></div>	
Date	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>	

E IDENTIFICATION REQUIREMENTS

Below you will find the standard minimum requirements. In some circumstances we may request additional documentation or information.

All copies of documents must be certified as per the requirements detailed under the 'certifying documents' section below.

For each Assignee we require one suitably certified copy of a document from **Part 1** together with one suitably certified copy of a document from **Part 2**.

PART 1 - PERSONAL IDENTITY

- › Valid passport
- › Government issued document (with photograph)
- › A current driving licence (with photograph)*.

If you do not have appropriate identity verification, give the reason in the box below **and provide two forms of address verification from Part 2 instead**.

*A driving licence is not acceptable as identity verification unless a valid passport is not held.

PART 2 - VERIFICATION OF ADDRESS

- › A current driving licence (both parts i.e. card and paper where applicable)
- › A recent utility bill dated and certified within the last 6 months (excluding mobile phone bills)
- › An account statement from a bank or building society dated and certified within the last 6 months
- › A credit card statement dated and certified within the last 6 months (store cards are not acceptable)
- › An original, or certified copy, of a rates or council tax bill dated within the last 12 months
- › A recent mortgage statement, giving the residential address
- › A government produced document showing benefit entitlement dated and certified within the last 6 months
- › Proof of ownership or rental at residential address
- › An original, or originally certified copy, of a tax assessment dated within the last 12 months
- › Proof of payment for a P.O. Box service (which must also show the residential address).

Documents must be the most recent available. Mobile phone bills, store cards & online statements are not acceptable.

If the driving licence is being used in **Part 1** it cannot be used in **Part 2**, and vice versa.

CERTIFYING DOCUMENTS

All copies of documents submitted as evidence of identity or address must be of the original document; previously certified copies can't be copied again.

Copies of documents must be certified by a suitable certifier. A suitable certifier may be one of those listed below, provided that they are from a recognised jurisdiction and we can verify their status:

- › A director or manager of an authorised credit or financial institution
- › A regulated Insurance Intermediary, or authorised employee of a regulated introducer
- › A chartered accountant
- › A notary public, commissioner for oaths, lawyer, advocate, or other formally appointed member of the judiciary
- › A registrar or other civil or public servant who is authorised to certify documents as part of their role i.e. a passport office employee
- › An authorised representative of an embassy or consulate of the country who issued the identification document.

Certifications must be clear, legible and bear the wet signature of the certifier. The certifier should state on the document, 'I certify this to be a true copy of the original' and include the following details:

- › Signature of certifier
- › Full name and position/job title of the certifier
- › Company name and address
- › Any additional details such as membership number from a regulated body
- › Contact details of the certifier
- › Date of certification
- › If a document has multiple pages, the certification on the first page should state the total number of pages in the document.

For non-UK certifiers and documents in a language other than English, please contact us on **00 353 46 9099 700** for assistance.

Post Office certifications are not acceptable.

A certifier should not have any conflict of interest (e.g. must not be related to the individual).