

ASSIGNMENT OF POLICY SEGMENTS FOR IMMEDIATE SURRENDER

IMPORTANT NOTES

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost International Isle of Man Limited.

This form is used by policyholders for the purpose of assigning policy segments issued by Utmost International Isle of Man Limited, to an assignee who wishes to fully surrender those policy segments immediately. The assignee should complete Section B of the form to accept the transfer of the policy segments and Section C to instruct the surrender of the policy segments. The assignor(s) must complete Section A to authorise the assignment.

This form is not appropriate for the assignment and surrender of policies issued by Utmost PanEurope dac. It cannot be used by a beneficiary wishing to take personal ownership of policies without surrendering them or to request any other form of distribution. This form is also not to be used for policies where Utmost Trustee Solutions Limited are the professional trustee. If you think you have the wrong form, contact us using the details at the bottom of this page or visit our website www.utmostinternational.com

HOW TO COMPLETE THIS FORM

Complete this form using **black or blue 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.**

Throughout this form, 'I', 'me' and 'my' mean the assignor or assignee where applicable and 'we' or 'the Company' refers to Utmost International Isle of Man Limited.

In this form words in the singular shall include the plural and vice versa.

Payments will not be released by the Company until all necessary documentation and settlement of funds sales have been received.

Once complete, return this form and any supporting documents by post to: **Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.**

If your policy was previously held with Royal Skandia, Old Mutual International or Quilter International please email IOMservicing@utmostgroup.com

Please note that where sent by email, we reserve the right to request the original form and/or supporting documents to be sent to us by post.

CHECKLIST AND IDENTIFICATION REQUIREMENTS

We want to process your assignment and subsequent surrender as quickly as possible. To help us do this:

- › Please secure all required identity and address verification (if they are not already held by the Company) together with any other supporting documentation to this form.
- › Ensure the correct parties have signed the form on pages 4, 7 and 9, ensuring the signature(s) on pages 4 and 7 are witnessed.

Under Isle of Man anti-money laundering regulations we are required to verify the identity and address of all applicant(s) related to a contract. Refer to our [Anti-Money Laundering and Source of Wealth Requirements](#) for more information.

IMPORTANT NOTES FOR ASSIGNMENTS

The change of ownership to the assignee will not be noted on the policy until the assignment request has been received and accepted by the Company. 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. You can obtain details of the documentary evidence needed to verify identity and address from our website www.utmostinternational.com. If you require any further information or assistance, contact our Customer Support team on + 44 (0) 1624 643 345.

As this assignment of policy segments results in a change of ownership, it may also affect the personal taxation of the parties involved. You should speak to your financial adviser 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 England and Wales. Please note, the assignment takes place as at that date in which this form is signed. If between the date of signing and the surrender, the policyholders choose not to proceed with the surrender and they would like to return the policy to the original ownership, we will require a new Assignment deed to be completed. It is not possible to unwind the change of ownership.

No responsibility is accepted by the Company for any consequences arising from the assignment of individual policy segments within a bond.

IMPORTANT NOTES FOR SURRENDERS

Tax information

In order to comply with our international tax information exchange obligations, in some circumstances we may need to ask you to complete a **Tax Information Exchange Pack - Self-Certification for Individuals form** before we can release any payments.

Taxation notes

The taxation consequences of the surrender of policies will depend on your country of residence and individual circumstances. **We strongly recommend that you consult your financial adviser for information on the tax implications before submitting this form.**

As part of our reporting requirements for an overseas insurer, if you are UK resident and a chargeable gain arises on the surrender of policies, we will report the chargeable gain to HM Revenue & Customs (HMRC) and a copy of the certificate will be issued to you. This is in addition to your own obligation to report all 'chargeable gains' in your tax return.

Surrender Valuations

Surrenders of one or some policy segments linked to externally managed investment portfolios will be based on an updated valuation which the Company will request from the external investment manager. These surrenders will only start to be processed upon receipt of the new valuation, which could take five working days or more.

Any surrender valuation given over the phone or by email will be based on the latest fund prices available. The price achieved when the linked investments are sold, and therefore the actual surrender value, may be different. These valuations don't necessarily include any charge that may be applied by the investment manager (if applicable).

Sale of funds, the dealing account, and debit interest

A sale of funds associated with a surrender instruction will normally be placed within two working days after the assignment of policies has been completed and accepted by the Company and the valuation has been received. The Company's ability to place the deal will depend on the nature of the investments held - some investments trade infrequently.

If your bond has a dealing account then all payments, including the bond charges and any regular withdrawals or adviser charges are debited from this account. If this results in an overdrawn balance, debit interest will be applied at the current rates.

Where the value of the policy segments is linked to externally held investment funds, please allow a minimum of two to three weeks for settlement. Some funds may take longer.

Third party payments

Payments to third parties are not normally permitted. If you are considering a third party payment you can contact our Customer Support team in the first instance who will be pleased to discuss individual requirements in more detail before you submit your request. 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. We will also need evidence of the identity of the person receiving the payment and of the account the payment is being paid to.

A ASSIGNMENT OF POLICIES

A1 POLICY DETAILS

Policy number

Individual Policy Segments to be assigned and surrendered

For example, 1 - 10.

Purpose of assignment

A gift Part of a divorce settlement (no Court Order applies) A transfer to a beneficiary of a trust (including Will trusts) To the trustees of the trust identified in section B1	Part of a divorce settlement (Court Order applies) A transfer for money's worth or consideration** A transfer to a beneficiary of a Will
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If the assignment is a sale, advise amount of consideration

*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.

A2 ASSIGNOR DETAILS

	Assignor 1	Assignor 2	
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>	Assignor - is the person making assignment of policies. 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 assignors, photocopy this page, complete the relevant details and attach it securely to the form.
2 Surname	<input type="text"/>	<input type="text"/>	
3 Maiden name, previous name or alias, if applicable ¹	<input type="text"/>	<input type="text"/>	
4 Forenames (in full)	<input type="text"/>	<input type="text"/>	
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>	
Postcode	<input type="text"/>	<input type="text"/>	
6 Employment status	Employed or Self-Employed Retired or Unemployed	Employed or Self-Employed Retired or Unemployed	If retired or unemployed please confirm previous occupation and employer details.
7 Date of retirement or leaving employment (if applicable)	<input type="text" value="d d m m y y y y"/>	<input type="text" value="d d m m y y y y"/>	
8 Occupation	<input type="text"/>	<input type="text"/>	
9 Employer	<input type="text"/>	<input type="text"/>	

¹ If not completed we will assume you have never been known by another name.

UTMOST INTERNATIONAL ISLE OF MAN LIMITED
ASSIGNMENT OF POLICIES FOR IMMEDIATE SURRENDER

10 Employer address

Postcode

If surrendering segments and there is currently a regular withdrawal being taken from the bond, do you want the regular withdrawal amount to be reduced? Yes No

If yes, how would you like your regular withdrawals to be reduced?

Decrease in line with the revised 5% annual tax-deferred entitlement

OR

Confirm the new regular withdrawal amount

This section can't be used to reduce any regular adviser charges paid from the bond. If required, please complete the Adviser Charges Pack with your adviser.

Please note, the policy terms and conditions may outline the minimum regular withdrawal amount that must be maintained for payments to continue.

A3 ASSIGNOR DECLARATION

I hereby assign the policy or policies of assurance detailed in section A to the assignee(s) named in section B.

I confirm and declare that all information I have provided to the Company is accurate and correct to the best of my knowledge.

I agree to inform the Company immediately should any information within this form change, and understand that I am obliged to do so.

I acknowledge that the Company may disclose personal data to relevant tax authorities as a consequence of its legal obligations.

	Assignor 1	Assignor 2
SIGNATURE Signed as a deed by Assignor	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date	<input style="width: 100%; height: 20px;" type="text" value="d d m m y y y y"/>	<input style="width: 100%; height: 20px;" type="text" value="d d m m y y y y"/>
In the presence of (full name of witness)	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Witness SIGNATURE	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date	<input style="width: 100%; height: 20px;" type="text" value="d d m m y y y y"/>	<input style="width: 100%; height: 20px;" type="text" value="d d m m y y y y"/>
Witness address	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Postcode	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Occupation of witness	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

SIGNATURE

If there are more than two assignors, please photocopy this page, sign the additional pages and attach securely to this form.

SIGNATURE

The witness must be independent, not next of kin or linked to the bond.

B ASSIGNEE DETAILS

B1 ASSIGNEE DETAILS

	Assignee 1	Assignee 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3 Surname	<input type="text"/>	<input type="text"/>
4 Maiden name, previous name or alias, if applicable ²	<input type="text"/>	<input type="text"/>
5 Forenames (in full)	<input type="text"/>	<input type="text"/>
6 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
7 Full correspondence address (only required if it differs from the permanent residential address)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
8 Telephone number	<input type="text"/>	<input type="text"/>
9 Email address	<input type="text"/>	<input type="text"/>
10 Country of birth	<input type="text"/>	<input type="text"/>
11 Date of birth	<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"/>
12 Employment status	Employed or Self-Employed Retired or Unemployed	Employed or Self-Employed Retired or Unemployed
13 Date of retirement or leaving employment (if applicable)	<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"/>
14 Employer	<input type="text"/>	<input type="text"/>
15 Employer address	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/> Country <input type="text"/>	Postcode <input type="text"/> Country <input type="text"/>
16 Occupation	<input type="text"/>	<input type="text"/>
17 Nationality	<input type="text"/>	<input type="text"/>
18 Relationship (if any) to the assignor	<input type="text"/>	<input type="text"/>

Assignee - is the person who is receiving the policy(ies).
 If there are more than two assignees, photocopy this page, complete the relevant details and attach it securely to this form.

If clients A and B wish to assign individual segments to be held jointly by clients B and C, then clients B and C must complete their details within the 'Assignee Details' section.

Include all countries in which you are tax resident. If you can't provide a tax reference for all countries in which you are tax resident (such as a National Insurance number for UK residents, or Tax Identification Number for US residents) in the section below then you will need to complete a separate declaration from our **Tax Information Exchange Pack**, which we can provide on request.

If retired or unemployed please confirm previous occupation and employer details.

² If not completed we will assume you have never been known by another name.

UTMOST INTERNATIONAL ISLE OF MAN LIMITED
ASSIGNMENT OF POLICIES FOR IMMEDIATE SURRENDER

19 Where the assignees (the new owners) are trustees of an existing trust, the trust details are:

Name of trust	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Declared on	<input style="width: 25%; text-align: center;" type="text" value="d"/> <input style="width: 25%; text-align: center;" type="text" value="d"/> <input style="width: 25%; text-align: center;" type="text" value="m"/> <input style="width: 25%; text-align: center;" type="text" value="m"/> <input style="width: 25%; text-align: center;" type="text" value="y"/> <input style="width: 25%; text-align: center;" type="text" value="y"/> <input style="width: 25%; text-align: center;" type="text" value="y"/> <input style="width: 25%; text-align: center;" type="text" value="y"/>	<input style="width: 25%; text-align: center;" type="text" value="d"/> <input style="width: 25%; text-align: center;" type="text" value="d"/> <input style="width: 25%; text-align: center;" type="text" value="m"/> <input style="width: 25%; text-align: center;" type="text" value="m"/> <input style="width: 25%; text-align: center;" type="text" value="y"/> <input style="width: 25%; text-align: center;" type="text" value="y"/> <input style="width: 25%; text-align: center;" type="text" value="y"/> <input style="width: 25%; text-align: center;" type="text" value="y"/>	
20 Country/Countries of Tax Residency	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Notes on tax residency for individuals

Your tax residence generally is the country in which you live for more than half a year. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (dual residency). The country/countries in which you pay income tax are likely to be your country/countries of tax residence. If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US. You can find more information on tax residency at <http://www.oecd.org/automatic-exchange/crs-implementation-and-assistance>

21 National Insurance (NI) number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
22 US Tax Identification Number (T.I.N)	<input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/> - <input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/> - <input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/>	<input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/> - <input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/> - <input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/> <input style="width: 25%; text-align: center;" type="text" value="N"/>	
23 Other tax reference number(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

ONLY complete this section if you are UK tax resident.

ONLY complete this section if you are US tax resident.

B2 - POLITICALLY EXPOSED PERSONS

Under our current anti-money laundering obligations we are required to identify any person associated with this assignment for surrender who could be classed as a Politically Exposed Person (“PEP”) and obtain Enhanced Due Diligence for each. 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. For each person named below, please complete a Source of Wealth Questionnaire ensuring the information reflects their entire body of wealth.

Provide details in the box below if you could be considered to be a PEP (as defined above) in relation to this assignment for surrender request. Non-completion confirms that there are no associated PEPs:

B3 - ASSIGNEE DECLARATION

I understand that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to the Company by me or on my behalf was misleading or incomplete, then this might invalidate my contract and adversely affect my right to the payment of policy benefits.

I understand the requirement to provide accurate and relevant information in my dealings with the Company is continuous and binding upon me.

I agree that this information, together with any supporting information completed or given by me in my name, shall form the basis of the contract with the Company.

I confirm and declare that all information that I have provided to the Company is accurate and correct to the best of my knowledge.

I agree to inform the Company immediately should any information within this form change, and understand that I am obliged to do so.

I accept that the Company has no legal responsibility in respect of the performance of any assets linked to the policies.

UTMOST INTERNATIONAL ISLE OF MAN LIMITED

ASSIGNMENT OF POLICIES FOR IMMEDIATE SURRENDER

I agree that a copy of my agreement given in this declaration will have the validity of the original. I understand that my financial adviser is acting as my agent and not an agent of the Company.

I confirm and declare that I am habitually tax resident in the jurisdiction/s entered in Section B of this **Assignment of Policies for Immediate Surrender Form**.

I agree and acknowledge that subject to the acceptance of this assignment by the Company, 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 the Company.

HOW THE COMPANY USES YOUR INFORMATION

We use the information you give us, about yourself and other people, to provide our products and services. In order to support our products and services, we transfer information between different entities within our immediate operating group and to appointed data processors, but we do not transfer information to other parties, unless required to do so by law or regulation. We do not carry out marketing using the information or transfer, or sell, your personal information to others for marketing purposes.

More 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. We publish our Privacy Notice on our website at www.utmostinternational.com or you can contact us on **+44 (0)1624 643 345** and request a copy.

All linked parties to this **Assignment of Policies for Immediate Surrender Form** should read the Privacy Notice to understand how the data provided about them will be used.

I acknowledge that:

The Company will store, process or pass on my data whether or not this assignment is accepted.

	Assignee 1	Assignee 2																	
SIGNATURE Signed as a deed by assignee	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	SIGNATURE																
Print name	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	If there are more than two assignees, please photocopy this page, sign the additional pages and attach securely to this form.																
Date	<table border="1" style="width: 100%; text-align: center; font-size: x-small;"> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>	d		d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center; font-size: x-small;"> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>	d	d	m	m	y	y	y	y
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In the presence of (full name of witness)	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	The witness must be independent, not next of kin or linked to the bond.																
Witness SIGNATURE	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>																	
Date	<table border="1" style="width: 100%; text-align: center; font-size: x-small;"> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>	d	d	m	m	y	y	y	y	<table border="1" style="width: 100%; text-align: center; font-size: x-small;"> <tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>	d	d	m	m	y	y	y	y	SIGNATURE
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												
Witness address	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>																	
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Occupation of witness	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>																	
	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>																	

C SURRENDER OF POLICIES

C1 - CHARGEABLE EVENT CALCULATIONS

For UK residents, the exact tax implications of the full surrender of a policy may differ depending on your personal circumstances. Surrenders of policies are taxed differently from withdrawals.

If required we can provide an updated chargeable event calculation to give you an indication of the amount of your payment that may be liable to UK income tax so that you can decide if you wish to proceed with the assignment for immediate surrender.

Do you want us to complete a chargeable event calculation before we proceed with your instruction? Yes No

If a calculation is requested, we won't process the assignment for surrender until we have received your confirmation that you wish to proceed. Before you request a surrender you should always speak to your financial adviser to understand your personal tax position. **We cannot reverse any surrender once it has been processed.**

C2 - PAYMENT METHOD

For speed and security, the preferred payment methods are electronic.

Payments sent by BACS take three to five working days to clear in your account after the payment has been sent and there is currently no charge for this payment method.

For any payments sent by CHAPS or telegraphic transfer we will take a payment charge (in addition to any charges that may accrue with your correspondent bank). Please contact our Customer Support team for the current charge amount.

Payment should be made direct to my bank or financial institution account by

BACS (£ UK Only) Telegraphic transfer (non-sterling payments and payments overseas)
 CHAPS (£ UK Only)

If the payment method is left blank, the payment will be made by BACS transfer.

C3 - BANK ACCOUNT/BUILDING SOCIETY DETAILS

Name of account holder

Account number (for BACS payments this must be 8 digits)

Bank sort code - - (must be 6 digits)

Building Society roll number (if applicable)

Bank BIC/Swift code (required for all banks outside the UK)

IBAN (required for all bank accounts in the EEA)

Bank/Building Society name

Address

Postcode

If we have not paid to this account before, please include a copy of a bank statement (dated within the last six months) to verify the details (if not already provided as proof of address). Further customer due diligence may be required for foreign payments.

If there is more than one Assignee, photocopy this page, complete the relevant details and attach it securely to this form.

If an IBAN is not supplied for an EEA bank account, due to EEA regulations we will be unable to process your payment.

D IDENTIFICATION AND CERTIFICATION REQUIREMENTS

Under Isle of Man anti-money laundering regulations we are required to verify the identity and address of all assignee(s). 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 existing policyholders/trustees. As such, you may also be required to provide identity and address verification for the assignors. Please refer to our **Anti-Money Laundering and Source of Wealth Requirements** for more information.

Guidance on how to certify and suitable certifiers is available on our **Anti-Money Laundering and Documentation Certification Requirements guidance note**.

If you are presenting documentation to verify identity or address please confirm how the certifier reviewed the documents.

	Assignor 1	Assignor 2	Assignee 1	Assignee 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				

Certification Requirements

Identity verification

I certify that this document is a true copy of the original which I have sighted and the photograph represents a good likeness of the client who I have met.

Address verification

I certify that this document is a true copy of the original which I have sighted.

E DECLARATION

By signing this section below I confirm that:

- › I understand that the surrender will be made in accordance with this form, the 'Policy Provisions and Fund Rules', at my own risk and in full and final settlement of the Company's liability for any units surrendered. Where one policy is, or multiple policies are, being fully surrendered it is acknowledged that payment shall discharge all liabilities and claims arising from the said policy(ies).
- › I have read the notes and understand that I may incur charges in respect of this payment.
- › I acknowledge that the Company 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.

	Assignee 1	Assignee 2																
SIGNATURE	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>																
Print full name	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>																
Principal place of residence/ address	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div> <div style="border: 1px solid black; height: 20px;"></div>																
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d	d	m	m	y	y	y	y											

SIGNATURE

As the surrender of policies will take place after the change of ownership has completed, the assignee(s) must sign this section as the new policyholder(s).

A WEALTH *of* DIFFERENCE