

CLIENT INFORMATION AND CHANGE OF DETAILS FORM

utmost™

IMPORTANT NOTES

Please use this form if you are an existing Utmost customer to notify us if you have changed:

- › Your name and/or specimen signature (e.g. if you have married since taking out your policy).
- › Your address (Note: if you have moved country you will need to provide updated tax information).
- › Your email address.
- › Your telephone number.

This is a generic form, which refers to Policy and Policyholder. Your policy terms and conditions may refer to Account/Account Holder, Plan/Planholder, Policy/Policyholder or Bond/Bondholder; the terms are interchangeable and have the same definition.

Where there are more than two policyholders, you will need to complete an additional form and append it to this one when sending it to us.

Our preference is to receive documentation scanned and emailed. Please return the completed form(s) and supporting suitably certified documentation to:

- › customersupport@utmostwealth.com (UK products)¹, or
- › IOMask@utmostgroup.com (Rest of the World products)²

If you are unable to send documentation electronically, it can be posted to Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

If you have any queries, please contact us on **+44 (0) 2038 685 300**.

SUPPORTING DOCUMENTATION

As well as this form, we may require relevant supporting documentation to verify the change. Failure to provide supporting documentation may result in a delay in processing.

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.utmostgroup.com/privacy-statements/ or you can request a copy from our Customer Support team.

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.


¹ Current UK products include but are not limited to PWP UK, Selection, Delegation, Evolution, Generation Planning Bond and the Estate Planning Bond. Policyholders of any ex-AXA products should also use this email address.


² Current Rest of the World products include but are not limited to Executive Investment Portfolio, Managed Capital Account, Life Insurance Portfolio, Life Insurance Portfolio Plus, Executive Bond (Life and Redemption), International Investment Bond - Redemption, Executive Investment Plan, Executive Investment Account, Silk Life Plan (Life Cover Only), Silk Life Plan (Life Cover Plus). Policyholders of any ex-Quilter products should also use this email address.


PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
2	A – Policyholder Details	Mandatory	
2	B – Change of Name/Specimen Signature	Only where changed	
3	C – Confirmation of Address	Mandatory	
4	D – Confirmation of Email Address	Mandatory	
4	E – Confirmation of Telephone Number	Mandatory	
5	F – Declaration	Mandatory	

A POLICYHOLDER DETAILS **MANDATORY**

Policy Number	<input type="text"/>			
	First Policyholder		Second Policyholder (if applicable)	
Full Name	<input type="text"/>		<input type="text"/>	
Do you have a former name or alias? If "Yes", please provide full details.	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	
Date of birth	<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"/>
Nationality	<input type="text"/>		<input type="text"/>	
Do you hold dual nationality? If so, please state second nationality here	Yes	No	Yes	No
	<input type="text"/>		<input type="text"/>	
Employment Status	employed/self employed		employed/self employed	
	retired/unemployed		retired/unemployed	
Date of retirement or leaving employment (if applicable)	<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"/>
Occupation	<input type="text"/>		<input type="text"/>	
Last year's annual income/salary	<input type="text"/>		<input type="text"/>	
Employer name	<input type="text"/>		<input type="text"/>	
Employer address	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text" value="Postcode"/>		<input type="text" value="Postcode"/>	
Industry	<input type="text"/>		<input type="text"/>	

If you have changed your name please complete section B 

If retired/unemployed, please provide your former occupation including role e.g. Director and industry sector e.g. accountancy and include date of retirement or unemployment. 


If you receive income other than from your occupation, please provide full details here. (e.g. Dividend, Investment, rental income including their nature and source) 

Length of time with current Employer or business	<input type="text"/>	<input type="text"/>
If you are self-employed or business owner, please state percentage of business owned	<input type="text"/> %	<input type="text"/> %
Do you believe you are a Politically Exposed Person?	Yes No	Yes No

A Politically Exposed (PEP) is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities, for example: a head of state, a holder of a senior political or government post, a senior member of the judiciary or the military, a senior employee of a state owned corporation, or a board member of a central bank. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

B CHANGE OF NAME/SPECIMEN SIGNATURE **OPTIONAL**

	First Policyholder	Second Policyholder (if applicable)
Title	<input type="text"/>	<input type="text"/>
Forename(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Do you have a former name or alias?	Yes No	Yes No
If "Yes", please provide full details	<input type="text"/>	<input type="text"/>
Reason for change	<input type="text"/>	<input type="text"/>
	Specimen Signature	Specimen Signature
PREVIOUS SIGNATURE	<input type="text"/>	<input type="text"/>
NEW SIGNATURE	<input type="text"/>	<input type="text"/>
Date of change	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Only complete this section if you have changed your name 

If you have changed your name, you must supply an original or certified copy of the document proving the change (e.g. marriage certificate, deed poll, statutory declaration).

Where a certified copy is needed please refer to our **Anti-Money Laundering Guide** on how documents should be certified.

Correctly certified scanned versions of Proof of Identification and Proof of Address are acceptable for our records. We reserve the right to conduct follow-up security checks as required. Please complete subsection F to confirm how documents were obtained.

C CONFIRMATION OF ADDRESS **MANDATORY**

	First Policyholder	Second Policyholder (if applicable)
Residential Address	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	<div style="border: 1px solid black; width: 100%; padding: 2px;">Postcode</div>	<div style="border: 1px solid black; width: 100%; padding: 2px;">Postcode</div>
Correspondence Address	Same as residential address	Same as residential address
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	<div style="border: 1px solid black; width: 100%; padding: 2px;">Postcode</div>	<div style="border: 1px solid black; width: 100%; padding: 2px;">Postcode</div>
Date of change	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> ddmmyyyy </div>	<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> ddmmyyyy </div>

If you have changed address, an original or certified copy of proof of your new address, dated within 6 months, is required. Where a copy is needed please refer to our **Anti-Money Laundering Guide** on how documents should be certified. Correctly certified scanned versions of Proof of Identification and Proof of Address are acceptable for our records. We reserve the right to conduct follow-up security checks as required. Please complete subsection F to confirm how documents were obtained.

TAX DECLARATION

You must complete this section to ensure we have your most recent tax information. This section incorporates the requirements of:

1. The US Foreign Account Tax Compliance Act ("FATCA")
2. The Standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard ("CRS")

If you have any questions on how to complete this section we recommend that you speak to your tax, legal or financial advisor.

	First Policyholder	Second Policyholder (if applicable)
Country of tax residence	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Taxpayer Identification Number (TIN)	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
2nd Country of tax residence (if applicable)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

2nd TIN	<input type="text"/>	<input type="text"/>
3rd Country of Tax Residence (if applicable)	<input type="text"/>	<input type="text"/>
3rd TIN	<input type="text"/>	<input type="text"/>
Please provide an explanation if you do not have a TIN	<input type="text"/>	<input type="text"/>
Is the Policyholder a US Citizen or US Tax Resident?	Yes No	Yes No
If yes, please provide US TIN	<input type="text"/>	<input type="text"/>

D CONFIRMATION OF EMAIL ADDRESS **MANDATORY**

	First Policyholder	Second Policyholder (if applicable)
Email address	<input type="text"/>	<input type="text"/>

E CONFIRMATION OF TELEPHONE NUMBER **MANDATORY**

	First Policyholder	Second Policyholder (if applicable)
Home	<input type="text"/>	<input type="text"/>
Work	<input type="text"/>	<input type="text"/>
Mobile/Cell	<input type="text"/>	<input type="text"/>

Please include country code

F CERTIFIED DOCUMENTS **MANDATORY**

If you are presenting documentation to verify the change confirmed in section B or C please confirm how the certifier reviewed the documents.

	First Policyholder	Second Policyholder (if applicable)
Met you in person	<input type="text"/>	<input type="text"/>
Met you face-to-face via secure live video stream	<input type="text"/>	<input type="text"/>
Did not meet you and received original documents by post	<input type="text"/>	<input type="text"/>
Other please provide details	<input type="text"/>	<input type="text"/>

G DECLARATION AND SIGNATURE **MANDATORY**

Declaration

By signing below, I confirm I have been informed about the **Utmost Data Privacy Notice**, and where to find it.

By signing below, I declare that this form has been completed to the best of my knowledge and belief and that I authorise you to make the changes requested.

I acknowledge that relevant information contained in this Declaration will be shared with any tax authorities as required under various exchange agreements, including FATCA and CRS.

I acknowledge my obligation to keep you informed of any changes to my personal details, tax residency or PEP status.

	First Policyholder	Second Policyholder (if applicable)
SIGNATURE	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Date of change	<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"/>

A WEALTH *of* DIFFERENCE

www.utmostgroup.com

Utmost International Isle of Man Limited is registered in Hong Kong as a non-Hong Kong company (BRN 14185977).

Registered Office address: Unit 2402C, Great Eagle Centre, 23 Harbour Road, Wanchai, Hong Kong.

Authorised by the Insurance Authority of Hong Kong to carry on long-term business.

Utmost International Isle of Man Limited Singapore Branch is registered in Singapore (UEN T08FC7158E). Registered Office address: 6 Battery Road, #16- 02, Singapore 049909.

Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Utmost International Isle of Man Limited is registered in the Isle of Man, registered number 024916C. Registered Office address: King Edward Bay House, King Edward Road, Onchan, IM99 1NU, Isle of Man.

Utmost International Isle of Man Limited is licensed by the Isle of Man Financial Services Authority as an Authorised Insurer.

Utmost is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

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