# UNIT LINKED <br> ENCASHMENT FORM 

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

Please ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

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HOW TO COMPLETE THIS FORM
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This form should be completed by the applicants 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.

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WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM
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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.

## 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.

## 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.

## A APPLICANT DETAILS

Applicant 1
Title (Mr, Mrs, Miss or Other)
Full name

Present address
(if different from that on the original application)

Postcode

Policy number $\square$

Section A must be completed by each applicant in all instances If there are more than 2 applicants, photocopy this page, complete and attach securely to the form

## A WEALTH of DIFFERENCE

B ENCASHMENT DETAILS
1 Amount to be encashed $€$ Or full encashment $\square$ tick box
2 Encashment type One-off payment $\square \quad$ Regular automatic* $\square$ (please complete 3 below)
*3 Frequency if "regular automatic"


C PAYEE DETAILS


## D DECLARATION

I hereby request that the above action be affected in connection with my policy.


If the policy is assigned or written in trust any assignee or additional trustee must also sign this form.

All applicants are required to sign. If there are more than 2 applicants, photocopy this page, sign and attach securely to the form.
$\square$

