

# LOST POLICY CLAIM FORM

If you cannot send us the original/replacement policy document(s) related to the ownership of your policy, please sign this Lost Policy Claim Form (the "Form") and ensure someone witnesses each policyholder's signature.

Please complete in **blue or black ink** using **BLOCK CAPITALS**.

Once completed, please return this form to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Co Meath, C15 CCW8, Ireland.**

|                            |                      |
|----------------------------|----------------------|
| Policy/Bond number(s)      | <input type="text"/> |
| Policyholder name          | <input type="text"/> |
| Policyholder email address | <input type="text"/> |
| Date of birth              | <input type="text"/> |

Utmost PanEurope dac will resist any claim from any person using the missing documents with no lawful reason to do so.

## Your promises as your documents are missing:

- › I/We confirm (or I/We are authorised to confirm) that the policy document and/or any other documents related to the ownership of the policy are missing (the "missing documents")
- › I/We confirm (or I/We are authorised to confirm) the policy is not legally transferred or deposited with any other person, bank, building society, or other organisation either in connection with a mortgage or otherwise
- › I/We confirm (or I/We are authorised to confirm) that I/we have never been declared bankrupt and have no reason to believe that I/we may be declared bankrupt in the near future. I am/We are the only person(s) entitled to claim the policy proceeds
- › If the policy documents are discovered, I/we shall return them to Utmost PanEurope dac and they shall not be binding on Utmost PanEurope dac in any way whatsoever
- › I/We agree that payment by Utmost PanEurope dac of all money from or in respect of the policy arising from this Lost Policy Claim Form is in full and final discharge of all my/our claims on the policy. In return for payment I/we promise (or I/we are authorised) to pay Utmost PanEurope dac's losses and expenses (if any), should a claim be made by any person using the missing documents.

## We cannot pay out any money unless all the policy owners sign the Form.

By signing the Form, the Policyholder/all of the Policyholders/the person signing on behalf of the Policyholder(s), authorise Utmost PanEurope dac to pay the value from the policy as set out above. This means that by signing below you are confirming you are happy for Utmost PanEurope dac to proceed with your surrender request.

The surrendered policy cannot be reinstated.

## PRIVACY NOTICE

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.utmostinternational.com/privacy-statements/](http://www.utmostinternational.com/privacy-statements/) or you can request a copy from our Customer Service Team.

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[www.utmostinternational.com](http://www.utmostinternational.com)

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost PanEurope dac is regulated by the Central Bank of Ireland (No 311420). Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

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

UIC PR 0045 | 11/22

**A witness must be 18 years or over and be present when the Policyholders sign the form. The witness must not be the wife, husband, civil partner or relative of a Policyholder.**



### Policyholder Details 1

Name

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I am/We are a Policyholder(s)/a trustee(s)/corporate trustee/a personal representative(s)/signing under a power of attorney (please delete as appropriate)

**SIGNATURE**

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**SIGNATURE**

Witness Name

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Witness SIGNATURE

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**SIGNATURE**

Witness Address

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Postcode

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Witness phone number

\_\_\_\_\_

### Policyholder Details 2

Name

\_\_\_\_\_

I am/We are a Policyholder(s)/a trustee(s)/corporate trustee/a personal representative(s)/signing under a power of attorney (please delete as appropriate)

**SIGNATURE**

\_\_\_\_\_

**SIGNATURE**

Witness Name

Witness SIGNATURE

\_\_\_\_\_

**SIGNATURE**

Witness Address

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Postcode

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Witness phone number