

UTMOST PANEUROPE (FRANCE) DEATH BENEFIT CLAIM FORM

IMPORTANT NOTES

HOW TO COMPLETE THIS FORM

Electronic completion

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required field.

Paper completion

This form should be completed 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. **Do not use correction fluid.**

HOW TO SUBMIT THIS FORM

Completed forms and digitally signed and/or scanned supporting documents can be sent to us by e-mail to the following address: ccsfrontoffice@utmost.ie

Paper forms can be returned to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**

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 Operations team.

A CLAIMANT DETAILS

1	Policy number	<input type="text"/>
2	Product	<input type="text"/>
3	Role under the Policy	<input type="checkbox"/> Administrator/Executor <input type="checkbox"/> Beneficiary
4	Full name	<input type="text"/>
5	Address (in full)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	<input type="text"/>
6	Telephone number (including international dialling code)	<input type="text"/>
7	Email address	<input type="text"/>
8	Date of birth	<input type="text"/>

B DOCUMENTATION FOR DEATH CLAIMS

The following documents should be provided to Utmost PanEurope dac (Utmost PanEurope) with this claim form:

- › Original Policy Schedule.
- › Official document confirming death such as Death Certificate.
- › Original or certified copy of bank statement where Death Benefit shall be paid for each beneficiary.
- › All identity and address verification, along with any additional information or documentation should be securely attached to this form. Refer to our **Anti-Money Laundering and Source of Wealth Pack** for details of our identity and address verification requirements.
- › Certificate copy of inheritance and will, if applicable.
- › Tax Declaration and Self Certification - Please complete the relevant form

Tax Declaration and Self Certification for Individuals

Tax Declaration and Self Certification for Entities

Tax Declaration and Self Certification for Individual Trustees

In certain circumstances, Utmost PanEurope may require additional information to assess your request. A claim can only fully be processed upon receipt of all documentation required. All acceptable documentation must meet our certification standard whereby copies must be certified by an appropriate independent professional person i.e. an accountant, solicitor or Commissioner for Oaths.

The certified document must be signed and dated by the certifier within the last six months as at the date it is received by Utmost PanEurope. The appropriate confirmation wording should be included on the copy, such as 'I confirm that this is a true copy of the original document'. The certifier must print their full name by hand or using a stamp as it may not be distinguishable from the signature.

C PAYMENT DETAILS

All payments are made in the currency in which the Policy is denominated and will be paid by electronic transfer to the Claimant's bank account only (all charges for electronic transfer will be charged to the payee).

Account name

Account number

Bank sort code (if applicable) - -

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 EU)

Bank/Building Society name

Address

Postcode

Telephone number (including international dialling code)

How long has the account been held? Years

Full anti-money laundering checks are required for all bank account holders. If a bank account holder has not been identified by us yet, please provide their full name and all required evidence as per our **Anti-Money Laundering and Source of Wealth Pack**.

D SWORN BENEFICIARY STATEMENT

SWORN STATEMENT (in accordance with article 990 I of the General Tax Code)

I, the undersigned:

Title (Mr, Mrs, Miss or Other)	<input type="text"/>
Full name of Beneficiary	<input type="text"/> <input type="text"/>
Place of birth	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>

Acting in my capacity as Beneficiary in the event of the death of the insured:

Full name of Life Assured	<input type="text"/> <input type="text"/>
Place of birth	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>

In relation to Policy/Plan number subscribed with Utmost PanEurope dac, I hereby certify that, on the date of signing this statement:

Please tick and complete box **A**, **B** or **C** below.

A I am exempt from the Inheritance Tax mentioned in article 990 I of the General Tax Code on the Death Benefit by reason of:

Therefore, I hereby request that Utmost PanEurope dac pay me the Death Benefit without deduction of Inheritance Tax.

B I am not a Beneficiary of any other life assurance Policy where the Life Assured was the insured, either with Utmost PanEurope dac or with any other insurance company or organisation.

Therefore, I hereby request that Utmost PanEurope dac apply the full €152,500 reduction mentioned in article 990 I of the General Tax Code on the Death Benefit, and, where applicable, to pay the French Tax Authority the Inheritance Tax due in excess of this allowance.

C I am the Beneficiary of another life assurance Policy where the Life Assured was the insured, either with Utmost PanEurope dac or with another insurance company or organisation.

As such, if you checked box C, tick and complete the box on the following page that corresponds with your situation.

If you checked
box C, tick and
complete box 1), 2)
or 3) as applicable.

1) I certify that I have not already applied for the €152,500 reduction in respect of the other life assurance Policy(ies).

Therefore, I hereby request that Utmost PanEurope dac apply the full €152,500 reduction mentioned in article 990 I of the General Tax Code on the Death Benefit, and, where applicable, to pay the French Tax Authority the Inheritance Tax due in excess of this allowance.

OR

2) I certify that I have already requested to partially benefit from the reduction of €152,500 for an amount of Euros.

Therefore, I hereby request that Utmost PanEurope dac apply the remainder of the €152,500 reduction mentioned in article 990 I of the General Tax Code on the Death Benefit, and, where applicable, to pay the French Tax Authority the Inheritance Tax due in excess of this allowance.

OR

3) I certify that I have already applied for the full benefit of the €152,500 reduction.

Therefore, I hereby request that Utmost PanEurope dac to pay the French Tax Authority the Inheritance Tax due in respect of the Death Benefit payable.

I certify that the total sum [fractions of the taxable portion] which has already been subject to the aforementioned levy in article 990 I of the General Tax Code under one or more contracts is equal to Euros.

I acknowledge that I have been informed that a copy of this certificate may be communicated to the French Tax Authority, and that any incomplete or erroneous declaration on my part would make me liable for additional tax on the Death Benefit, without prejudice to the possible liability of penalties and / or interest for late payment of tax.

SIGNATURE

Print full name

Place of signature

Date

d	d	m	m	y	y	y	y
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If there is more than one Beneficiary please tick here and photocopy these pages and attach securely to the form.

E DECLARATION

This declaration must be completed by Claimants resident outside of Ireland who own an Utmost PanEurope dac life insurance Policy.

Each claimant must read the definitions below and complete the declaration.

RESIDENCE - INDIVIDUAL

An individual will be regarded as being resident in Ireland for a tax year if he/she:

- 1) spends 183 days or more in Ireland "the State" in that tax year; or
- 2) has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Up to 31 December 2008, presence in the State for a day means the personal presence of an individual at the end of the day (midnight). **From 1 January 2009, presence in the State for a day means the personal presence of an individual at any time during the day.**

ORDINARY RESIDENCE - INDIVIDUAL

The term "ordinary residence" as distinct from "residence" relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which he/she is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2004 and departs from the State in that year will remain ordinarily resident up to the end of the tax year in 2007.

RESIDENCE - COMPANY

Prior to Finance Act 2014, company residence was determined with regard to the long established common law rules based on central management and control. These rules were significantly revised in the Finance Act 2014 to provide that a company incorporated in the State will be regarded as resident for tax purposes in the State, unless it is treated as resident in a treaty partner country by virtue of a double taxation treaty. While the common law rule based on central management and control remains in place, it is subject to the statutory rule for determining company residence based on incorporation in the State set out in the revised section 23A TCA 1997.

The new incorporation rule for determining the tax residence of a company incorporated in the State will apply to companies incorporated on or after 1 January 2015. For companies incorporated in the State before this date, a transition period applied until 31 December 2020.

Policyholders resident outside of Ireland are required by the Irish Revenue Commissioners to make the following declaration for the purpose of Section 730 D(2) Taxes Consolidation Act 1997, which is in a format authorised by them, in order to receive payments without deduction of Irish tax. I/we declare that;

- › I/we have read the explanation of the terms detailed in the 'Residence Definitions' above;
- › I am/we are/the company is the policyholder in respect of which this declaration is being made;
- › I am/we are/the company is not resident or ordinarily resident in Ireland.

By signing below the Claimant confirms that:

- › The Claimant acknowledges that the collection, use and disclosure of the Claimant's personal information including sensitive data by Utmost PanEurope is required for the purposes of assessing this claim, for investigating and preventing fraud, for the administration of this Policy and to comply with legal and regulatory obligations as set out under Data Protection and Anti-Money Laundering laws
- › The Claimant has read and understood the Privacy Notice available on www.utmostinternational.com which outlines how the Claimant's personal data will be used
- › Information the Claimant has given in this form and supporting documentation is correct and accurate and the Claimant has not withheld any information that might be relevant. The Claimant agrees to indemnify Utmost PanEurope against any claims or costs incurred as a result of relying on the provided information
- › The Claimant acknowledges that the information contained in this form and information regarding the Policy may be shared with the Office of Revenue Commissioners in Ireland and exchanged with the tax authorities of another country or countries as required under intergovernmental agreements
- › The Claimant agrees to inform Utmost PanEurope within 30 days of a change in circumstances that cause any information on this form to become incorrect by the completion of a new relevant Tax Declaration and Self Certification.
- › The Claimant declares that the Claimant has examined the information on this form and to the best of the Claimant's knowledge and belief, it is true, correct and complete.

Claimant

SIGNATURE

Print full name

Place of
signature

Date

d	d	m	m	y	y	y	y
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RESET

A WEALTH *of* DIFFERENCE