SPECIMEN SIGNATURE FORM



Please ensure that all sections are fully completed. Please note that in this form words in the singular shall include the plural and vice versa.

This form should be used for policies issued by Utmost Limited and Utmost Ireland dac.

Please complete this form using **blue or black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Please do not use correction fluid**.

SIGNATURE This symbol highlights the signature sections within this form which need to be signed by the policyholder or witness.

IMPORTANT INFORMATION

In order to maintain our records please provide a specimen of your signatures below, which should be witnessed by a Notary Public, a Commissioner for Oaths or a financial adviser who is regulated in the UK, or in such other jurisdictions as we may agree. If you require any additional information regarding a suitable witness, please contact us on +44 (0)1624 643 345.

Please read this information carefully before completing this form

- If you are using this form to coincide with a change of name, you must provide both your previous and new signature.
- If you are completing this as Executors of a Will, please complete the address as the current correspondence address for the bond and sign in the new signature boxes.
- If you have been asked to complete this form due to your signature appearing different to our records, please complete the new signature box.

Both pages of this form can be photocopied and completed if there are more than two policyholders, Trustees or Executors. Once complete please forward this form to our office with all other certified documents that have been requested (if applicable).

HOW WE USE YOUR INFORMATION

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 Notice (Isle of Man)/Privacy Statement (Ireland). We publish our Privacy Notice (Isle of Man)/Privacy Statement (Ireland) on our website at www.utmostwealth.com or you can ring us on +44 (0)1624 643 345 and request a copy. All persons whose details are collected in this form should read the Privacy Notice/Privacy Statement to understand how the data provided about them will be used.

Finally, depending on the product provider of the bond, return the completed form to either:

Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.

Utmost Ireland dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.

A WEALTH of DIFFERENCE

 $Ut most\ Wealth\ Solutions\ is\ the\ trading\ name\ used\ by\ Ut most\ Trustee\ Solutions\ is\ the\ trading\ name\ used\ by\ Ut most\ Trustee\ Solutions\ Limited\ .$ This item has been issued\ by: $Ut most\ Limited\ and\ Ut most\ Ireland\ dac.$

The following companies are registered in the Isle of Man: Utmost Limited (No 056473C), Utmost Administration Limited (No 109218C) and Utmost Trustee Solutions Limited (No 106739C), which are regulated or licenced by the Isle of Man Financial Services Authority. Utmost Services Limited (No 059248C) is not regulated. Each of the above companies has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL British Isles.

The following companies are registered in Ireland: Utmost Ireland dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registered number is 303257 and it has its registered office at: Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland. Utmost PanEurope dac, trading as Utmost Wealth Solutions, is regulated by the Central Bank of Ireland. Its registeration number is 311420 and it has its registered office at: Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Its FCA number is 426350. Both companies are authorised by the Financial Conduct Authority in the UK for Conduct of Business Rules.

AWI PR 0004/28.08.2018

A	SPECIMEN SI	GNATURE				
1	Product provider	Utmost Limited	Please confirm the product			
		Utmost Ireland dac	provider for your policy.			
2	Policy number		Please insert your policy numbe			
3	Name of Policyholde Executor/Trustee (1)		here.			
4	Name of Policyholde Executor/Trustee (2)					
5	Address					
	Postcode					
By signing this form I declare that the signature is my true signature which I intend to use on all documentation and correspondence in connection with this policy as of the date stated below.						
		Policyholder/Trustee 1 Policyholder/Trustee 2				
6	Previous SIGNATURE		SIGNATURE			
7	Date	d d m m y y y g d d m m y y y y				
		Policyholder/Trustee/Executor 1 Policyholder/Trustee/Executor 2				
8	New SIGNATURE		SIGNATURE			
9	Date	d d m m y y y g d d m m y y y y				
(financial advise	nust be witnessed by a Notary Public, a Commissioner for Oaths or a r who is regulated in the UK, or in such other jurisdictions as we may agree. ny additional information regarding a suitable witness, please contact us on				

WITNESSED BY					
1	Name				
2	Address				
	Postcode				
I confirm that I have witnessed the signing of this document in my presence.					
3	SIGNATURE		SIGNATURE		
4	Date	d d m m y y y y			
5	Position				
6	Notary Public, Commissioner for Oaths or Financial Adviser stamp		If no company stamp is available, please provide company address.		