WEALTH PASSPORT - UK HYBRID POLICY

utmost
WEALTH SOLUTIONS

WITHDRAWAL/SURRENDER REQUEST UK/US

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

Policy Number

Policyholder 1

☐ Mr ☐ Mrs ☐ Other

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

☐ I have already provided an AEoI Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

☐ For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

TAX COUNTRIES (PLEASE AVOID ANY ABBREVIATION)	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	REASON IF TIN UNAVAILABLE (A, B OR C)*	EXPLANATION IF TIN UNAVAILABLE (REASON B ONLY)

☐ For entities: Please promptly within 30 days provide an AEoI Self-Certification Form for Entities duly filled in.

Policyholder 2

☐ Mr ☐ Mrs ☐ Other

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

☐ I have already provided an AEoI Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

☐ For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

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☐ For entities: Please promptly within 30 days provide an AEoI Self-Certification Form for Entities duly filled in.

Policyholder 3

☐ Mr ☐ Mrs ☐ Other

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

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or

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☐ For entities: Please promptly within 30 days provide an AEoI Self-Certification Form for Entities duly filled in.

Policyholder 4 ☐ Mr ☐ Mrs ☐ Other

Surname(s) First name(s)

Address

Street/N°

City/County Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

☐ I have already provided an AEoI Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

☐ For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

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☐ For entities: Please promptly within 30 days provide an AEoI Self-Certification Form for Entities duly filled in.

* Reason A	The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
Reason B	The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the table if you have selected this reason).
Reason C	No TIN is required (Note. Only select this Reason C if the authorities of the country of tax residence entered do not require the TIN to be disclosed).

I/We, the undersigned Policyholder(s) of the Policy, would like to carry out the following transaction:

Please choose on option

1. Total surrender of the Policy (including all segments) ☐
2. Withdrawal by total surrender of one or more individual segments
   Segments to be totally surrendered (e.g. 1 to 10): ______ (Please complete)
3. Withdrawal by part surrender across all segments
   Total value to be withdrawn from Policy (please include currency): ______
4. Withdrawal by total surrender of one or more segments and part surrender across the remainder
   Total value to be withdrawn from Policy (please include currency): ______
   Segments to be totally surrendered (e.g. 1 to 10): ______ (Please complete)

Please transfer the proceeds to the following account(s):

Name of the bank ______

Address

Street/N° ______

City/County ______ Postcode ______

Country ______

Telephone ______

E-mail ______

Account holder name ______

Sort Code ______ Account number ______

SWIFT/BIC ______ IBAN ______

Other Instructions (assets transfer or assets instruction, FX exchange)

REASON FOR THE WITHDRAWAL/SURRENDER

☐ Annual withdrawal allowance (5%)

☐ Supplementary income required

☐ Payment of tax, invoices and other fees

☐ Investment in real estate

☐ Reinvestment into another life insurance policy with Utmost Luxembourg S.A.

☐ Reinvestment with another company

☐ Investment performance

☐ Other

WARNING (withdrawals)
For UK taxpayers, up to 5% of the initial Premium may be withdrawn from the Policy each policy year without creating a UK income tax liability at that time (liability is deferred until the Policy comes to an end). Any 5% allowance unused in a particular year can be carried forward on a cumulative basis for subsequent years. If the cumulative 5% allowance is exceeded, a chargeable event gain will arise on the excess (regardless of investment performance).
If you are subject to US taxation, withdrawals will generally be subject to US income tax to the extent of any gains first, and a 10% tax penalty will apply if the Policyholder is under age 59.5 at the time of the withdrawal. From a US tax perspective, all segments issued to the same Policyholder are likely to be treated together as a single policy. Please consider the above options carefully as each may have significant tax implications. Once requested, your transaction cannot be unwound.

DECLARATION

1. I/We confirm that I/we have taken appropriate independent advice from a professional source in relation to the tax consequences of the options offered above;
2. I/We acknowledge that this transaction will be executed in accordance with the General Conditions of the Policy;
3. I/We confirm that I/we have not transferred, assigned or in any way encumbered my/our rights or title under the Policy and that I/we am/are fully entitled to request the above transaction;
4. I/We acknowledge that any and all outstanding indebtedness, including any applicable taxes to be withheld by Utmost Luxembourg S.A., will be deducted from the proceeds; and
5. I/We agree that, on payment of the proceeds, Utmost Luxembourg S.A. will be discharged absolutely from its obligations in respect of any totally surrendered segments or, if totally surrendered, the Policy.

Your Policy may not confer the same benefits if you move to another country. It is your responsibility as Policyholder to inform the Insurer immediately of any change of residence.

TAX COMPLIANCE CERTIFICATION

The undersigned Policyholder(s) (the "Policyholders") for one or more life assurance policies (the "Policies") with Utmost Luxembourg S.A., hereby declare that they, the Economic Beneficial Owner (the "EBO") and, where appropriate, the person who is the real payer of premiums to the Policies, comply with all applicable tax obligations (the "Tax Obligations") with regards to the Policies.

The Policyholders further confirm that they will comply with all Tax Obligations related to the existence of, and transactions on, the Policies. The Policyholders hereby discharge Utmost Luxembourg S.A. of any liability and will hold Utmost Luxembourg S.A. indemnified for any consequences resulting from the failure on the Policyholders' part to comply with any Tax Obligations. Furthermore, the Policyholders undertake to (i) inform Utmost Luxembourg S.A. within 30 days of any changes to the validity of this declaration and (ii) provide Utmost Luxembourg S.A. with any documentation reasonably requested at any time by Utmost Luxembourg S.A. in order to evidence full compliance with their Tax Obligations.

The Policyholders acknowledge and agree that the declarations and documentation related to compliance with the Tax Obligations are essential elements for Utmost Luxembourg S.A., that the Policy will be issued by Utmost Luxembourg S.A. in reliance of the accuracy and completeness of these representations and that any misrepresentation, whether intentional or not, or failure to provide the requested documentation may result in the cancellation or resolution of the Policy by Utmost Luxembourg S.A.

The Policyholders acknowledge that Utmost Luxembourg S.A. provides neither legal nor tax advice and confirm that they will refer any questions with regard to the Tax Obligations to their legal or tax adviser(s).

Policyholder 1

SIGNATURE

Date d d m m y y y y

Place

Policyholder 2

SIGNATURE

Date d d m m y y y y

Place

Policyholder 3

SIGNATURE

Date d d m m y y y y

Place

Policyholder 4

SIGNATURE

Date d d m m y y y y

Place

UTMOST LUXEMBOURG S.A. MUST BE IN RECEIPT OF THE FOLLOWING IN ORDER TO RELEASE THE PROCEEDS:

› the original of this document signed by all Policyholders;

› certified, valid photographic ID (unless you have provided this to Utmost Luxembourg S.A. previously); and

› for a total Policy surrender only, the original Policy Schedule and any endorsements plus address verification dated during the past 3 months.

IMPORTANT:
You may express a preference for Policy Proceeds to be transferred in specie although Utmost Luxembourg S.A. is not bound to do so. Depending on the liquidity of your Portfolio and the redemption timetable of any Fund Manager, the processing of your request may be delayed substantially. Depending on the destination of the proceeds, payment may take an additional 10 Business Days from the Dealing Day on which the transaction is processed.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost Luxembourg S.A. is registered with R.C.S. under number B37604 and regulated by the Commissariat aux Assurances (CAA)
Registered office address: 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg
Utmost Wealth Solutions is registered in Luxembourg as a business name of Utmost Luxembourg S.A.