

CLIENT INFORMATION AND CHANGE OF DETAILS FORM



IMPORTANT NOTES

Please use this form if you are an existing Utmost customer to notify us if you have changed:

- › Your name and/or specimen signature (e.g. if you have married since taking out your policy).
- › Your address (Note: if you have moved country you will need to provide updated tax information).
- › Your email address.
- › Your telephone number.

This is a generic form, which refers to Policy and Policyholder. Your terms and conditions may refer to Account/ Account Holder, Plan/Planholder, Policy/Policyholder or Bond/Bondholder; the terms are interchangeable and have the same definition.

Where there are more than two Policyholders, you will need to complete an additional form and append it to this one when sending it to us.

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Our preference is to receive documentation scanned and emailed. Please return the completed form(s) and supporting suitably certified documentation to Info@UTMOST.ie.

If you are unable to send documentation electronically, it can be posted to Utmost PanEurope dac, Bishop’s Square, Redmond’s Hill, Dublin 2, Ireland.

SUPPORTING DOCUMENTATION

As well as this form, we may require relevant supporting documentation to verify the change. Failure to provide supporting documentation may result in a delay in processing.

HOW WE USE YOUR INFORMATION

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


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.

PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
2	A – Policyholder Details	Mandatory	
2	B – Change of Name/Specimen Signature	Only where changed	
3	C – Confirmation of Address	Mandatory	
4	D – Confirmation of Email Address	Mandatory	
4	E – Confirmation of Telephone Number	Mandatory	
5	F – Declaration	Mandatory	

A POLICYHOLDER DETAILS **MANDATORY**

Policy Number	<input type="text"/>			
	First Policyholder		Second Policyholder (if applicable)	
Full Name	<input type="text"/>		<input type="text"/>	
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"/>		
Nationality	<input type="text"/>		<input type="text"/>	
Do you hold dual nationality?	Yes	No	Yes	No
If so, please state second nationality here	<input type="text"/>		<input type="text"/>	
Employment status	employed/self employed		employed/self employed	
	retired/unemployed		retired/unemployed	
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"/>		
Occupation	<input type="text"/>		<input type="text"/>	
Last year's annual income/salary	<input type="text"/>		<input type="text"/>	
Employer name	<input type="text"/>		<input type="text"/>	
Employer address	<input type="text"/>			
Industry	<input type="text"/>		<input type="text"/>	
Length of time with current Employer or business	<input type="text"/>		<input type="text"/>	
If you are self-employed or business owner, please state percentage of business owned	<input type="text"/>		<input type="text"/>	
Do you believe you are a Politically Exposed Person?	Yes	No	Yes	No

If you have changed your name please complete section B 

A Politically Exposed Person (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.

B CHANGE OF NAME/SPECIMEN SIGNATURE **OPTIONAL**

	First Policyholder	Second Policyholder (if applicable)																	
Title	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Only complete this section if you have changed your name																
Forename(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>																	
Surname	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>																	
Do you have a former name or alias?	Yes No	Yes No																	
If "Yes", please provide full details	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>																	
Reason for change	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>																	
	Specimen Signature	Specimen Signature																	
PREVIOUS SIGNATURE	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>																	
NEW SIGNATURE	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>																	
Date of change	<table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <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="border-collapse: collapse; text-align: center; width: 100%;"> <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	
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												

If you have changed your name, you must supply an original or certified copy of the document proving the change (e.g. marriage certificate, deed poll, statutory declaration).

Correctly certified scanned versions of Proof of Identification and Proof of Address are acceptable for our records. We reserve the right to conduct follow-up security checks as required. Please complete subsection F to confirm how documents were obtained.

C CONFIRMATION OF ADDRESS **MANDATORY**

	First Policyholder	Second Policyholder (if applicable)																	
Residential 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; display: flex; justify-content: space-between;">Postcode</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; display: flex; justify-content: space-between;">Postcode</div>																	
Correspondence Address	Same as residential address	Same as residential 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; display: flex; justify-content: space-between;">Postcode</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; display: flex; justify-content: space-between;">Postcode</div>																	
Date of change	<table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <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="border-collapse: collapse; text-align: center; width: 100%;"> <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	
d	d	m	m	y	y	y	y												
d	d	m	m	y	y	y	y												

If you have changed address, an original or certified copy of proof of your new address, dated within 6 months is required. Correctly certified scanned versions of Proof of Identification and Proof of Address are acceptable for our records. We reserve the right to conduct follow-up security checks as required. Please complete subsection F to confirm how documents were obtained.

TAX DECLARATION

You must complete this section to ensure we have your most recent tax information. This section incorporates the requirements of:

1. The US Foreign Account Tax Compliance Act ("FATCA")
2. The Standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard ("CRS")

If you have any questions on how to complete this section we recommend that you speak to your tax, legal or financial advisor.


	First Policyholder		Second Policyholder (if applicable)	
Country(ies) of tax residence	<input type="text"/>		<input type="text"/>	
Taxpayer Identification Number (TIN)	<input type="text"/>		<input type="text"/>	
2nd Country of tax residence (if applicable)	<input type="text"/>		<input type="text"/>	
2nd TIN	<input type="text"/>		<input type="text"/>	
3rd Country of Tax Residence (if applicable)	<input type="text"/>		<input type="text"/>	
3rd TIN	<input type="text"/>		<input type="text"/>	
Please provide an explanation if you do not have a TIN	<input type="text"/>		<input type="text"/>	
Is the Policyholder US Citizen or US Tax Resident?	Yes	No	Yes	No
If yes, please provide US TIN	<input type="text"/>		<input type="text"/>	

D CONFIRMATION OF EMAIL ADDRESS

MANDATORY

	First Policyholder	Second Policyholder (if applicable)
Email address	<input type="text"/>	<input type="text"/>

E CONFIRMATION OF TELEPHONE NUMBER **MANDATORY**

	First Policyholder	Second Policyholder (if applicable)	
Home	<input type="text"/>	<input type="text"/>	Please include country code 
Work	<input type="text"/>	<input type="text"/>	
Mobile/Cell	<input type="text"/>	<input type="text"/>	

F CERTIFIED DOCUMENTS **MANDATORY**

If you are presenting documentation to verify the change confirmed in section B or C please confirm how the certifier reviewed the documents.

	First Policyholder	Second Policyholder (if applicable)
Met you in person	<input type="text"/>	<input type="text"/>
Met you face-to-face via secure live video stream	<input type="text"/>	<input type="text"/>
Did not meet you and received original documents by post	<input type="text"/>	<input type="text"/>
Other please provide details	<input type="text"/>	<input type="text"/>

G DECLARATION AND SIGNATURE **MANDATORY**

Declaration

By signing below, I confirm I have been informed about the [Utmost International Data Privacy Notice](#), and where to find it.

By signing below, I declare that this form has been completed to the best of my knowledge and belief and that I authorise you to make the changes requested.

I acknowledge that relevant information contained in this Declaration will be shared with any tax authorities as required under various exchange agreements, including FATCA and CRS.

I acknowledge my obligation to keep you informed of any changes to my personal details, tax residency or PEP status.

	First Policyholder	Second Policyholder (if applicable)
SIGNATURE	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Date of change	<input type="text" value="dd mm yyyy"/>	<input type="text" value="dd mm yyyy"/>

A WEALTH *of* DIFFERENCE