

BENEFICIARY NOMINATION

SOUTH-AFRICA

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Luxembourg S.A.

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

Policy Number

BENEFICIARY NOMINATION FORM

This Beneficiary Nomination Form is supplemental to and must be read in conjunction with the life assurance policy with Utmost Luxembourg S.A. subscribed by the undersigned on (the "Policy"). As stated in the Policy's General Conditions, no Beneficiary nomination is effective unless accepted by Utmost Luxembourg S.A.

Policyholder 1

Mr

Mrs

Other

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Policyholder 2

Mr

Mrs

Other

Surname(s)

First name(s)

Address

Street/N°

City/County

Postcode

Country

Policyholder 3

Mr Mrs Other

Surname(s) First name(s)

Address
Street/N°

City/County Postcode

Country

Policyholder 4

Mr Mrs Other

Surname(s) First name(s)

Address
Street/N°

City/County Postcode

Country

1. NOMINATION OF BENEFICIARIES

In the event of a valid death claim in accordance with the General Conditions, I request that the Policy Proceeds be paid to the following persons in the percentages shown:

Beneficiary

Mr Mrs Other

Surname(s) First name(s)

Date of birth Place of birth

Address
Street/N°

City/County Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

Beneficiary Mr Mrs Other

Surname(s) First name(s)

Date of birth Place of birth

Address

Street/N°

City/County Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

Beneficiary Mr Mrs Other

Surname(s) First name(s)

Date of birth Place of birth

Address

Street/N°

City/County Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

Beneficiary Mr Mrs Other

Surname(s) First name(s)

Date of birth Place of birth

Address

Street/N°

City/County

Postcode

Country

Relationship between the Policyholder/the Economic Beneficial Owner and the Beneficiary at the time of the nomination

% Share

100%

Should any of the above beneficiaries be deceased at the moment that the Aggregate Value of the Policy and the Death Benefit become due, his/her percentage entitlement should instead be paid to the Policyholder or, if deceased, to the Policyholder's personal representatives.

2. TAXATION

I, the undersigned, represent and warrant that I have taken such independent professional legal and tax advice as is necessary in the context of this nomination, in light of my particular circumstances at the date of signature.

IMPORTANT: The nomination of beneficiaries may have consequences in law and tax. It is important that you identify and assess such consequences in cooperation with an independent professional adviser prior to signing this form.

Policyholder/Trustee/Director 1

SIGNATURE

Date

Place

Policyholder/Trustee/Director 2

SIGNATURE

Date

Place

Policyholder/Trustee/Director 3

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

Policyholder/Trustee/Director 4

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

Accepted by Utmost Luxembourg S.A.

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

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.