

DECLARATION OF CONTINUED GOOD HEALTH

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

IMPORTANT NOTES

HOW TO COMPLETE THIS FORM

This form is for Joint Life Policies and each life assured must complete a separate form.

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 WE USE YOUR INFORMATION

Our Privacy Statement 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 Client Relations Team.

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.

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.

Name (of Life Assured)	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> - <input type="text"/>
Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
Policy number(s) if known	<input type="text"/> <input type="text"/>
Name and address of your usual doctor	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> - <input type="text"/>
Please state the nature of your occupation	<input type="text"/> <input type="text"/>

Please state your current height and weight

Height (without shoes)	Height	<input type="text"/>	ft	<input type="text"/>	ins	<input type="text"/>	cm
Weight (in indoor clothes)	Weight	<input type="text"/>	st	<input type="text"/>	lbs	<input type="text"/>	kgs

If any of the following questions are answered "Yes", Please give full details in the space provided.



1 Are you suffering from any illness, impairment or disability, or taking any medication or drugs?

Yes No

2 Have you, since the date of your original application, consulted any doctor or been advised to have an operation, x-ray check-up or investigation at a hospital or elsewhere? If so please give details, dates and results of any tests together with the doctor's address, if different from the above.

Yes No

3 Have you, since the date of original application, tested positive for HIV/AIDS or Hepatitis B or C or have you been treated / tested for any other disease which can be sexually transmitted or are you awaiting the result of such test?

Yes No

4 Since the date of your original application, have any of your parents, brothers or sisters died or suffered from heart or circulatory disease, cancer, diabetes, kidney disease, any hereditary disorder or any other serious illness before age 60?

Yes No

(Please ensure that you have obtained family member agreement to include this information prior to submission to Utmost PanEurope dac).

5 Since the date of your original application, has any proposal on your life been Declined, Deferred or accepted at Special Terms? If yes, give details of the name of the office, the date of the decision in each case.

Yes No

Special Note: The answers to the questions on this form will be considered by the Company in re-instatement of your policy. All answers must therefore be carefully considered. Material facts (i.e. those facts likely to influence the Company's assessment) must be disclosed, as not disclosing them may result in rejection of any claim. If there is any doubt as to whether a fact is material then it should be disclosed.



CONSENT & DECLARATION

I **hereby** declare that to the best of my knowledge and belief, the above statements are true and complete.

I **hereby** consent to Utmost PanEurope dac seeking and processing medical information at any time from any doctor who has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which a proposal has been made for insurance on my life.

I GIVE THIS CONSENT I DO NOT GIVE THIS CONSENT*

*If explicit consent is not given, Utmost PanEurope dac will be unable to process your claim.

Signed:

SIGNATURE

Date

d	d	m	m	y	y	y	y
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A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland.

Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

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