

# MUTUAL STIPULATIONS AND NOMINATION FORM FOR JOINTLY OWNED POLICIES

## UTMOST PANEUROPE

This form should be used for policies subject to the laws of Belgium, Cyprus, Spain or Sweden.

This form can be used by joint policyholders of the following products, Spanish Law SCIB, Swedish Law SEP, Belgium Law EEIB or ECIB, Cypriot Law EEIB or ECIB.

Single policyholders of above products or single, joint and corporate policyholders where English law applied to the SCIB, SEP, EEIB or ECIB should use Beneficiary Nomination Request for Non UK Residents.

### 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.

Complete this form if you are the policyholder and request for the mutual stipulations wording below to be applied to your policy and also wish to nominate the beneficiary(ies) listed in the appointment of beneficiary(ies) for your policy.

**Once completed, please sign and return this form to our Administration Centre at: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU.**

When completing this form, please use BLOCK CAPITALS and blue or black ink only and complete all relevant sections.

Please do not use correction fluid; any amendments should be crossed out and initialled.

All references in this form to 'Utmost PanEurope' means Utmost PanEurope dac; to 'subscribers' means 'joint policyholders'; to 'policy' or 'insurance policy' in this form are references to the 'insurance policy issued in respect of either the policy details stated in the box below or in respect of the policy number stated in the box below.'

## A MUTUAL STIPULATIONS

The subscribers acknowledge that they jointly exercise the rights of the policyholders and that when one of them comes to die, the surviving policyholder can exercise all the rights of the policyholder(s), including the right to appoint and revoke beneficiaries (as long as they have not accepted the benefit), the right to redeem the insurance policy, as well as the right to ask for an advance on the policy or put a pledge or a lien on the policy, and in general to transfer the rights under this insurance policy.

Full name of Policyholder one

Full address of  
policyholder one

Postcode	Country
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Full name of Policyholder two

Full address of  
policyholder two

Postcode	Country
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Policy number (if known)

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If Policy Number is not known  
please enter the policy details  
(such as the type of policy, date  
of application and amount of  
premium)

**B NOMINATION AND APPOINTMENT OF BENEFICIARY(IES)**

The mutual stipulations wording above ensures that all the rights of the policyholder(s) pass to the surviving policyholder on the death of the first policyholder.

The boxes below allow each policyholder to nominate a beneficiary to receive all the rights of the policyholder(s) after both policyholders die.

Policyholder one appoints as his/her beneficiary in case he/she survives the other policyholder:

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO POLICYHOLDER	CURRENT ADDRESS (PLEASE INCLUDE COUNTRY AND POSTCODE)	SHARE (%)
<b>Total must equal</b>				<b>100 %</b>

Policyholder two appoints as his/her beneficiary in case he/she survives the other policyholder:

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO POLICYHOLDER	CURRENT ADDRESS (PLEASE INCLUDE COUNTRY AND POSTCODE)	SHARE (%)
<b>Total must equal</b>				<b>100 %</b>

The policyholders appoint as their beneficiary in case they die simultaneously:

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FULL NAME	DATE OF BIRTH	RELATIONSHIP TO POLICYHOLDER	CURRENT ADDRESS (PLEASE INCLUDE COUNTRY AND POSTCODE)	SHARE (%)
			<b>Total must equal</b>	<b>100 %</b>

**C DECLARATIONS TO BE COMPLETED BY EACH POLICYHOLDER IN ALL CIRCUMSTANCES**

We request that the mutual stipulations wording above is applied to my policy.

We also wish to nominate the beneficiary(ies).

We declare that this nomination revokes any nomination we have made previously.

	<b>Policyholder one</b>	<b>Policyholder two</b>
<b>SIGNATURE</b>		
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"/>

- NOTES**
1. Verification of the identity of the beneficiary under a policy is required before the time of payout or before the time the beneficiary exercises a right vested under the policy.
  2. We can only accept an original signed copy of the nomination form, not faxed or photocopied documents.
  3. If a beneficiary dies before the policy becomes payable, then either the nomination will lapse or their share will pass to any remaining beneficiaries.
  4. We recommend that you obtain legal advice before making any nomination.

**A WEALTH *of* DIFFERENCE**