

DEATH BENEFIT REQUEST FORM

ITALY

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Luxembourg S.A.

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

Policy Number

The above-mentioned policy (the "**Policy**"): (select only one of the two options)

will be/has been concluded by Utmost Luxembourg S.A. (the "**Insurer**") under the Freedom of Services regime.

will be/has been issued by Utmost Luxembourg S.A. and concluded through its branch in Milano (Italia) (the "**Italian Branch**") (Utmost Luxembourg S.A. and the Italian Branch are jointly referred to as the "**Insurer**").

Please send this document, duly completed and signed in original, together with any additional documentation required, to the following address:

- > in the case of a policy concluded under the Freedom of Services regime, to: Partner & Client Services Italy, Utmost Luxembourg S.A., 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg, fax +352 34 61 90.
- > for policies taken out through the Italian Branch, to: Utmost Luxembourg S.A., Italian Branch in Italia, Milano, Piazza San Marco n. 3, CAP 20121, fax +39 02 3670 5263.

Beneficiary physical person 1

Mr

Mrs

Other

Surname(s)

First name(s)

Date of birth

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

Place of birth

Nationalities
(please list all)

Residential address

Street/N°

City/County

Postcode

Country

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

TAX COUNTRIES (PLEASE AVOID ANY ABBREVIATION)	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	REASON IF TIN UNAVAILABLE (A, B OR C)*	EXPLANATION IF TIN UNAVAILABLE (REASON B ONLY)

For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

Name of the bank

Address

Street/N°

City/County Postcode

Country

Telephone

E-mail

Account holder name

Sort Code Account number

SWIFT/BIC IBAN

Cash account currency

Asset account number (for payment in specie only)

Beneficiary physical person 2

Mr Mrs Other

Surname(s) First name(s)

Date of birth Place of birth

Nationalities (please list all)

Residential address

Street/N°

City/County Postcode

Country

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

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For entities: Please promptly within 30 days provide an AEoI Self-Certification Form for Entities duly filled in.

Name of the bank

Address

Street/N°

City/County Postcode

Country

Telephone

E-mail

Account holder name

Sort Code Account number

SWIFT/BIC IBAN

Cash account currency

Asset account number (for payment in specie only)

Beneficiary physical person 3

Mr Mrs Other

Surname(s) First name(s)

Date of birth Place of birth

Nationalities (please list all)

Residential address

Street/N°

City/County Postcode

Country

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

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For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

Name of the bank

Address

Street/N°

City/County Postcode

Country

Telephone

E-mail

Account holder name

Sort Code Account number

SWIFT/BIC IBAN

Cash account currency

Asset account number (for payment in specie only)

Beneficiary physical person 4

Mr Mrs Other

Surname(s) First name(s)

Date of birth Place of birth

Nationalities (please list all)

Residential address

Street/N°

City/County Postcode

Country

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

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For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

Name of the bank

Address

Street/N°

City/County Postcode

Country

Telephone

E-mail

Account holder name

Sort Code Account number

SWIFT/BIC IBAN

Cash account currency

Asset account number (for payment in specie only)

Beneficiary physical person 5 Mr Mrs Other

Surname(s) First name(s)

Date of birth Place of birth

Nationalities (please list all)

Residential address
Street/N°

City/County Postcode

Country

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

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For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

Name of the bank

Address
Street/N°

City/County Postcode

Country

Telephone

E-mail

Account holder name	<input type="text"/>		
Sort Code	<input type="text"/>	Account number	<input type="text"/>
SWIFT/BIC	<input type="text"/>	IBAN	<input type="text"/>
Cash account currency	<input type="text"/>		
Asset account number	<input type="text"/>	(for payment in specie only)	

- * Reason A The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
- Reason B The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the table if you have selected this reason).
- Reason C No TIN is required (Note. Only select this Reason C if the authorities of the country of tax residence entered do not require the TIN to be disclosed).

Beneficiary legal entity

Name of company	<input type="text"/>		
Street/N°	<input type="text"/>		
City/County	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
Nationalities (please list all)	<input type="text"/>		
Name of the bank	<input type="text"/>		
Address	<input type="text"/>		
Street/N°	<input type="text"/>		
City/County	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
Telephone	<input type="text"/>	E-mail	<input type="text"/>
Account name	<input type="text"/>		
Sort Code	<input type="text"/>	Account number	<input type="text"/>
SWIFT/BIC	<input type="text"/>	IBAN	<input type="text"/>
Cash account currency	<input type="text"/>		
Asset account number	<input type="text"/>	(for payment in specie only)	

Legal representative 1

Mr Mrs Other

Surname(s) First name(s)

Date of birth Country of birth

Residential address
Street/N°

City/County Postcode

Country

Legal representative 2

Mr Mrs Other

Surname(s) First name(s)

Date of birth Country of birth

Residential address
Street/N°

City/County Postcode

Country

(**"Beneficiary"**)

Name(s) of deceased Life/Lives Assured

(**"Life/Lives Assured"**)

The undersigned claimant(s) is/are entitled to the Policy Proceeds of the above Policy and request(s) that such Policy Proceeds be transferred to the following account.

- › I/We confirm that I/we have not transferred, assigned or in any way encumbered my/our rights or title under the Policy;
- › I/We understand that any and all outstanding indebtedness will be deducted from the Policy Proceeds;
- › I/We acknowledge that this death claim will be executed in accordance with the General Conditions of the Policy; and
- › I/We agree that on payment of the Policy Proceeds, Utmost Luxembourg S.A. will be discharged absolutely from its obligations in respect of the Policy.

SPECIFIC DISCLOSURE MANDATE TO UTMOST LUXEMBOURG S.A. AND TO THE INTERMEDIARY FOR TAX AND REGULATORY PURPOSES

The undersigned Policyholder

(the "Policyholder")

gives this specific disclosure mandate for information transmission to Utmost Luxembourg S.A. with registered office at 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg (hereinafter "Utmost Luxembourg S.A.") and to the Intermediary for Tax and Regulatory Purposes in :

Registered office address

It is understood and agreed as follows:

- a. The Policyholder expressly grants the Insurer to transmit directly and/or through the appointed Intermediary for Tax and Regulatory Purposes to the competent authorities (including, for example, the Revenue Agency, the Bank of and Insurance Supervisory Authority) any information, documents and data, be it confidential or otherwise, relating to the Policy above-mentioned in order to comply with fiscal, legal and regulatory obligations of the Insurer in (including, for example, the communication to Financial Relations Archives, the registration in the Centralised Computer Archive at Bank of , and the fulfillments for FATCA).
- b. The Policyholder expressly and irrevocably grants the Intermediary for Tax and Regulatory Purposes, or any of its officers or employees, the power and instructs them, by virtue of this specific disclosure mandate, to:
 - i. Obtain from the the Insurer or any of its officers or employees, the information, documentation and/or data, be it confidential or otherwise, relating to the above-mentioned Policy required to comply with the the Insurer's tax, legal and regulatory obligations in . This information, documentation and/or data may be communicated by the the Insurer to the Intermediary for Tax and Regulatory Purposes by means of telephone, fax, post (registered or not) or by any electronic means;
 - ii. Disclose the aforementioned information, documentation and/or data to the relevant tax authorities to the extent necessary to comply with the the Insurer's tax, legal or regulatory obligations in .
- c. If any party to this mandate is the subject of a merger, conversion or consolidation into another corporate entity, the resultant entity shall (to the extent permitted by applicable law) be the successor of such party. In such event, any of the parties may terminate this mandate without notice within 30 days of receipt of notification of such merger, conversion or consolidation event. In the absence of termination in this manner, the mandate shall remain in force.
- d. If the appointment of the Intermediary for Tax and Regulatory Purposes is terminated for whatever reason and a new Intermediary for Tax and Regulatory Purposes is appointed by the the Insurer, the the Insurer shall communicate to the Policyholder such change of Intermediary for Tax and Regulatory Purposes. The new Intermediary for Tax and Regulatory Purposes shall in all respects be deemed to be entrusted by the Policyholder with the same powers as the Intermediary for Tax and Regulatory Purposes. The Intermediary for Tax and Regulatory Purposes shall communicate all relevant information, documentation and/or data on the Policy to the new Intermediary for Tax and Regulatory Purposes.
- e. This mandate shall be governed by and construed in accordance with the laws of the Grand Duchy of Luxembourg. The courts of Luxembourg shall have exclusive jurisdiction in respect of any dispute relating to the existence, interpretation, validity and performance of this specific disclosure mandate.

Beneficiary (physical person)

Please precede the signature by the handwritten clause "good for mandate"

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

Beneficiary (physical person)

 Please precede the signature by the handwritten clause "good for mandate"


SIGNATURE

Date

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

Place

Beneficiary (physical person)

 Please precede the signature by the handwritten clause "good for mandate"

SIGNATURE

Date

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

Place

Beneficiary (physical person)

 Please precede the signature by the handwritten clause "good for mandate"

SIGNATURE

Date

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

Place

Beneficiary (physical person)

 Please precede the signature by the handwritten clause "good for mandate"

SIGNATURE

Date

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

Place

Signature and Stamp of the Beneficiary legal entity 1

SIGNATURE

Date

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

Place

INSTRUCTIONS AND DOCUMENTS

Instructions and documents

All necessary sections of this document must be completed, taking care to select the appropriate boxes, according to the instructions provided in italics.

The documents required to process the death benefit request are as follows:

- › the original Policy Certificate and any appendices (if the Beneficiary intends to invoke general conditions that differ from those set out in the documentation held by the Insurer or if there are doubts about the authenticity of the Policy or other documentation that the Beneficiary intends to invoke). The provisions herein do not imply a reversal of the burden of proof in the event of a dispute with the Insurer;
- › original death certificate(s) of the Live/Lives Assured. The Insurer reserves the right to request the attending physician's report and, in the event of hospitalisation, a copy of all medical records, complete with medical history and authenticated by the Health Department, any autopsy report or any other document relating to the cause of death;
- › if requested by the Insurer, please send the report from the attending physician and, in the event of hospitalisation, a copy of all medical records, complete with medical history and authenticated by the Health Department, any autopsy report or any other document relating to the cause of death;
- › affidavit or declaration in lieu of affidavit, which must state (under his own responsibility): (1) the identity of the Beneficiary or Beneficiaries; (2) that the Policyholder has not left a will or that the will does not contain any provisions tending to vary or revoke the designation of the Beneficiary indicated in the Policy; (3) (in the case of designation in favour of heirs and in the presence of a will) that every attempt has been made and everything in their power has been done to ascertain that the will presented is the only one or, in the case of multiple wills, that it is the one considered valid; that there are no disputes against the will or wills; the absence of other Beneficiaries other than those mentioned; (4) (in the case of designation in favour of heirs and in the absence of a will) the family status of the Policyholder with the age of each eligible member and, if married, the legal regime between the spouses and the fact that no separation decree has been pronounced between the Policyholder and his/her spouse;
- › (if there is a will) a certified copy or extract of the will;
- › in the case of Beneficiaries who are minors or incapacitated, the original or certified copy of the decree of the Guardianship Judge authorising the legal representative of the minor or incapacitated Beneficiaries to collect the amount due on their behalf, exempting the Insurer from any liability regarding the payment and any reuse of the sum itself;
- › a copy of a valid identity document (identity card or passport) and the document assigning the tax code of each beneficiary;
- › this Request signed by all beneficiaries;
- › if requested by the Insurer, any other document useful for proving the applicant's entitlement.

IMPORTANT:

Depending on the destination of the payment, the liquidity of the underlying investments and the settlement timing of each manager, the status of this Request and the related payment may be delayed beyond the ordinary contractual deadline.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost Luxembourg S.A. is registered with R.C.S. under number B37604 and regulated by the Commissariat aux Assurances (CAA)
Registered office address: 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg
Utmost Wealth Solutions is registered in Luxembourg as a business name of Utmost Luxembourg S.A.