

UNIT LINKED – INCOME PAYMENT REQUEST

Please complete each section.

A PLANHOLDER DETAILS

Plan Number(s):	<input type="text"/>
First Planholder:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>
Second Planholder (if jointly owned):	<input type="text"/>
Address (if different to First Planholder):	<input type="text"/> <input type="text"/>

B INCOME REQUIRED

Minimum payment from each Plan is USD75. Payments will cease if the surrender value remaining is less than USD1,500. The corresponding minimum values in other Plan Currencies are outlined in your Plan Terms and Conditions.

Fixed Amount:	<input type="text"/>
or % pa Value of Plan:	<input type="text"/>
Payable:	<input type="checkbox"/> Annually <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
First payment on: (see notes below)	<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"/>

FOCUS Planholders should note that a regular income is not allowed during their Commitment Period selected on applying for their Plan.

A WEALTH *of* DIFFERENCE

Registered Head Office address: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Utmost Wealth Solutions is the trading name used by Utmost Worldwide Limited and a number of Utmost companies.

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No. 27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Websites may make reference to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.

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E UWCustomerService@utmostworldwide.com

W utmostworldwide.com

C PAYMENT DETAILS - Please complete as applicable

We strongly recommend that you obtain FULL payment routing details from your Bank when completing this section.

Payment to be made in the currency of my Plan to the following bank account:

Bank Name:	<input type="text"/>
Branch Name / Number:	<input type="text"/>
Bank Address:	<input type="text"/>
	<input type="text"/>
Account Holder Name:	<input type="text"/>
Account No.:	<input type="text"/>
<input type="checkbox"/> IBAN	<input type="checkbox"/> CLABE:
<input type="checkbox"/> Sort Code	<input type="checkbox"/> Swift Code
<input type="checkbox"/> BIC	<input type="checkbox"/> ABA:
<input type="checkbox"/> Transit and Institution No	<input type="checkbox"/> BSB Code:

Correspondent bank details (if known):

Bank Name:	<input type="text"/>
Bank Address:	<input type="text"/>
	<input type="text"/>
Account No.:	<input type="text"/>
<input type="checkbox"/> IBAN	<input type="checkbox"/> CLABE:
<input type="checkbox"/> Sort Code	<input type="checkbox"/> Swift Code
<input type="checkbox"/> BIC	<input type="checkbox"/> ABA:
Please note further information in relation to the payment if required:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

D REQUIRED ADDITIONAL DOCUMENTATION

The below documents will be required in order to release your payments. Please indicate by ticking the boxes that the documents have been completed and sent to us for processing.

- | | |
|---|--------------------------|
| 1 This 'Income Payment Request', signed by all Planholders | <input type="checkbox"/> |
| 2 Certified identification and proof of address documents for all Planholders | <input type="checkbox"/> |
| 3 Up-to-date 'International Tax Compliance Form' for all Planholders | <input type="checkbox"/> |

E AUTHORISATION

I/We wish to take an income as shown. I/We understand that payments will be made in accordance with the Plan conditions. If I am a FOCUS Planholder, I understand that income payments are considered partial withdrawals which, if above a certain level, can affect my entitlement to my Commitment Reward payable at the end of my Commitment Period.



IMPORTANT - PLEASE NOTE

- › **This form** must be signed by all Planholders.
- › **If your Plan has been assigned or placed in trust** since the plan commencement date this form **must be** signed by the assignees or trustees and **payment will be made to** the assignee or trustees as appropriate.
- › **Utmost Worldwide reserves the right to seek additional information/ documentation:**
 - › **If the payment bank account details differ** from the most recent Source of Funds Questionnaire completed;
 - › **Where the Planholder's signature** has changed or the signature on the surrender request form does not match that held on file; and/or
 - › **Where required, in order to meet regulatory requirements.**
- › **Certified copies:** Any copy documents must be certified by a qualified professional who has seen the original at the time of certification. We will also accept copies certified by the Office Manager or Sales Manager in your local Utmost Worldwide Limited office, provided the original was seen at the time of certification.
- › **We will not be in a position** to review this income payment request until the originals of all required documentation have been received by us.
- › **Your first payment from your Plan** will be made within seven business days of receipt of full proceeds of sale of the relevant units in the underlying funds corresponding to your plan investments, provided that the relevant income payment has been approved. Please note that the dealing frequency of underlying funds, any trading restriction applied by the relevant underlying fund or a delay in receiving settlement proceeds from the relevant underlying fund e.g. extreme stock market conditions can cause delays in settlement of a payment which are beyond our control.
- › **There may be tax consequences** on the income payment from your Plan. We recommend that you seek professional tax advice before proceeding.
- › **The cancellation, reduction or surrender** of your Plan for the purpose of subscribing to another similar contract may be disadvantageous to you. In particular, please make sure that you are aware of the financial consequences of replacing your Plan (for example the replacement plan may involve new, higher or additional charges compared to this Plan) which can be explained to you by your financial adviser.
- * **In relation to the term "plan investments"** used in this document, in certain territories the terms "ILP sub-fund", "investment option" or "fund" are used. All have the same meaning.

Local Rules, Laws and Regulations

All transactions related to your Plan are subject to any rules, laws and regulations applicable to Utmost Worldwide in your jurisdiction of tax residence; inclusive of tax deductions and reporting.

SIGNATURE

First Planholder:

Second Planholder (if any):

Date

d	d	m	m	y	y	y	y
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d	d	m	m	y	y	y	y
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