

NOMINATION OF BENEFICIARY FORM



Plan number:

Planholder(s) name(s):

To be completed by the Planholder(s).

Not for use in Singapore. If you are resident in Singapore and wish to nominate a Beneficiary please ask your Regional office for either 'Form 1: Trust Nomination' or 'Form 4: Revocable Nomination' as applicable.

If you request more than one Beneficiary and any one of them dies before the Death Benefit under your Plan becomes payable, then his/her percentage benefit will be divided equally between the surviving Beneficiaries.

	First Beneficiary Details	Second Beneficiary Details (if any)
Surname:	<input type="text"/>	<input type="text"/>
Title:	<input type="text"/>	<input type="text"/>
Forename(s):	<input type="text"/>	<input type="text"/>
Former / Other Names (e.g. Maiden Name):	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Place of Birth:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Relationship to Planholder(s):	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
% of Benefit:	<input type="text"/>	<input type="text"/>

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost Worldwide Limited (No. 27151) also trading as Utmost Wealth Solutions, is incorporated in Guernsey. It is authorised and regulated by the Guernsey Financial Services Commission to conduct long term business and general business. Registered Office: Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR.

Utmost Worldwide Limited also holds a permit issued by the Jersey Financial Services Commission to conduct long term business in Jersey.

UWWS PR 00056 | 04/25

T +44 (0) 1481 715 800
 F +44 (0) 1481 712 424
 E UWCustomerService@utmostworldwide.com
 W www.utmostinternational.com

	Third Beneficiary Details (if any)	Fourth Beneficiary Details (if any)
Surname:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Forename(s):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Former / Other Names (e.g. Maiden Name):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Place of Birth:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Nationality:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Relationship to Planholder(s):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Occupation:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
% of Benefit:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

It is the responsibility of the Planholder(s) to ensure that the nomination of a Beneficiary(ies) pursuant to this form will be effective under his/her law of domicile and/or residence.

NOTES:

- i) A Planholder cannot be a Beneficiary of the Plan; and
- ii) If the Plan is set up on a joint-life first death basis and any Planholder is also a Life Assured, Utmost Worldwide Limited may require a signed discharge from the surviving Planholder and/or the nominated Beneficiary(ies) before payment of the Plan proceeds can be made.
 - › I hereby request the above to be the Beneficiary(ies) of my Plan following the occurrence of the Relevant Death in accordance with the Plan Terms and Conditions.
 - › I understand that Utmost Worldwide Limited is required to verify the identity and permanent residential address of each Beneficiary before the payment of any claim can be completed, and no payment will be made to any Beneficiary where their identity cannot be verified satisfactorily.
 - › I confirm that receipt by the Beneficiary(ies) nominated herein shall be good and full discharge for any payment made under the Plan. Where a nominated Beneficiary is aged under 18 years, or lacks legal capacity, the receipt by their parent or guardian will be sufficient discharge to Utmost Worldwide Limited and Utmost Worldwide Limited shall not be concerned to see to the application of such payment.
 - › I confirm that I have the relevant authority of the data subject to provide their personal data in relation to the Plan and, where relevant, have directed them to the Data Privacy Notice on the Utmost Worldwide Website - www.utmostinternational.com
 - › I undertake that no claim shall be made by my estate or personal representative in respect of any payment made to a Beneficiary under this nomination.

<p>SIGNATURE</p> <p>First Planholder*:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<p>Second Planholder (if any):</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>Date</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> </div>	

*If the Planholder is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

All Planholders must sign this form. If there are further Planholders, please complete this section on an additional sheet(s) and attach securely to this form. Please tick this box if additional sheet(s) attached: